

MINI-GRANT Final Report

NAME OF SCHOOL: _____

Grant Type: _____ Tobacco-Free Activity/Event
 _____ BUSTED! Event

Date of Event: _____ Number of Participants: _____

Grade Level(s): _____

Brief summary of tobacco education provided prior to and during event: (Please attach any flyers or educational materials provided.)

Brief summary of event: _____

Brief description of materials purchased with \$500 _____

Contact Person: _____

Phone #: () _____ - _____

Signature

Date

Please complete and mail or fax:
Angie VanDyne, Greene County Tobacco Control Coordinator
Greene County Drug & Alcohol Program
19 South Washington Street
3rd Floor Fort Jackson Bldg.
Waynesburg, PA 15380
724-852-5368 (fax)