

**UTAH STATE OFFICE OF EDUCATION  
APPLICATION FOR FINANCIAL ASSISTANCE**

**1. AGENCY NAME and ADDRESS (zip code)**

Salt Lake City School District  
440 East 100 South  
Salt Lake City, UT 84111-1898

Department / Division  
**Substance Abuse Prevention (State Funds)**  
Area Code and Telephone Number  
**801-578-8394**

**2. DATE APPLICATION SUBMITTED**

**October 19, 2007**

**3. EXPENDITURE PERIOD**

Beginning Date of Project: **07/01/07**  
Ending Date of Project: **06/30/08**

**4. PROJECT DIRECTOR**

Name of Person Responsible for Supervising This Project: Shannon Andersen  
E-Mail Address: [shannon.andersen@slc.k12.ut.us](mailto:shannon.andersen@slc.k12.ut.us)  
Phone Number: (include area code) 801-578-8394  
Fax Number: (include area code) 801-578-2084

**5. IMMEDIATE SUPERVISOR**

Name of Person To Whom The Project Director Reports Dorothy Cosgrove

**6. DESCRIPTIVE NAME OF PROGRAM**

- |  |   |
|--|---|
| <input type="checkbox"/> Title 1 Part A Basic                          | <input type="checkbox"/> IDEA Part _____ Section _____ Title of program _____   |
| <input type="checkbox"/> Title 1 Part C - Migrant                      | <input type="checkbox"/> IDEA Part _____ Section _____ Title of program _____   |
| <input type="checkbox"/> Title 1 Migrant Consortium                    | <input type="checkbox"/> Title 3 English Language Acquisition                   |
| <input type="checkbox"/> Title 1 Part B - Even Start                   | <input type="checkbox"/> Title 4 Part A (1) Safe and Drug Free Schools          |
| <input type="checkbox"/> Title 1 Neglected and Delinquent              | <input checked="" type="checkbox"/> Substance Abuse Prevention (State Funds)    |
| <input type="checkbox"/> Comprehensive School Reform                   | <input type="checkbox"/> Title 4 Part B 21st Century Community Learning Centers |
| <input type="checkbox"/> Title 2 Part A Teacher and Principal Training | <input type="checkbox"/> Title 4 Part A (2) Community Service Grants            |
| <input type="checkbox"/> Title 2 Part D Education Technology Formula   | <input type="checkbox"/> Title 5 Innovative Programs                            |
| <input type="checkbox"/> McKinney - Vento Homeless Assistance Act      | <input type="checkbox"/> Highly Impacted Schools                                |
|  | <input type="checkbox"/> Other (indicate title of program in space below)       |

**7. AMOUNT REQUESTED FOR FUNDING**

(for continued financial support for subsequent years, USOE reserves the right to renew pending successful performance and availability of funding) **\$15,249**

The agency certifies to the best of its knowledge and belief, the data in this application is true and correct. The agency will agree to meet all of the requirements, including the project's objectives outlined within the narrative section of this application. The agency will also agree to comply with all other applicable State Finance Regulations as well as applicable Federal EDGAR Administrative Regulations.

\_\_\_\_\_  
**Signature of Superintendent (not designee)**

**NEW Mailing Address - Return Application To:**

Vicky Smith  
Utah State Office of Education  
P. O. Box 144200  
Salt Lake City, UT 84114-4200  
[vsmith@usoe.k12.ut.us](mailto:vsmith@usoe.k12.ut.us)  
**Location:** 250 East 500 South

**FOR USOE USE ONLY**

Date Application Received:  
\_\_\_\_\_  
Program Content Reviewed By/Date:  
\_\_\_\_\_  
Budget Reviewed By/Date:  
\_\_\_\_\_

**Please use the computerized form available on the USOE Home Page: <http://www.usoe.k12.ut.us/curr/nclb> "Financial Application"**

## PART I - BUDGET INFORMATION

**FILL OUT:** All Sections of Part II, Detail of Budget Information BEFORE returning to this page (to open, double click on each of them at the bottom of this screen). The amounts you enter into Part II will automatically be inserted into **THIS** page.

DISTRICT/ AGENCY NAME:	Salt Lake City School District	NAME OF PROGRAM (from Cover Page)	<b>State Substance Abuse</b>
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**READ THIS BEFORE YOU BEGIN THIS PAGE:** Where you see a \$0 already inserted in the columns below, a formula has been inserted DO NOT DELETE THE FORMULA. This is formatted to automatically draw amounts from corresponding sections within Part II of the application.

<b>Budget Categories (Object Codes)</b>			<b>Amounts</b>
For detailed information on Object Code Definitions, an expanded version can be found in USOE's School Finance & Statistics Workshop Binder, under Chart of Accounts. This binder is provided to District Business Administrators each year.			
A.	Salaries (100)		\$11,184.00
B.	Employee Benefits (200)		\$3,702.00
C.	Purchased Professional and Technical Services (300)		\$0.00
D.	Purchased Property Services (400)		\$0.00
E.	Other Purchased Services (excluding travel and construction services (500)		\$0.00
F.	Travel (580)		\$0.00
G.	Supplies and Materials (600)		\$0.00
H.	Other (exclude indirect costs, audit costs, and property) (800)		\$0.00
I.	<b>Total Direct Costs - Sum of Lines A through H</b>		<b>\$14,886.00</b>
J.	Other - Audit Costs (800)		\$0.00
K.	* Indirect Cost (Restricted) (870)	Formula Inserted in row below	
	Enter <u>YOUR</u> Agency's Current Fiscal Year Indirect Cost RATE HERE:	<b>2.44%</b>	\$363
L.	Property (includes equipment & computer hardware) (700)		\$0.00
<b>* TOTALS of Lines 'I' through 'L'</b> (Total must equal amount available. Adjustment your figures in PART II, not on this page.)			<b>\$15,249</b>

**\* PLEASE NOTE:** INDIRECT COSTS (Line K) IS FIGURED ON THE DIRECTS ONLY (Line I), - NOT the total grant amount.











