

**Pulaski County Drug Free Council
Grant Application Form 2023-2024**

Please Note: This application must be fully completed and received via hard copy (email, or mail) by the Coordinator, Deborah Mix, **no later than 5:00 p.m. on July 28, 2023.**

Organization: _____ **Date:** _____

Contact Person: _____ **Phone:** _____

Address: _____ **Email:** _____

Name of designated representative of your organization: _____

Funds to be distributed to _____
(for check writing purposes)

Name of Project: _____ **Amount Requested:** _____

Type of Project: Please check one:

- ____ Education/Prevention
- ____ Intervention/Treatment
- ____ Law Enforcement/Criminal Justice

Project is to address which of the following Problem Statements:

- ____ Pulaski County continues to have a problem with use and misuse of alcohol.
- ____ Pulaski County continues to have a problem with use of tobacco and marijuana.
- ____ Pulaski County has had a steady rise with opioid misuse.

PROJECT SUMMARY:

Total Number to be served: _____

Target Population: (check all that apply)

- ____ Pre-school ____ Elementary ____ Middle School ____ High School
- ____ College ____ Young Adults ____ Parents ____ Older Adults
- ____ Senior Citizens ____ Other (specify): _____

Briefly Describe the Project: (Attach additional pages if necessary)

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Why is this program needed? Please provide supportive data/statistics to document need.

How does this project support the mission of the Pulaski County Drug Free Council? Please be specific.

Describe your expected outcome(s). As a result of this project, what do you expect to happen? Please specify in measurable terms?

How will you measure success? What measuring tools (i.e., pre and post surveys, arrest records, etc.) will you be using to document the success of this project?

Itemized budget (attach if necessary)

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I, the undersigned, have reviewed the 2023-2024 Grant Guidelines and agree to the following:

_____ Attendance requirement, by myself or designee, of a minimum of 2 meetings and participation in 1 community project/event in order to be eligible for future funding.

_____ Report updates from your organization (Reporting Form or other method) to the Coordinator including an accounting of the monies received and amount spent due by May 8, 2024 meeting.

Signature

Date

For Council Use Only:

Date Application Received:

Date Reviewed by Council:

Approved/Not Approved

Amount Approved:

Date Paid:

Received Report:

Pulaski County Drug Free Council

***Vision Statement:**

To keep our community free of substance misuse and addictions and to enhance the quality of life of Pulaski County.

***Mission Statement:**

To network and support a county-wide effort to reduce alcohol, tobacco and other drug use and misuse among our youth and adults in Pulaski County.

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