

## Botvin LifeSkills Training High School Program GRANT APPLICATION

**This grant application must be submitted using the online platform:** [LST High School Online Application](#)

*Progress is automatically saved as long as all entries are made using the same device, and the cache is not cleared.*

The University of Colorado Boulder is seeking schools in select states to implement the [Botvin LifeSkills Training \(LST\) High School program](#) with grade 9 or 10.

### What is the LST High School Program?

The Botvin LifeSkills Training High School Program is a comprehensive, evidence-informed curriculum designed to promote healthy behaviors in students by building personal self-management skills, social skills, and refusal skills to prevent drug use, violence, and other risky behaviors.

### Program Highlights

- 10 45-minute sessions grade 9 or 10.
- Evidence of effectiveness.
- Competence enhancement curriculum that builds personal self-management skills, social skills, and drug and violence resistance skills.
- Guidance to integrate vaping prevention topics into relevant lessons.
- Aligns with standards for health education.

### What Does the Grant Provide?

The grant covers the full cost of the following:

- **Curriculum Materials:** Two years of student guides and teacher manuals.
- **Teacher Training:** Workshops for all educators who will deliver the program. Teacher stipends of \$200 per 6-hour training day will be paid for LST workshops held during non-contracted time, and reimbursements will be paid to districts utilizing substitute teachers for trainings held during the school year.
- **Ongoing Support:** Access to implementation assistance and capacity-building workshops to help sustain and finance the program long-term.
- **Teacher Appreciation:** \$100 gift card for LST teachers after implementation and survey completion.
- **Site Coordinator Appreciation:** Up to \$100 gift card for LST site coordination, dependent on size of site.

### What We Need from You

- **District Support:** Ensure your district and school(s) are committed to implementing LST as outlined.
- **Program Coordination:** Assign a Site Coordinator and Co-Coordinator to manage implementation.
- **Participation in Feasibility Meeting:** Attend a 60-90 minute-meeting for an overview of LST and evaluation components and discuss implementation plans.

### How to Apply

1. **Complete this Online Application:** Fill out a brief online application for your district. If multiple schools within your district are applying, submit one comprehensive application.
2. **Submit Commitment Letters:** Collect signed Letters of Commitment from the district [superintendent](#) and [principals](#) of all participating schools.

### Application Checklist

Before you submit, ensure you have:

- **Support Documentation:** Letters of Commitment from the [superintendent](#) and [principals](#).
- **Program Coordinators:** Identified and confirmed your Site Coordinator and Co-Coordinator.
- **Program Placement:** Identified subject area where LST will be taught, and corresponding instructors.

### Key Dates

- **Application Deadline: December 9, 2025.**
- **Feasibility Meeting:** Completed by March 13, 2026.
- **Awards Announced:** April 2026.

Upon receipt and review of your application and all required documentation, we will contact you to schedule a feasibility meeting. Our goal is to ensure schools are prepared to successfully implement the program.

### Contact Information

For questions or assistance with the application:

- **Email:** [lstgrant@colorado.edu](mailto:lstgrant@colorado.edu)
- **Phone:** 303-492-2134
- [Google Form](#)

We are here to support you through the application process and look forward to helping you bring the Botvin *LifeSkills Training* High School program to your students!

**NOTE: To complete the application across multiple sessions, be sure to use the same device and browser, and make sure settings will not clear the browser's cache/cookies. If progress is lost, please contact our general mailbox at [lstgrant@colorado.edu](mailto:lstgrant@colorado.edu).**

### [Botvin LifeSkills Training Grant Information](#)

**Deadline: December 9, 2025**

**For questions, contact [lstgrant@colorado.edu](mailto:lstgrant@colorado.edu)**

**[Need Help? Click Here to Request Assistance with the Application](#)**

University of Colorado Boulder | 483 UCB, Boulder, CO 80309



**UNIVERSITY OF COLORADO BOULDER**  
**BOTVIN LIFESKILLS TRAINING (LST) HIGH SCHOOL GRANT APPLICATION**  
(*Must submit using online application: [LST High School Online Application](#)*)  
[Need Help? Click Here to Request Assistance with the Application](#)

Full Name of Contact: \_\_\_\_\_ Title/Role: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ District/Organization: \_\_\_\_\_ Title I Eligible (Yes/No/Unsure): \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Country: \_\_\_\_\_ Time Zone: \_\_\_\_\_

How did you/your team hear about this grant opportunity? Select all that apply.

