



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 dwoff@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 projects 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.

Item	Estimated Cost
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
*Total Project Expenses:	\$

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: _____

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