

The Governor's Prevention Partnership's Parent Education Fund

Application Part I: Organizational Profile

Name of Organization:

Address:

Phone:

Website:

Note: The primary contact will be the person who receives communications from the office of the GPP

1. Primary Contact:

2. Email Address:

Please answer the following questions:

A. Where is your program located? If you have more than one location, please indicate the location responsible for this project.

Program location(s):

Contact(s):

B. Has your organization ever received funding from the Governor's Prevention Partnership?

Yes No *If yes, please enter the amount below*

A. Amount _____ Source _____ Fiscal Year _____

B. Amount _____ Source _____ Fiscal Year _____

C. Amount _____ Source _____ Fiscal Year _____

C. How many years has your program(s) or organization been in operation?

Please attach narratives addressing the points listed below:

1. Proposed Project Description
 - Develop a two-page narrative describing your project and implementation efforts.
2. Action Plan
 - Develop an action plan with steps and milestones to achieve the desired outcomes proposed in the project for which you request funding.
3. Budget and budget narrative
 - Develop a one-page narrative and line-item budget.

Please read the statement below and sign and print your name where indicated.

By signing below, I acknowledge that I have completely read and fully understand the guidelines set forth by The Governor's Prevention Partnership. I certify that the information provided in this application and the attached documents are true and correct as of the date set forth beside my signature on this application. I also acknowledge that any intentional or negligent misrepresentation of the information contained in this application or the attached documents may result in the denial of the application.

Name and Title

Signature

Date

Upload completed organization profile, project description, action plan and budget to:
<https://wkf.ms/3LqgBxz>