



Amount Requested:

\$ _____

Prevention Funding Request

For Grant Requests \$3,000 & above

Organization Name: _____

Year Founded: _____

Have you ever applied for funding from Operation Our Town?: _____

Have you ever received funding from Operation Our Town?: _____

Executive Director: _____

Contact Person/Title (if different from Executive Director): _____

Address (principal/administrative office): _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Website: _____

Program Name: _____

Purpose of Grant (one sentence): _____

Beginning & Ending Dates of Program: _____

Note: This submission was considered and approved by (both signatures are required):

Signatures: _____

Applicant Executive Director

Applicant President/Chair, Board of Directors

Printed name: _____

Applicant Executive Director

Applicant President/Chair, Board of Directors

Date: _____

Date: _____

Type of Applicant:

Non-profit organization (If non-profit organization, please indicate type and Federal tax ID number)

School

Government agency

Other: _____

Is your program proven to prevent and/or reduce drug abuse and/or crime?

Yes

No - If No, you are not eligible to apply.

I. Program Explanation and Rationale (30 Points)

A. Program Description

- Include a description of the program and any partnerships or collaborations involved.

B. Identification of the Issue and Strategy to Address Drug Abuse and/or Crime

- Identify evidence and research supporting the strategy proposed to prevent and/or reduce drug abuse and/or crime.

C. Program Goals and Rationale

- Describe the goals of this program and the rationale upon which it operates.

D. Program Status

- Is this request for an existing program, a new program, or for the expansion of an existing program?
- If it is for a new program or expansion of a program, justify the need.

II. Program Need (30 Points)

A. Need/Extent of the Problem

- Include a description of the need/extent of the problem with data and research to support.
- Identify the hurdles encountered to address the problem.
- Identify how funding of this program will address the prevention and/or reduction of drug abuse and/or crime.

III. Program Service, Evaluation, and Outcomes (20 Points)

A. Population Served

- Identify what population will be served in this program.
- Identify how many people will be served.

B. Eligibility Criteria

- What is the eligibility criteria for participation in the program?
- Describe any circumstance where clients would be refused services. If this is an existing service, describe how often a refusal occurs.

C. Program Evaluation

- Describe how the program will be evaluated for program effectiveness, program quality, client satisfaction, and state the frequency of evaluation.
 - Please include any evaluation attachments such as surveys, etc.

D. Outcome Measurement Plan

- Include a specific plan to measure progress toward strategic goals (identify measurable short and long term goals to address the prevention and/or reduction of drug abuse and/or crime).

IV. Program Financial (20 Points)

A. Attach Proposed Budget and Narrative Explanation of Income and Expenses

- Please use program budget only, not organization budget.
- *Please note: Operation Our Town prohibits recovery of Facilities and Administrative costs associated with any grant award. (Examples include: salary, rent, utilities, etc.)

B. Supplementary/Sustaining Investments

- Please list all funding sources to which you are applying for this program.
- What other investments will be needed from your organization and others to make this program a reality?
- Are the requested funds going to be used to leverage resources from another funding source? (Match Dollars)

Operation Our Town funds programs that support efforts proven to prevent and/or reduce drug abuse and/or crime through proven law enforcement, treatment, and prevention techniques.

Please submit one original and **10** copies to:

**Operation Our Town
5508 6th Avenue, rear
Altoona, PA 16602**

