Mini-Grant Application:

Franklin County Youth and Community Drug and Alcohol Prevention Event
Funded by Opioid Settlement Dollars – Calendar Year 2025
Submit Completed Applications To: ffda@franklincountypa.gov

Section 1: Applicant Information

1. **Organization Name**: _____

2. **Mailing Address**: _____

3. **Primary Contact Name**: _____

4. **Phone Number**: _____

5. **Email Address**: _____

6. **Website (if applicable)**: _____

7. **Type of Organization** *(only check one)* - **MUST BE LOCATED IN FRANKLIN COUNTY, PENNSYLVANIA**
   ☐ 501(c)(3) Nonprofit
   ☐ School
   ☐ Faith-Based Organization
   ☐ Municipality
   ☐ Other (please specify): _____

Section 2: Project Overview

1. **Project Title**: _____

2. **Amount Requested** (up to $2,000 *Subject to availability of funds*): $_____

3. **Brief Summary of the Project** (2–3 sentences):

_____

_____

_____

_____

4. **Has this activity been carried out by your agency in the past?**
   ☐Yes
   ☐No

5. If yes, can you please share the previous funding source and any success stories associated with the activity? *(Please limit each response to 300 words)*

   _____

   _____

   _____

   _____

   _____

Section 3: Needs and Resource Assessment Priorities Addressed
(Please limit each response to 300 words)

   _____

   _____

   _____

   _____

   _____

1. **Need Addressed**

   Identify the substance use prevention need(s) identified through the 2025 Prevention and Resource Needs Assessment your activity will address. (Select all that apply):

   Substance Use Behaviors and Consequence Priorities:
   - ☐ Youth and/or Adult Alcohol Use
   - ☐ Youth and/or Adult Marijuana Use
   - ☐ Youth and/or Adult Vape Use
   - ☐ Alcohol related car accidents
   - ☐ Drug Possession Arrests
   - ☐ Driving Under the Influence

   Gambling Priorities
   - ☐ Youth and/or Adult Gambling Behaviors
   - ☐ Availability of/Increased Exposure to Gambling
   - ☐ Gambling-Permissive Community Norms
   - ☐ Increased advertisements and availability of gambling platforms
   - ☐ Social events centered around sports betting

   Risk Factor Priorities
   - ☐ Laws & Norms Favorable Toward Substance Use
   - ☐ Low Commitment to School
   - ☐ Parental Attitudes Favorable Toward Substance Use
   - ☐ Poor Family Management

   Protective Factors Priorities
   - ☐ Social-Emotional Competence

   Contributing Factor Priorities
   - ☐ Increased availability and advertisement of substances
   - ☐ Weak policy, regulation and enforcement to prevent substance use and access
   - ☐ Community norms accepting youth experimentation with substances
   - ☐ Stigma and denial that substance use and gambling are local issues
   - ☐ Lack of coping skills to manage stress and mental health

Section 4: Project Description

1. **Outline your proposed activities, target population, and how the project will be implemented.**
   (Please limit each response to 300 words)

   _____

   _____

   _____

   _____

   _____

   _____

2. **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)

3. **Alignment with Opioid Settlement Exhibit E:**
   Select at least one Core Strategy and/or Approved Use from Exhibit E - _(Example: Core Strategy 1 – Prevention & Education; Approved Use – Youth and Family Education Programs):_

   - 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*

   _____

   _____

   _____

   _____

   _____

4. **Goals & Objectives**

   List 1–3 measurable goals and the outcomes you expect to achieve.

   1. _____

   2. _____

   3. _____

5. **Community Engagement**

   Describe how you will involve youth, families, or community members in your project. *(Please limit each response to 300 words)*

   _____

   _____

   _____

   _____

   _____

   _____

Section 5: Budget

1. **Provide a detailed budget using the table below or attach your own. Provide a clear description of how each requested expense directly supports your prevention event.**

Expense Category	Amount	Description
Personnel/Staffing	$_____	
Supplies/Materials	$_____	
Marketing/Outreach	$_____	
Travel/Transportation	$_____	

Expense Category	Amount	Description
Other (specify): _____	$_____	
Total Requested (Not to exceed $2,000)	**$_____**	

Section 6: Evaluation Plan

1. **Describe how you will measure the success of your project -** *Examples: participant attendance, pre/post surveys, sign-in sheets, or short narrative summaries. (Please limit each response to 300 words)*
2. Include any tools, surveys, or indicators you will use.

Section 7: 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.

Authorized Representative Name: _____

Title: _____

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. First time applicants will be prioritized****

Digital Submission Guidance:
Any applications can be sent via email in PDF format to ffda@franklincountypa.gov. Electronic signatures are acceptable.

Contact Information For Questions:
Any questions regarding the application process can be sent to Franklin/Fulton Drug and Alcohol Program:
Phone: 717-263-1256
Email: ffda@franklincountypa.gov

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

Application Review and Determination

Date Received:

Date Reviewed:

Funding Decision:
☐Approved
☐Denied
☐Returned for Revision

Total Amount Awarded (if approved): $
Funding Source: ☐Opioid Settlement – Prevention 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