

Western Illinois University

**Substance Abuse Prevention Education/Research Grant
Agreement Form**

Grant Committee Chair:
Amy Carrigan

Program Name: _____

Program Coordinator: _____

Program Coordinator's e-mail: _____ Daytime Phone #: _____

Committee Recommendation: Approved for \$_____ Not Approved

Committee Chair Signature: _____

Vice President for Student Uweeguu Office:

Approved for \$_____ Not Approved

Rationale for denial or reduced funding of programs and/or general comments:

Vice President for Student Success Signature: _____

Program Coordinator Signature: _____

(My signature indicates I agree to abide by the terms and specifications of my grant application and within 2 weeks of program/research completion, I will submit an evaluation; **and I have read and understand the rules and procedures found on the reverse side of this agreement.**)

Grant #: 3-28900

RULES FOR SUBSTANCE ABUSE PREVENTION ACCOUNT

All bills should be submitted to Amy Carrigan in Sherman Hall 321

- Only one person (the Coordinator) may purchase items and/or be reimbursed per grant.
- We cannot reimburse campus accounts.
- We do not pay for party goods/paper goods (including napkins).
- Food must be pre-approved by the Vice President for Student Uweeguu.
- We are not able to reimburse for state tax on any bills or receipts. Please inform the vendor that we are a state agency and do not pay tax.
- All receipts and invoices must be legible.
- Bills are to be clearly marked as to what they are for, which budget is to pay for them (the name of the grant will suffice), and signed by the Coordinator of the specific program, along with his/her address and phone number.

CHARGES

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