- ☐ Email from the University of Colorado Boulder project staff  
☐ Phone call from University of Colorado Boulder project staff  
☐ Newsletter from any other organization  
☐ Physical mailing of grant announcement  
☐ Through a local organization or agency  
☐ Other (please describe): \_\_\_\_\_

In general, your school district community is classified as:

- ☐ Urban/Suburban (population center over 30,000) ☐ Rural (population center less than 30,000)

---

**ASSESSMENT & SYSTEM PLANNING**

[Need Help? Click Here to Request Assistance with the Application](#)

1. Describe your district's or organization's experience, if any, implementing Botvin *LifeSkills Training* (LST).
2. Are there any violence and/or drug prevention programs in the school(s) that will implement the LST program? ☐ Yes ☐ No  
If yes, please list the names of the school(s), the program(s), the targeted behaviors (e.g., tobacco use, violence), the grades in which each program is taught, and how you will ensure that they will not overlap with LST.
3. Describe the successes and challenges that your school/district/organization has experienced in implementing classroom-based prevention programs in the past.
4. How will the LST program help meet the needs and goals of your school/district/organization?
5. Describe the current administrator and teacher turnover rate in your district.
6. When is your 2025-2026 spring break?
7. What is your district's last day of school before summer break?

**LST HIGH SCHOOL IMPLEMENTATION PLANS**

[Need Help? Click Here to Request Assistance with the Application](#)

Consider the implementation guidelines and answer the questions below for your *district's general plan* for implementation. (School-level plans will be reported on the "LST Participating Schools Form" at the end of this application.)

- A minimum of 10 class sessions are needed to cover the full program scope.
- Units are designed to be delivered in approximately 45-minute sessions.
- All units must be delivered to all or nearly all students in the eligible grade.
- Students receive LST at least 1x/week, up to 5x/week, for consecutive weeks until all units are complete.

- Units are taught in the order presented in the teacher's manual.
- LST classes are not comprised of mixed grades.
- LST instruction is best suited for classes of 30 or fewer students.
- LST units are best suited for delivery in a classroom setting.

1. How many schools in your district intend to teach the LST High School program?

2. In most schools, LST High School will be implemented in:

**Note: If your site is already implementing LST Middle School in grades 7-9, LST High School must be delivered in grade 10.**

☐ grade 9 (10 sessions)

☐ grade 10 (10 sessions)

3. Will all students in the chosen grade level receive the LST High School program (with the exception of special populations)?

☐ Yes ☐ No (Please explain)

### COORDINATION & TEACHER INVOLVEMENT

[Need Help? Click Here to Request Assistance with the Application](#)

It is beneficial for implementation to be fully supported at the organizational level and coordinated through a single point of contact. Please review the [LST High School Site Coordinator Fact Sheet](#), describing the Site Coordinator's role in program implementation.

1. Who are the people in your organization who support the proposed program (names and positions), and how have they demonstrated their support?

2. Who have you identified as the **Site Coordinator** to oversee the LST High School implementation in your school(s)?

Full Name \_\_\_\_\_ Position/Role \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Year-Round Employee or School-Year Employee: \_\_\_\_\_

3. Who have you identified as the **Co-Coordinator** (or assistant to the Site Coordinator) who we may contact when the Site Coordinator is unavailable?

