

Action Plan Funding Request Form

Date: _____

Coalition: _____

Person submitting request: _____

Phone number / e-mail: _____

Name of requested project: _____

Total funding amount requested: _____

PROJECT/PROGRAM DETAIL

Please provide the following information related to the requested project or program:

1. Please describe your project/program in detail. (What is it? How will it be implemented? What specific activities will be undertaken?)
2. What impact do you expect to see in your community as a result of this project/program?
3. Who is your target audience and how many people do you expect to participate?
4. What community partners will be involved in your project/program? (Community partners include other agencies, organizations, churches, schools or government entities that would be involved with your activity.)
5. How will you inform the community about your project/program/event?
6. Identify how your project/program will implement drug prevention and awareness components.
7. When do you expect to purchase materials and/or when do you expect project/program to begin?
8. On the "Action Plan Resource Form" please provide information related to the budget for your proposed project/program. Be specific for each cost associated with your project/program.

Forward this completed form to your Coalition Coordinator