

## Mini-Grant Application:

### Franklin County Pro-Social Recovery Event

*Funded by Opioid Settlement Dollars – Calendar Year 2025*

*Submit Completed Applications To: [ffda@franklincountypa.gov](mailto:ffda@franklincountypa.gov)*

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### Organization Information:

**Organization Name:**

**Mailing Address:**

**Contact Person:**

**Phone Number:**

**Email Address:**

**Website (if applicable):**

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### Event/Activity Details:

**Title of Event or Activity:**

**Proposed Date(s):**

**Location:**

**Brief Description of the Event (What will happen?):**

**Target Audience (check all that apply):**

Individuals in Recovery

Family Members/Loved Ones

General Public

Youth

Other:

**Substance-Free Environment Commitment:**

*Will this event/activity be held in a drug and alcohol free environment, with no substances (including alcohol) present or served at any time?*

Yes

No (If no, this event is not eligible for funding under this mini-grant)

## Funding Request:

Total Amount Requested (Up To \$2,000.00): \$

Brief Budget Summary (Include Key Expenses):

Expense Item	Description	Estimated Cost

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## Alignment with Opioid Settlement Exhibit E:

Select at least one Core Strategy and/or Approved Use from Exhibit E:

Core Strategy:

Approved Use:

**Narrative: How does your event(s) align with the selected Core Strategy or Approved Use?**

*\*Please identify the selected Core Strategy and/or Approved Use for each event and a brief description of how each event aligns with the selected Core Strategy and/or Approved Use\**

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## Acknowledgement and Signature:

By signing below, I certify that the information provided in this application is accurate to the best of my knowledge and that funds awarded will be used solely for the purposes described above.

**Signature:**

**Date:**

**\*\*Disclaimer:** Events or activities funded through this grant must take place in environments that are fully drug and alcohol free to promote, safe, supportive, and inclusive spaces for individuals in recovery. Any event found in violation of this requirement may be subject to funding denial or reimbursement.\*\*

**For Internal Use Only – Franklin/Fulton Drug & Alcohol Program:**

**Application Review & Determination**

**Date Received:** \_\_\_\_\_

**Reviewed By:** \_\_\_\_\_

**Funding Decision:**

- ☐ Approved
- ☐ Denied
- ☐ Returned for Revision

**Total Amount Awarded (if approved):** \$ \_\_\_\_\_

**Funding Source:** ☐ Opioid Settlement – Recovery Support Funds

**Approval Notes/Conditions:**

**Signature:**

**FFDA Administrator/Designee:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Legal/Compliance Verification:**

- ☐ Activity aligns with Exhibit E strategies
- ☐ Application is complete and signed
- ☐ Budget is reasonable and allowable
- ☐ Follow-up report required post-event