Full Name \_\_\_\_\_ Position/Role \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Year-Round Employee or School-Year Employee: \_\_\_\_\_

4. Describe opportunities for staff collaboration and time allocated for staff planning and problem-solving.

5. Please provide the [LST High School Teacher Fact Sheet](#) to potential LST instructors, describing the program and their responsibilities in teaching the curriculum.

Are the classroom teachers aware that the LST High School program is being considered by their school?

☐ Yes ☐ No

6. LST High School teacher training is one full day; instructors must attend this training and *cannot* train others in their schools without additional trainer certification. The grant offers reimbursement for substitute costs or offers a stipend for training completed during non-contracted time.

Do you foresee any problems in ensuring that these teachers attend the training workshop?

☐ No ☐ Yes (Please explain)

7. Your district will be asked to recommend community members who can be hired by the University of Colorado Boulder to observe LST classroom sessions. Observers assist in monitoring implementation fidelity by recording coverage of key lesson points during LST sessions (see [LST High School Classroom Observer Fact Sheet](#)). These unannounced fidelity checks will be conducted based on each teacher-provided implementation schedules. District-level feedback will be provided by your CU Boulder grant representative in the annual site report.

Do you foresee these observations as a problem for your teachers or schools?

☐ No ☐ Yes (Please explain)

8. Do you foresee any problems identifying community members to serve as the classroom observer?
- ☐ No ☐ Yes (Please explain)

### SUSTAINABILITY PLANNING

[Need Help? Click Here to Request Assistance with the Application](#)

Districts will be invited to send 1-2 program champions/stakeholders to participate in a strategic sustainability workshop, which is interactive and provides participants with the opportunity to begin critical planning work in connection with a larger sustainability planning process. The workshop is one full day, and the grant covers standard travel expenses (e.g., transportation, lodging, meals, and substitute teacher reimbursement if needed).

1. Do you foresee any problems in attending the sustainability workshop?
- ☐ No ☐ Yes (Please explain)
2. Describe the plans your district is exploring to sustain the LST program beyond the life of the grant. Please identify:
- How program leaders have analyzed and articulated how LST fits within the school's vision of student achievement and school improvement, etc.
  - The range of financing strategies and funding sources (both monetary and in-kind) program leaders envision supporting this work.
  - The various stakeholders program leaders will enlist, engage, and develop to champion this work.
3. Is there anything else you would like to share with us?

The final page of this application is the **LST High School Participating Schools Form**. Each school intending to implement the LST High School program needs to submit a completed "LST High School Participating Schools Form" that provides contact information, the proposed implementation plan, and the number of participants. There are a total of 10 LST Participating Schools Forms within this application. Please complete one form for each school that will participate in the High School Program grant.

**Note: It will not be possible to return to previously entered fields in this application after clicking to proceed below.**

- [CLICK TO PROCEED TO PARTICIPATING SCHOOLS FORM\(S\) FOR THE LST HIGH SCHOOL PROGRAM](#)



Boulder

## LST HIGH SCHOOL PARTICIPATING SCHOOLS FORM

Please complete one form for each school that will participate in the High School Program grant. *If more than 10 schools will be participating, complete the 10 forms within this application and [click this hyperlink](#) for additional forms.*

**Note: It is not possible to return to this page after submission.**

Please consider the following implementation fidelity guidelines and grant requirements as your team completes the below **Participating Schools Form**:

- A minimum of 10 class sessions are needed to cover the full program scope.
- Units are designed to be delivered in approximately 45-minute sessions. Content carryover is acceptable.
- All units must be delivered to all or nearly all students in the eligible grade.
- Students receive LST at least once per week, up to 5 times per week, for consecutive weeks, until all units are complete.
- Units are taught in the order presented in the teacher's manual.
- LST classes are not comprised of mixed grades.
- LST instruction is best suited for class sizes of 30 or fewer students.
- LST units are best suited for delivery in a traditional classroom setting.

