

Attachment A

Is this application in combination with other schools/units? If no, you do not need to fill out this form.

Please identify the primary contact person for the Behavioral Health School Grant.

NAME

PHONE NUMBER

EMAIL ADDRESS

Please list the combined schools/units that are included in this grant:

What is your communication plan on how you will distribute and utilize the grant dollars to all schools/units and their faculty listed above.

Please have a representative from each school sign and date below:

SIGNATURE	SCHOOL	DATE
SIGNATURE	SCHOOL	DATE
SIGNATURE	SCHOOL	DATE
SIGNATURE	SCHOOL	DATE
SIGNATURE	SCHOOL	DATE

**By signing above you attest that you have read and agree with combining your schools/unit's eligible grant dollars with the above listed schools and the distribution of funds.*