

LPC Town: \_\_\_\_\_ LPC Applicant: \_\_\_\_\_

**Funding Application for Grant to Support Local Prevention Council**

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? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, briefly explain below.	
<b>FUNDING SUMMARY</b>		
9	Total Program Budget	Amount Requested

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ATTESTATION			
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?**

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<b>14. WORKPLAN (use as many pages as needed)</b>					
<b>LPC Town Served:</b>					
<b>Statewide Priority Problem Substance:</b> Vaping					
<b>Goal 1:</b> Reduce vaping use rates by 5% by 2025 among 12-18 year-olds by targeting related risk and protective factors.					
<b>Service Type Code</b>	<b>Activity</b>	<b>Resources/Partners</b>	<b>Proposed Priority Population(s)</b>	<b>Estimated numbers served</b>	<b>Proposed Service Dates/Ranges (MM/YY)</b>

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<b>14. WORKPLAN (use as many pages as needed)</b>					
<b>LPC Town Served:</b>					
<b>Statewide Priority Problem Substance:</b> Vaping					
<b>Goal 2:</b> Increase public awareness of vaping risks and prevention.					
<b>Service Type Code</b>	<b>Activity</b>	<b>Resources/Partners</b>	<b>Proposed Priority Population(s)</b>	<b>Estimated numbers served</b>	<b>Proposed Service Dates/Ranges (MM/YY)</b>