**School Address and Contact Information** *(Enter "N/A" if the field does not apply. Make sure no fields are left blank.)*

School Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ School Phone: \_\_\_\_\_ School Fax: \_\_\_\_\_

Total # Students in School: \_\_\_\_\_ School Structure (e.g, 7-12, 9-12): \_\_\_\_\_

School Principal (Must sign a [Principal Letter of Commitment](#)): \_\_\_\_\_

Principal Phone: \_\_\_\_\_ Principal Email: \_\_\_\_\_

School Contact (if not principal): Name: \_\_\_\_\_ Title/Role: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School's Locale: ☐ Urban/Suburban (population center over 30,000) ☐ Rural (population center less than 30,000)

### IMPLEMENTATION PLAN for SCHOOL:

<i>LST High School is designed for either grade 9 or grade 10. If your site is implementing LST Middle School in grades 7-9, LST High School must be delivered in grade 10.</i>	<b>LST High School</b> 2026-2027 & 2027-2028
Grade in which LST-HS will be taught (Grade 9 or 10)	
Subject area in which LST-HS will be taught	
Role of instructor(s) (classroom teacher, counselor, etc.)	
Scheduling rotation for chosen subject area (e.g., year-long, semesters, quarterly)	
Frequency of LST-HS lessons (e.g., once per week, A/B-day, daily)	
Typical class size for this subject area	
Class length (in minutes)	
Are there mixed grades? (Y/N)	
Is a classroom available for LST-HS? (Y/N)	
Estimated enrollment for entire chosen grade level	
Will all students in the chosen grade receive LST-HS? (Y/N)	
# of instructors who will deliver LST-HS	

Would you like to add more schools to this application for the LST High School program?

*Note: If no is selected, you will be taken to the end of the application and will be unable to return to add additional schools.*

- ☐ **YES**, I would like to add another participating school to this LST High School application.
- ☐ **NO**, there are no more schools to add to this LST High School application.
- 

**Thank you for completing the grant application for the Botvin LifeSkills Training High School Program!**

We require a letter of commitment to be signed by the superintendent and school principal from each participating school to signify support for the program and intent to implement LST High School with fidelity and integrity to the model. Please checkmark the box(es) below to indicate the status of the letters of commitment. If you need a copy of these prepared letters, please [click here for the Superintendent Letter](#) and [click here for the Principal Letter](#). All signed letters must be sent to [lstgrant@colorado.edu](mailto:lstgrant@colorado.edu) in order for the application to be fully reviewed and to schedule the 60–90-minute feasibility meeting.

- ☐ I have obtained a signed Superintendent Letter.
- ☐ I have obtained a signed Principal Letter for each participating school.
- ☐ I am still in the process of obtaining the signed letter(s) and will submit to [lstgrant@colorado.edu](mailto:lstgrant@colorado.edu) within 5 business days.

Application Submission Date: [mm/dd/yyyy]: \_\_\_\_\_

Upon submission, responses to this application will be emailed to the application contact person and automatically sent to a grant manager. Please email the signed letter(s) to [lstgrant@colorado.edu](mailto:lstgrant@colorado.edu). Until all letters signed by the Superintendent and Principal(s) are received, applications are not considered complete and will not be reviewed, and the feasibility meeting will not be scheduled.

Once the letters are received, the grant manager will be in contact to confirm your application is complete. Starting in December, we will review applications and reach out with next steps, including scheduling the 60-90-minute feasibility meeting to be held by March 13, 2026. If you have any questions, please contact the grant manager at [lstgrant@colorado.edu](mailto:lstgrant@colorado.edu).

**Project Director:**

M. Amanda Lain | 303-492-2134 | [lstgrant@colorado.edu](mailto:lstgrant@colorado.edu)



**Thank you for applying for Botvin LifeSkills Training program grant through the University of Colorado Boulder!**

Your application will be reviewed after the signed [Superintendent Letter](#) and [Principal Letter\(s\)](#) have been received. If you have not already submitted these to [lstgrant@colorado.edu](mailto:lstgrant@colorado.edu), please do so within 5 business days.