

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

## 2025 Funding Application for Grant to Support Local Prevention Council

1	Application Date	Funding Period (Must be 07/01/25-06/30/26 <u>or</u> 07/01/25-06/30/27)
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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<b>ATTESTATION</b>			
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
<b>AUTHORIZING SIGNATURE(S)</b>			
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
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

**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>Local Priority Problem Substance(s):</b>					
<b>Goal 1:</b>					
<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>Local Priority Problem Substance(s):</b>					
<b>Goal 2:</b>					
<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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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	

Please provide a Budget Justification for the items noted in the narrative above:

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## 16. Local Prevention Council Membership List

[illegible]