The National Every 15 Minutes Organization thanks you for your interest in participating in the Every 15 Minutes program and for your interest in applying for the 2012-2013 mini-grant opportunity. To be eligible for funds, your school must be planning an Every 15 Minutes program to take place this school year.

Through the Every 15 Minutes Mini-Grant program, funds of up to $500 are available to high schools that complete the program in its entirety. **Funds from this grant are to be used specifically toward the Every 15 Minutes Project Manager Software.**

*Please follow the directions below when applying for the Every 15 Minutes Mini-Grant.*

- Complete the application coversheet, questions, and the mini-grant contract.

  Attention: Grants  
  Every 15 Minutes  
  P.O. Box 20034  
  Lehigh Valley, PA  18002-0034

- The contract **MUST** be an **ORIGINAL** and must be signed by the **principal or the assistant principal** and sent to us by November 30, 2012

- The program must be held before June 17, 2013

**NOTE:** Every 15 Minutes mini-grants can only be issued to high schools hosting the program during the 2012-2013 school year. Completed applications and contracts must be filled out and returned to National Every 15 Minutes Organization for review and approval. Either the principal or assistant principal and the National Every 15 Minutes Organization must sign the mini-grant contract before beginning the Every 15 Minutes event.

For more information or to receive an application packet by mail, please contact Grants, by phone at 484-898-0390 or by e-mail at info@every15minutes.com
EVERY 15 MINUTES
MINI-GRANT 2012-2013

Application Coversheet

**Mini-Grant Information** (Please Type or Print Clearly)

School Name Contact: _________________________________________________________

School Contact Title: ___________________________________________________________

Telephone Number: _______________________ Fax Number: _______________________

E-mail Address: _______________________________________________________________

**Preference for contact during the summer months (circle one)**

Phone  E-mail

Summer contact information (phone / e-mail address): _______________________________

**Every 15 Minutes Program Information**

Dates Scheduled: ______________________________________________________________

Name of High School: __________________________________________________________

School District: ______________________________________________________________

Address: _____________________________________________________________________

Principal: __________________________________________________________________

Email Address: _______________________  Telephone Number: ______________________

**Every 15 Minutes Certified Coordinators Information:**

Name: _____________________________ Organization/Affiliation: _____________________

Address: _____________________________________________________________________

Telephone Number: _______________________  Fax Number: _______________________

Email Address: _______________________________________________________________

Date you took our training class: ________________________________________________

**Emergency Response Information:**

Name of Police Dept: __________________________________________________________

Address: _____________________________________________________________________

Telephone Number: _______________________  Fax Number: _______________________

Contact Name/Email Address: ____________________________________________________
Name of Fire Dept: _________________________________________________________________

Address: _________________________________________________________________________

Telephone Number: ________________________ Fax Number: ________________________

Contact Name/Email Address: _________________________________________________________

Name of EMT Dept: _________________________________________________________________

Address: __________________________________________________________________________

Telephone Number: ________________________ Fax Number: ________________________

Contact Name/Email Address: _________________________________________________________

Name of Hospital:  _________________________________________________________________

Address: __________________________________________________________________________

Telephone Number: ________________________ Fax Number: ________________________

Contact Name/Email Address: _________________________________________________________

Return the application coversheet along with questions, ORIGINAL signed contract, and PROOF OF YOUR SCHOOL’S TAX EXEMPTION STATUS TO:

Attention: Grants
Every 15 Minutes
P.O. Box 20034
Lehigh Valley, PA  18002-0034
Mini-Grant Application Questions

Name of School & District: ___________________________________________________________

Type of School: (circle one) Rural Urban Suburban

Total Student Population: ________

Total population for your Freshman ____ Sophomore ____ Junior ____ Senior _____

Is there a PTA or any comparable parent organization/group at your school? If yes, please list the organization/group names:

Have any Student Organizations at your school expressed and interest in youth-alcohol related issues?

