



DRUG FREE MONTCALM

A Collaborative of Substance Abuse Prevention Coalitions

YOUTH GRANT REQUEST APPLICATION

The purpose of the Youth Grant is to provide positive alternative activities while encouraging youth involvement in the planning and implementation process. We are looking for projects that will encourage and reinforce youth involvement in meaningful ways in the reduction of underage drinking or tobacco use. Grant requests should reflect the mission of DFM.

The grant amount available is up to \$500.00 per event or activity.

Mission of Drug Free Montcalm Collaborative:

Mission: Drug Free Montcalm works to improve the health of our community by reducing the use of alcohol, tobacco and other drugs with an emphasis on protecting youth.

Grant Format:

Along with the grant application, you must include the budget for the event/project.. All grants require an adult sponsor. A signed approval commitment letter by both applicant and adult sponsor will be required if a grant is approved. Applications are due by the 15th of each month.

An evaluation will be required within 30 days of the event/project completion. Original receipts, as evidence of expenses, will be required with the evaluation. Additionally, as part of the evaluation, a human interest story about the event will need to be included. DFM may ask for photographs of the event for publication. Each person depicted in photographs must sign a consent form, which is part of this application packet. Each person should be identified on the back of the photo.

All grant awards are subject to availability of funds. DFM will review all grant applications and may have additional questions for you about your plan. Be sure to include contact phone numbers and/or e-mail addresses.

Grant applications may be mailed to: DFM P.O. Box 836, Stanton, MI 48838. E-mail or call and let us know you have submitted an application.

For questions or further information call a DFM representative at 989-831-4591 or e-mail at LynnCooper@CherryHealth.com



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COVER PAGE

Name of Organization: _____

Contact Person(s): _____

Mailing Address: _____

Phone: _____ E-mail _____

Amount Requesting \$ _____ (maximum \$500)

Date(s) of Event: _____ Location of Event(s): _____

Name of Event: _____

Purpose of Event: _____

Target Audience: Who is this project geared towards?

How many people will be affected by this grant, by age groups?

Preschool – 3rd grade _____ 4th – 6th grade _____

middle school _____ high school _____ adult _____

Is this: a one-time event an on-going event

Adult Sponsor Name: _____

Sponsor Phone: _____ e-mail: _____

Adult Sponsor Signature _____

NARRATIVE: (no more than three pages)

1. Check all prevention strategies you will use to accomplish your objectives:

AWARENESS AND INFORMATION Providing information with a prevention message at a one-time event. This may include billboards, letters to parents, advertising, and presentations to youth..

EDUCATION Providing an experience that includes multiple events or presentations in a planned and sequential format and addresses specific learning goals promoting prevention..

TRAINING Providing a service that empowers the audience to promote prevention principles and/or implement prevention programs.

COMMUNITY DEVELOPMENT Activities that promote the building or growth of the general or a specific community to address substance abuse and prevention issues. This may include organizing individuals to address a given issue as a group, addressing community decision makers to encourage them to be involved in an issue, building relationships with other groups with similar interests to work together on a specific item, or similar activities to improve the health and vitality of the community.

ALTERNATIVE ACTIVITIES Sponsoring activities that are held to provide youth options to using substances such as alcohol, tobacco and illegal drugs.

ENVIRONMENTAL CHANGE Focusing on the community level and addressing unhealthy 'normal' behaviors, organizational policies, legislation, and/or enforcement and judicial action around substance abuse issues.

2. Describe event/project using specific details. (one page or less)

3. Describe how this will reduce underage drinking or tobacco use in Montcalm County.

4. What partnerships do you have? List their roles.

5. How will the success of this event/project be measured?

6. How will your event/project be promoted?

**7. List in-kind contributors and their donation. Include value of contribution.
In-kind contributions can be food, facility w/o charge, speakers, giveaways, clean up, etc.**

8. Describe how youth are involved in the planning and implementation of the grant.

BUDGET

INCOME:

List all expected sources of income (not in-kind contributions).

Amount	Source of Funds
\$ _____	_____ Proposed Drug Free Montcalm funds _____
\$ _____	_____
\$ _____	_____
\$ _____	_____ TOTAL EXPECTED INCOME _____

- Income can come from fundraisers, sponsors, foundations, individuals or other sources. Please note if it is committed or pending income.

EXPENSES:

List all expected costs for this event/project - **note** – expenses should equal income

Amount	Items/costs
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____ TOTAL EXPENSES _____

- Every item should be able to be understood by the grant reviewers or explained. If you need more room to explain income or expenses, you can do so on the back of this paper or on an additional page. If food is a cost, you should be specific as to what type of food, how many will get fed, and how you estimated this cost. If t-shirts are a cost, provide a design or description. If materials are a cost, describe what they are, the source and how you will be using them.

PHOTO RELEASE

I, _____

certify that I am 18 years of age or older or

(please print name)

have authorization from a parent or legal guardian to allow my photo to be used for DRUG FREE MONTCALM purposes whether on the website or in any published documents or publicly available media.

Address

City, State & Zip

Phone Number(s)

Email Address

Signature, _____ Date _____

If under 18, parent signature required

Printed name of parent
