**Appendix 1 - Grant Application Cover Page**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Project Title: | | | Project Period  From: | | | | To: |
| Name – Applicant Coalition | | | | | | | |
| Street Address | City | | | | State | Zip Code | |
| Name – Project Director | Telephone       -     - | | | Fax       -     - | | Email | |
| Street Address | City | | | | State | Zip Code | |
| Name – Fiscal Agent | | Telephone       -     - | | | | | |
| Fiscal Contact Person | Telephone       -     - | | | Fax       -     - | | Email | |
| Street Address | City | | | | State | Zip Code | |
| Area(s) to be Served (i.e. county or tribe) | | | | | | | |
| If collaborating with other coalitions for this project, list the name of each participating coalition (attach an MOA from any partnering coalitions listed here). | | | | | | | |
| Total Budget Amount Requested  $ | | | | | | | |

**Appendix 1**

**Exhibit 1.0– Description of Applicant Agency** (2 pages)

Applicant Coalitions should submit a response that describes their experience, demonstrated abilities, and technical expertise. Applicants should describe their coalition’s mission, vision, years in existence, and the organizational capacity, its experience and qualifications to:

1. Implement evidence-based prevention programming
2. Implement the SPF model
3. Provide substance abuse prevention services and experience focusing prevention efforts on prescription drug abuse prevention
4. Collaborate with stakeholders including local law enforcement

**Exhibit 1.1 – Coordination of Services** (1 page)

Applicant Coalitions should describe collaborative arrangements that are or will be developed in order to achieve the project goals within the service area identified. Applicants should provide names of collaborative coalitions and/or individuals and what contribution or commitment has been made between this project and collaborators, specifically with law enforcement.

**Exhibit 1.2 – Program Design** (2 pages) and **Workplan**

Applicant Coalitions should provide a description of the programs to be implemented with PFS15 funding, based on the requirements outlined in the application instructions. Description should include how the proposed program fits into the mission of the coalition and ongoing community efforts, as well as anticipated outcomes for the services selected. The program design should include how activities were selected based on local needs and how/where they will be implemented. Following the Program Design description, complete the workplan for all strategies and related activities that will be implemented as a part of the PFS15.

Project goals(s) are listed below. In the table that follows, identify the activities related to each strategy and a timeline for when each activity will be accomplished and the person/organization responsible for the activity.

**Goal 1:** Reduce non-medical/unauthorized availability of and access to prescription drugs among 12-25 year olds within the county.

**Objective 1:** Raise public safety awareness among parents, youth, patients, and healthcare providers.

**Objective 2:** Increase surveillance system capacity in order to identify and track emerging prescription drug-related trends.

**Objective 3:** Increase the proper disposal of expired and unused prescription drugs.

**Objective 4:** Increase law enforcement’s ability to provide strategic enforcement.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Required Strategies** | **Related Activities** | **Activity Timelines** | **How Success will be Determined** | **Responsible Party or Organization** |
| Implement a community education and/or media campaign to include the dissemination of *Dose of Reality* materials, media and other community education materials as well as speaking engagements or Town Hall meetings | 1.  2.  3. |  | # and types of materials disseminated, # of events held, # of participants, # of partners in the event, media recognition of the *Dose of Reality* campaign as measured by the UWPHI community survey. |  |
| Support prescription drug security, collection and disposal | 1.  2.  3. |  | # of new drop boxes placed, # of take back events, # of pounds collected, # of personal lock boxes distributed. |  |
| Work with and provide resouces to support law enforcement DRE training and enforcement | 1.  2.  3. |  | # new officers trained, # and kind of detections per county. |  |
| Check here if you already have an adequate number of DRE’s trained in your county (see Appendix 1 of the RFP for a list of certified DRE officers by PFS 15 county). | | | | |
| **Optional Strategies** | **Related Activities** | **Activity Timelines** | **How Success will be Determined** | **Responsible Party or Organization** |
| Implement Strengthening Families (using curriculum appropriate for the focus age group for the grant). | 1.  2.  3. |  | Pre/post-tests, # of participants, # of events. |  |
| Implement Lifeskills | 1.  2.  3. |  | Pre/post-tests, # of participants, # of events. |  |
| Implement Generation Rx University (media campaign) | 1.  2.  3. |  | # of materials disseminated, # of presentations, # of participants attending events. |  |
| Implement Taking Action to Prevent and Address Prescription Drug Abuse (College Campuses – media campaign) | 1.  2.  3. |  | # of materials disseminated, # of presentations, # of participants attending events. |  |
| Coordinate OYRBS implementation and data collection | 1.  2.  3. |  | # of schools implementing OYRBS, MOU or data sharing agreement in place, shared data on a set timeline. |  |
| Support law enforcement drug interdictions | 1.  2.  3. |  | # of interdictions conducted, # and nature of findings. |  |
| Provide prescriber dducation (Partners with local healthcare or Medical Society) | 1.  2.  3. |  | # of events, # of participants, event satisfaction survey. |  |