

APPLICATION FOR FUNDING THE PAGE SUBSTANCE ABUSE TASK FORCE

1. Name of Organization(s) requesting funding:
2. Is funding for (check one): Program _____ Project _____ Event _____
3. Name of the above:
4. Where will your program, project or event take place?
5. Date of program, project or event _____
6. Briefly state goal(s) and how it aligns with SATF goals of prevention, collaboration and education
7. How will you measure the outcome of your program, project or event?
8. Who is your other funding source(s)?
9. Will you be receiving at least one half of requested funding from this other source(s)
10. Can you show evidence of insurance coverage to current Page City requirements? Y N
11. Who are your collaborative partners? (check all that apply and identify. **DO NOT** identify individuals)
____ Youth
____ Parents
____ Business: _____
____ Media: _____
____ School(s): _____
____ Religious/fraternal Org.(s): _____
____ Healthcare Org.(s) _____
____ Youth-Serving Org.(s): _____
____ Civic/Volunteer Group(s): _____
____ Prevention Experts (local, county, state, tribal): _____
____ Government agencies
____ Other: _____
12. Amount requested: _____