|  |  |  |
| --- | --- | --- |
| 1 | Application Date | Funding Start Date |
|  |       | September 1, 2020 - June 30, 2021 |
| 2 | Applicant Agency (Legal Name & Address) | Applicant Agency FEIN |
|  |       |       |
| 3 | Has a permanent Local Prevention Council been established? [ ] No [ ]  Yes |
| 4 | Local Prevention Council name and address |
|  |       |
| 5 | LPC Contact Person (Programmatic) | Telephone Number/Fax Number |
|  |       |       |
|  | Title | Email Address |
|  |       |       |
| 6 | Contact Person (Fiscal) | Telephone Number/Fax Number |
|  |       |       |
|  | Title | Email Address |
|  |       |       |
| 7 | List town(s) impacted/included in application |
|  |       |
| 8 | Is litigation pending on any of the applicant organization’s programs? [ ] No [ ]  Yes If yes, briefly explain below. |
|  |       |
| FUNDING SUMMARY |
| 9 | Total Program Budget | Amount Requested |
|  |       |       |

|  |
| --- |
| ATTESTATION |
| 10 | I attest that to the best of my knowledge and belief, the information in this application is true and correct, the document has been duly authorized by the governing body of the contractor, the contractor has legal authority to apply for assistance, the contractor will comply with applicable state and/or federal regulations, and that I am a duly authorized signatory for the contractor. |
| Name (Print Or Type) | Title | Signature | Date |
|       |       |  |       |
|  | AUTHORIZING SIGNATURE(S) |
| 11 | In order for this application to be considered for funding, it must be signed by an official signatory of the prioritized municipality. |
| Name (Print Or Type) | Title | Signature | Date |
|       |       |  |       |
| 12 | If proposed activities involve the public schools in the prioritized community, the signature of the Superintendent of Schools (or designee) is required. |
| Name (Print Or Type) | Title | Signature | Date |
|       |       |  |       |

**13. Partnership(s)**

**A. Why was this partner(s)/community based-organization chosen?**

**B. What is the evidence of this partner(s)/community based-organization’s capacity to manage community based coalitions?**

**C. What is the evidence of this partner(s)/community based-organization’s commitment to the community?**

|  |
| --- |
| **14. WORKPLAN (use as many pages as needed)** |
| **LPC Town Served:** |
| **Service Type Code** | **Activity** | **Resources/Partners** | **Proposed Priority Population(s)** | **Estimated numbers served** | **Proposed Service Dates/Ranges (MM/YY)** |
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**15. Budget Narrative**

Please use or replicate the format below to complete your Budget Narrative and Budget Justification below for each line item. This budget amount is located in Appendix A. of the Announcement and should show exactly what requested dollars will purchase keeping the following in mind:

* Allowable administrative costs may not exceed $599 or 15% of total funding.
* Honorariums not to exceed $500.00.
* Allowable program expenses may include materials/supplies, equipment rentals, and programmatic food expenses; however, food expenses may not exceed more than 5% of the total budget for the entire funding period.
* Direct services for intervention or treatment are not allowed.
* Receipts must be maintained as you may need to submit them upon request.

| **Budget Narrative** |
| --- |
| **Item(s)** | **Total Costs** |
| **Personnel** |  |
| **Fringe** |  |
| **Supplies, printing, postage** |  |
| **Travel** |  |
| **Campaign/print materials/website** |  |
| **Total Direct Charges** |  |
| **Indirect Charges** |  |
| **Total**  |  |
|  |
| **Please provide a Budget Justification for the items noted in the narrative above:** |

**16. Local Prevention Council Membership List**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Member Name** | **Gender** | **Race** | **Email Address** | **Title** | **Sector Representation** |
|       |       |       |       |       |       |
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