



Funding Request Application Form

Project Proposal Contact

Contact Name:

Contact telephone number:

Contact email address:

Project Proposal Summary

Project Proposal title:

Project Proposal summary (one to two sentences):

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

Funding amount requested (not to exceed \$500):

Total project budget (please include full budget outline if applicable):

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

- Collaboration
- Education
- Inclusivity
- Service

In what way does your project align with the [Marathon County Health Improvement Plan](#)?

Which level of [CADCA's 7 Strategies for Community Change](#) does your project align with (providing info, enhancing skills, providing support, enhancing access/reducing barriers, changing consequences, changing physical design, modifying policy)?

Project Proposal Background

How did you determine the need for the project? Why is it important?

Please share how your project is evidence-based and aligns with substance misuse prevention best practice.

Are there other entities working to solve the same problem?

Please share any anticipated project outcomes.

Please share any plans for project sustainability.

By when would you like funding?