Regional Addiction Resource Center
Community Outreach Mini-Grant
Application

The Regional Addiction Resource Center (RARC) focuses on outreach and prevention within the five boroughs of New York City. We aim to provide support regarding substance use awareness within our local New York City neighborhoods.

The Regional Addiction Resource Center is looking to endorse:
1. Substance use awareness type projects that are found within vulnerable populations across the five boroughs.
2. All vulnerable community undertakings will need a data-based justification as to why they are a focus population.
3. Projects that cost between $1,000 and $1,500.

The Regional Addiction Resource Center will not support:
1. Any project that offsets the cost of already existing programs and/or costs.
2. A project that does not offer community interventions and/or outreach.
3. Projects that can not produce some level of data to justify their intended population as vulnerable.

How to Apply
Please complete this application to describe the proposed project. Submissions must also include a project budget and completed W-9 form. The Regional Addiction Resource Center will review all mini-grant requests on a rolling application process.

If your program is approved, you will be required to complete a final report. Additionally, create a media campaign that supports showing the event was promoted by ‘The Coalition for Behavioral Health’s Regional Addiction Resource Center’ with the following logos:
Examples of media promotions include billboards, flyers, palm cards, emails, social media, community posters and/or banners. After finishing the community event(s) all media images with represented logo must be sent to dwolff@coalitionny.org.

SECTION I: ORGANIZATION DETAILS

Name of Agency: _______________________________________________________
Address of the Agency: ___________________________________________________
Contact Name, Title: _____________________________________________________
Contact Phone Number: _________________________________________________
Contact E-mail: _________________________________________________________
Agency Federal Tax ID: ___________________________________________________

SECTION II: PROJECT OVERVIEW

Project Name: __________________________________________________________
Amount of Funding Requested: ____________________________________________

SECTION III: PROJECT SUMMARY

A. DESCRIPTION
   Please provide a description summarizing your project.
   (Add additional sheets if necessary).
B. TIME FRAME
   On what date or dates would your proposed project start? On what date or dates
   would your proposed project end? Outline the project's timeline including date(s)
   of implementation.
   *(Add additional sheets if necessary).*

SECTION IV: COMMUNITY GROUP

A. COMMUNITY GROUP
   What is the target population for this project?
   *(Add additional sheets if necessary).*

B. DATA
   What data justifies this specific population as vulnerable?
   *(Add additional sheets if necessary).*

C. EXPECTED NUMBERS
   How many individuals do you expect at the event(s)?

D. OUTCOME
   What are the deliverables/outcomes you are anticipating? How will you be
   monitoring and evaluating the outcomes?
   *(Add additional sheets if necessary).*

E. ADDITIONAL INFORMATION
   Is there any additional information or documentation that you would like the review
   committee to know?
SECTION V: PROPOSED BUDGET

A. EXPENSES
Please detail the expenses you will incur for the proposed event, consider all costs, supplies, including staff requirements.

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<th>Item</th>
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<td><strong>Total Project Expenses:</strong></td>
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B. EXPLANATION OF PROJECT COSTS
How did you arrive at the total cost for this project?

C. BUSINESS OFFICER CERTIFICATION
I hereby attest that this application is a true and complete reflection of our business/organization and the project being proposed for funding.

Business Officer Name: ________________________________________________

Business Officer Signature: _____________________________________________

Date: ___________________________________

*Total Project Expenses:

Please submit completed applications to dwolff@coalitionny.org
SECTION VI: FINAL REPORT

Name of Agency: ______________________________________________________

Event Name: _________________________________________________________

Event Cost: __________________________________________________________

Event Start Date: _____________________________________________________

Event End Date: ______________________________________________________

Number of Individuals Served by Community Event: ________________________

Preparation Hours for the Community Event: ______________________________

A. COMMUNITY EVENT
   Describe the community event. What was it? Who was there? Who was involved?
   (Add additional sheets if needed).

B. COMMUNITY IMPACTS
   What were the impacts on the community of the event(s)? What changes occurred?
   (Add additional sheets if needed).

C. MEDIA PROMOTION
   Please attach documentation in which ‘The Coalition for Behavioral Health’s
   Regional Addiction Resource Center’ logos were promoted during event(s).

Submit completed form with event media images to dwolff@coalitionny.org