



Anne Arundel County Department of Health
1 Harry S. Truman Parkway, Annapolis, MD 21401
www.LearnToLiveHealthy.org • 410-222-7979

SADD Chapter Grant Reporting Form

Submit for each Activity

2015-2016 School Year

SADD Chapter _____

Name of SADD Chapter Advisor _____

Advisor Phone _____ Advisor Email _____

Date(s) activity was conducted _____

Topics discussed (e.g. dangers of secondhand smoke, e-cigarettes)

How long did the session last? _____

How many students outreached? _____

Description of event (What type of activity was conducted? Report information should include who, what, when, where, why and how.)

Name and Signature of SADD Chapter Advisor _____

Submit this form with invoice to Leanne Lorance via interoffice mail, U.S. mail, or email.

Email: hdlora00@aacounty.org

Anne Arundel County Department of Health, MS 3102
1 Harry S Truman Parkway, Annapolis, MD 21401

Request for Payment

To: Anne Arundel County Department of Health
1 Harry S. Truman Parkway
Annapolis, MD 21401

Attention: Leanne Lorance

Federal Tax I.D. Number: 52-2122962

Date of Request for Payment: _____

Date of Activity: _____

Services Rendered: Peer education to students regarding the dangers of tobacco products.

Total Amount Requested: \$ _____
(\$300 per activity)

Please make check payable to:

Name of Organization: _____

Address: _____

Tax Identification Number: _____

Check Sent to Attention of: _____

Signature: _____

Title: SADD Chapter or Group Advisor

Date: _____

*Include a reporting form with this invoice.