Yes  No

If yes, please list ALL applicable organization(s) and briefly define their purpose:

What follow-up actions/programs is your school planning to continue youth alcohol awareness after conducting the Every 15 Minutes Program? Briefly describe:

List other school-based activities/programs pertaining to alcohol-related issues that your school has participated in over the past 2 – 3 years:

How many students at your school have been killed or seriously injured in the past three years in auto crashes? (Include all crashes, not just alcohol-related crashes)

Reason(s) for interest in the Every 15 Minutes program: (Check all of the following that apply)

Homecoming  National Drunk & Drugged Driving Month
Prom  Alcohol related tragedy/student death
Red Ribbon Week  Student concern regarding alcohol use by peers
Graduation  Community concern regarding underage drinking/DUI
Spring Break  Other: ____________________________________________
EVERY 15 MINUTES 2012-2013
MINI-GRANT CONTRACT

State of ______________________________ County of ______________________________

This grant is made by and between the National Every Minutes Organization, hereinafter called the
“Organization”, and:

_____________________________________________________________________________
(Name of High School)

_____________________________________________________________________________
(Contact Name)

_____________________________________________________________________________
(Mailing address if different from physical address)

_____________________________________________________________________________
Hereinafter called the “Grantee”

WITNESSETH

WHEREAS, traffic crashes, many of which involve alcohol and other drugs, are a leading cause of death
and serious injury for young people (ages 15-19): and,

WHEREAS, the State desires to provide mini-grants as “seed money” to high schools to support Every 15
Minutes activities; and,

WHEREAS, the Grantee will conduct an Every 15 Minutes program, as defined below, and report to the
Organization on the results; and,

NOW THEREFORE, in consideration of mutual covenants and agreements herein contained, the
Organization and Grantee mutually agree as follows:

AGREEMENT

1. This agreement becomes effective on __________, or when fully executed by all parties hereto,
whichever occurs later, and shall terminate on or before _________, or unless otherwise
terminated or modified as hereinafter provided.

2. As defined here, Every 15 Minutes is a high school-based underage drinking, and drinking and
driving awareness and prevention program that includes the following minimum components: a
mock crash scene, the “living dead”, an overnight retreat, and an assembly for students and
parents.

3. The purpose of Every 15 Minutes is:
   a. To educate the student body of the cause and effects of underage drinking and drinking
      alcohol and driving; and,
   b. To reduce deaths and injuries associated with underage drinking and drinking alcohol and
      driving.

4. The funds will be used to cover expenses for the Every 15 Minutes Project Manager™.
5. The Grantee will provide the Organization a report on activities conducted and the number of students participating in the program after completion.

6. The Grantee agrees to comply with Attachment 1, General Provisions.

IN WITNESSETH WHEREOF, the parties of this agreement have executed duplicate counterparts.

THE GRANTEE

By: ________________________________________  By: ____________________________
(Principal or Assistant Principal)  (Signature of Administrator)

(Type Name and Title)

(Date)  (Date)

National Every 15 Minutes Organization
GENERAL PROVISIONS

1. The Grantee shall request the Project Manager Software on a standard type of invoice acceptable by the Organization by November 30, 2012. The original copy should be submitted to the Organization.

2. The Organization will provide the Project Manager Software within thirty (30) days from receipt of the Grantee’s request for such, if the request is properly prepared, executed, and documented.

3. The Grantee understands that acceptance of Project Manager Software under this agreement acts as acceptance of the authority of the Organization, or any successor agency, to conduct an audit or investigation in connection with the software. Grantee further agrees to cooperate fully with the Organization or its successor in the conduct of the audit or investigation, including providing all records requested. The Grantee will ensure this clause concerning the authority to audit the software used indirectly by others though Grantee and the requirement to cooperate is included in any subcontract it awards.

4. This agreement may be terminated before the established completion date by either party upon failure of the other party to fulfill its obligation under this agreement upon ten (10) days written notice or by mutual consent.

5. The Grantee shall save harmless the Organization from all claims and liability due to activities of himself, his agents, or employees performed under this agreement and which result for an error, omission or negligent act of the Grantee or any person employed by the Grantee. The Grantee shall also save harmless the Organization from any and all expenses, including attorney fees, which might be incurred by the Organization in litigation or otherwise resisting said claim or liability which might be imposed on the Organization as the result of such activities by the Grantee, his agents or employees.

6. The Organization and the Grantee shall not assign or otherwise transfer its rights or obligations under this agreement except with the prior written consent of the other party.

