



REIMBURSEMENT APPLICATION

Love Thy Neighbor (LTN) is a smoking-cessation program funded by the Pennsylvania Department of Health. As a part of the LTN program, churches that agree to provide smoking cessation classes within their congregations are eligible for reimbursements* of up to \$500 for the 8-week session.

*Reimbursement funds are available on a first-come, first-serve basis. Please complete your application as soon as possible as funds are limited.

HOW IT WORKS

It's as easy as 1...2...3...

- 1 READY** To help with start-up expenses, we'll send you \$100. (Don't forget to keep those receipts!)
- 2 SET** Go to the Resources section of LTNQuitSmoking.com and download all of the necessary materials.
- 3 GO** Start your classes. At the end of the 8 weeks, turn in your reporting form, sign-in sheets and all receipts by June 15, 2007. Once we receive all of these items, we will reimburse the remaining expenses.

WHAT CAN BE REIMBURSED

LTN funds can be used for purposes that support the delivery of smoking cessation programs and support activities within congregational settings. These expenses* can include, but are not limited to:

- providing free childcare for persons attending cessation classes
- transportation costs
- meal costs
- rental of audio-visual and display materials for use in smoking cessation classes and counseling sessions
- small honorarium for speakers on smoking cessation (NOTE: when requesting honorariums, please include the name & title of the guest speaker)
- Printing of materials, paper and supplies

*Receipts for purchases of goods must be provided for all expenditures, and time logs must be kept for childcare services.

WHAT CANNOT BE REIMBURSED

Funds cannot be used for:

- paying salaries to church staff
- stipends for persons attending classes
- equipment purchases
- church expenses (i.e. rent, electricity bill, etc.)
- gifts (i.e. spa gift certificates).

PLEASE NOTE: All expenditures must be justified as part of the LTN smoking cessation and outreach program. Any organization that receives funds from tobacco companies or tobacco company subsidiaries will not be eligible for LTN reimbursement. Expenses exceeding \$500 will not be reimbursed.



REIMBURSEMENT APPLICATION

PLEASE PRINT LEGIBLY. PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION.

(A) Contact Information

NAME OF CHURCH

STREET ADDRESS

CITY STATE ZIP

SIZE OF CONGREGATION

PERSON TO BE REIMBURSED

Will this person be the direct contact for the application process? _____ Yes _____ No

If not, who will be the direct contact? _____

HOME PHONE CELL PHONE

CHURCH PHONE

EMAIL FAX

(B) LTN Cessation Classes

START DATE END DATE (Should be 8 weeks in length)

TIME LOCATION

FACILITATOR(S):

..... PHONE

..... PHONE

PRINT NAME OF PASTOR

PASTOR'S SIGNATURE DATE

NAME OF CHURCH

.....



NAME OF CHURCH

(C) Program Budget

Please provide a budget for proposed LTN activities, not to exceed \$500 for the 8-week session.

ESTIMATED ATTENDANCE: _____ PEOPLE PER SESSION

.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
.....	\$
TOTAL AMOUNT REQUESTED	\$

APPROVALS

LTN LIAISON'S SIGNATURE DATE

PASTOR'S SIGNATURE DATE

PLEASE NOTE: Funds cannot be used to pay salaries of church staff, stipends for persons attending classes, church volunteers, equipment purchases, or church expenses (i.e. rent, electricity bill, etc.). **Receipts for purchases must be provided for all expenditures and reimbursement will not be made without submission of all completed evaluation documents.** All expenditures must be justified as part of the Love Thy Neighbor smoking cessation and outreach program.