LPC Town:	LP	C Applicant:	

1	Application Date	Funding Start Date	
			TBD - June 30, 2024
2	Applicant Agency (Legal Name & Address)		Applicant Agency FEIN
3	Has a permanent Local Prevention Council been established?	□No □ Yes	
4	Local Prevention Council name and address		
5	LPC Contact Person (Programmatic)		Telephone Number/Fax Number
	Title		Email Address
6	Contact Person (Fiscal)		Telephone Number/Fax Number
	Title		Email Address
7	List town(s) impacted/included in application		
8	Is litigation pending on any of the applicant organization's programs?	□No □ Yes	If yes, briefly explain below.
	FUNDING SL		
9	Total Program Budget	Amount Requested	

LPC Town:	LPC Applic	cant:

		ATTESTA	ATION					
10	I attest that to the best of my knowledge and belief, the information in this application is true and correct, the document has been duly authorized by the governing body of the contractor, the contractor has legal authority to apply for assistance, the contractor will comply with applicable state and/or federal regulations, and that I am a duly authorized signatory for the contractor.							
	Name (Print Or Type)	Title	Signature	Date				
		AUTHORIZING	SIGNATURE(S)					
11	In order for this application to be considered for funding, it must be signed by an official signatory of the prioritized municipality.							
	Name (Print Or Type) Title Signature Date							
12	If proposed activities involve the public schools in the prioritized community, the signature of the Superintendent of Schools (or designee) is required.							
	Name (Print Or Type)	Title	Signature	Date				

13. Partnership(s)

- A. Why was this partner(s)/community based-organization chosen?
- B. What is the evidence of this partner(s)/community based-organization's capacity to manage community based coalitions?
- C. What is the evidence of this partner(s)/community based-organization's commitment to the community?

LPC Town:	 LPC Applicant:	

		14. WORKPLAN	(use as many page	es as needed)	
LPC Town Se	erved:			•	
<i>Statewide</i> Pri	iority Problem Su	bstance: Vaping			
					risk and protective factors.
Service Type Code	Activity	Resources/Partners	Proposed Priority Population(s)	Estimated numbers served	Proposed Service Dates/Ranges (MM/YY)

LPC Town:	 LPC Applicant:	

		14. WORKPLAN	(use as many page	es as needed)	
LPC Town So	erved:		, J 1 G	,	
	iority Problem Su				
Goal 2: Increa		ess of vaping risks an	d prevention.		
Service Type Code	Activity	Resources/Partners	Proposed Priority Population(s)	Estimated numbers served	Proposed Service Dates/Ranges (MM/YY)

LPC Town:	LPC Applicant:

15. Budget Narrative

Please use or replicate the format below to complete your Budget Narrative and Budget Justification below for each line item. This budget amount is located in Appendix A. of the Announcement and should show exactly what requested dollars will purchase keeping the following in mind:

- Allowable administrative costs may not exceed 15% of total funding.
- Honorariums not to exceed \$500.00.
- Allowable program expenses may include materials/supplies, equipment rentals, and programmatic food expenses; however, food expenses may not exceed more than 5% of the total budget for the entire funding period.

 Direct services for intervention or treatment are not allowed. Receipts must be maintained as you may need to submit them upon request. 	
Budget Narrative	
Item(s)	Total Costs
Personnel	
Fringe	
Supplies, printing, postage	
Travel	
Campaign/print materials/website	
Total Direct Charges	
Indirect Charges	
Total	
	1
Please provide a Budget Justification for the items noted in the narrative above:	

LPC Town:	LPC Applicant:	

16. Local Prevention Council Membership List

Member Name	Gender	Race	Email Address	Title	Sector Representation