7. Upon completion or termination of this agreement, all documents prepared by the Grantee or furnished to the Grantee by the Organization shall be delivered to and become the property of the Organization. All data prepared under this agreement shall be made available upon request to the Organization without restriction or limitation on their future use. The Grantee may, at his own expense, have copies made of the documents or any other data he has furnished the Organization under this agreement without restriction or limitation on their future use.

8. The Organization’s policy mandates that employees of the Organization shall not accept any benefits, gifts or favors from any person doing business or who may be reasonably expected to do business with the State under this agreement. Any person doing business with the State under this agreement may not make any offer of benefits, gifts or favors to Organization employees. Failure on the part of the Grantee to adhere to this policy may result in the termination of this agreement.

9. In the case any one or more of the provisions contained in this agreement shall for any reason be held invalid, illegal or unenforceable in any respect, such invalidity, illegality or unenforceable act shall not affect any other provision thereof and this shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

10. This agreement constitutes the sole and only agreement of the parties hereto and supersedes any prior understandings, written or oral agreements between the parties respecting the within subject matter.

11. The agreement shall be construed under and in accordance with the laws of the State of Pennsylvania. Any legal actions regarding the parties’ obligations under this agreement must be filed in Northampton County, Pennsylvania.
Every 15 Minutes
Report of Activities

Name of School:________________________________________________________________________________

Day(s) and Date(s) the Every 15 Minutes program was held: _____________________________________________

Number of students actively involved in the program:         _____________________________________________

Estimate of total persons involved in planning/presenting the program (including students, present teachers, community numbers, etc.): _______________________

1. Community members/others involved planning and presenting the program (Check all that apply):
   a. Parents
   b. Community groups (Boys and Girls Club, Rotary, etc.)
   c. School officials (i.e. teachers, principals, coaches, counselors, etc.)
   d. School board members/local politicians decision-makers
   e. Media/reporters
   f. Local businesses
   g. Hospitals/medical personnel
   h. Emergency medical services
   i. Fire department
   j. Police/sheriff’s department
   k. Courts (judges, prosecutors)
   l. Funeral home/Medical examiner’s office(s)
   m. MADD/SADD or related organizations
   n. Other: (Please specify)____________________________________________________________________

2. Components of your school’s Every 15 Minutes program (Check all that apply):
   a. Mock crash scene
   b. Living dead (i.e. Signifying the number of people injured or killed in alcohol-related crashes by having students wear black/paint their faces and not communicate during the school day)
   c. Parent death notification of mock student deaths
   d. Arrest/adjudication of DUI offender
   e. Survivor or student counseling/debriefing
   f. Medical treatment of crash victim(s) at a local hospital/emergency room/clinic
   g. Overnight retreat
   h. Letters to parents/friends to/from the “dead”
   i. Victim(s) funeral/memorial session and/or school assembly
   j. Video production of events
   k. Hospitality and media room/press briefing
   l. Other: (Please specify)_____________________________________________________________________

3. How effective do you think your program was in preventing underage drinking and relaying the consequences of drinking and driving to the following:

<table>
<thead>
<tr>
<th>Very Effective</th>
<th>Effective</th>
<th>Only Somewhat Effective</th>
<th>Not Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students directly participating in the E15M Program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Students observing the program</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>School faculty/staff</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Members</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

__________________________________________________________________________________________
Every 15 Minutes
Invoice

Official letterhead of your high school

Attention:
Grants
National Every 15 Minutes Foundation
P.O. Box 20034
Lehigh Valley, PA  18002-0034

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Item</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Itemize what was purchased here</td>
<td>Actual amount spent on each item up to $500.00</td>
<td>Actual amount spent up to $500.00</td>
</tr>
<tr>
<td>1</td>
<td>Every 15 Minutes Project Manager Software</td>
<td>No more then $500</td>
<td>No more than $500</td>
</tr>
</tbody>
</table>

I certify the above invoiced goods and services were purchased expressly for the Every 15 Minutes program and that the purchases comply in every way with the contract they were purchased under.

____________________________________________
Signature or Principal or Assistant Principal

____________________________________________
Print Name and Title

Email Address of Coordinator who will be using the Project Manager Software: