Welcome Applicant;

Thank you for your interest in the Alliance for Wisconsin Youth (AWY). The Alliance brings together coalitions, individuals and resources to promote positive youth development through efforts that reduce alcohol and other drug abuse.

The program is supported by the Wisconsin Department of Health Services, Division of Care and Treatment Services in the Bureau of Prevention Treatment and Recovery. The AWY is made up of more than 100 local community coalitions who represent at least five community sectors in Wisconsin. The Alliance for Wisconsin Youth’s purpose is to enhance and support the capacity of its members who work to promote substance abuse prevention and healthy youth development.

Benefits of being an AWY member are many. Alliance for Wisconsin Youth provides technical assistance, training, consultation, and referral opportunities. These opportunities are supported through AWY Regional Prevention Centers to help build local capacity for positive change. To apply to be a member of the AWY community, please complete the application and submit it to Cecilia.Culp@dhs.wisconsin.gov.

Sincerely,



Mary Raina Haralampopoulos, Chair

Alliance for Wisconsin Youth

**Application instructions:** The application requires you to providethe name of your local coalition, contact information and answer the following narrative questions. ***Please attach a copy from the most recent meeting minutes and a list of members with their agency affiliations.*** After completing the application please submit it to **Cecilia.Culp@dhs.wisconsin.gov**. Thank you.

**Local Coalition Name:**

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**Contact information:**

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| --- | --- |
| **Key/ Primary Contact:**  | **Secondary Contact** |
| Name |  | Name |  |
| Organization |  | Organization |  |
| OrganizationAddress |  | OrganizationAddress |  |
| City |  | City |  |
| Zip code |  | Zip code |  |
| County |  | County |  |
| Daytime Phone number |  | Daytime Phone number |  |
| Fax number |  | Fax number |  |
| Email |  | Email |  |

**Narrative questions**

1. When was your local coalition established? Please indicate month and year.

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1. What is the mission of your local coalition?

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1. What are the goals, objectives and main activities of your local coalition?

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1. How do youth and adults work together within your local coalition?

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1. Are the activities of your local coalition funded and/or staffed? If yes, how?

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1. What community sectors do members of your local coalition represent? In order for your application to be accepted, at least five (5) different groups must be represented. Check all that apply.

Youth
Parents
Business Community
Media
Schools
Youth-Serving Organizations
Religious or Fraternal Organizations
Law Enforcement
Civic & Volunteer Groups
Healthcare Professionals, including mental health and substance abuse
State, Local and/or tribal government agencies
Other organizations involved in reducing substance abuse

1. How often does your local coalition meet? Please include meeting dates of the past 12 months.

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Thank you for applying for membership to Alliance for Wisconsin Youth. ***Remember to attach a copy from the most recent meeting minutes and a list of members with their agency affiliations***. Submit complete application to **Cecilia.Culp@dhs.wisconsin.gov**