



Funding Request Application Form (Board Members)

Proposal Overview

Organization contact person:

Contact telephone number:

Contact email address:

Proposal title:

Proposal summary (one to two sentences):

Which AOD Partnership criteria does your project align with directly (check all that apply)?

- ☐ CADCA's 7 Strategies for Behavior Change (providing info, enhancing skills, providing support, enhancing access/reducing barriers, changing consequences, changing physical design, modifying policy)
Write which one(s): _____
- ☐ AOD Partnership Strategic Plan Objectives (Education, Communication)
Write which one(s): _____
- ☐ AOD Partnership Core Values (Collaboration, Education, Inclusivity, Service, Sustainability)
Write which one(s): _____
- ☐ AOD Partnership Mission: A community partner who leads prevention efforts to reduce substance use.

Target population; for example, early childhood 0-5yr, youth 13-20, adult 21-54, older adult 55+, all ages:

Funding amount requested:

Total project budget:

Proposal Narrative

Proposal Background

How did you determine a need for the program/services? Why is it important?

Are there other entities working to solve the same problem?