**2021-2025 SABG Supplemental Funding Grant Application**

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| **Organization Name** |  | | |
| **Organization Address** | **Street:** | | |
| **City**: | **State**: | |
| **Zip Code**: | | |
| **Point of Contact Information** | **Name**: | | **Job Title**: |
| **Email**: | | **Phone**: |
| **Amount of Funding Requesting**: | | | |
| **Topic(s) to be Addressed:**  ☐Adult Alcohol Overconsumption Prevention (Binge or Heavy Drinking)  ☐Underage Alcohol Use  ☐Other Drugs Prevention  ☐Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Project Priorities (if applicable, mark all that apply)**  ☐Includes partnerships or collaborations with other community agencies.  ☐Identifies a gap in the State’s current substance abuse prevention efforts.  ☐Prioritizes groups historically deprived of resources.  ☐Focuses on the intersect of behavioral health and prevention.  ☐Prevention services in the workforce.  ☐Creates sustainability. | | | |
| **Project Details**  **In an attachment, please complete the following:**  **Description**: Give a brief description of your request.  **Evidence-based link**: Please provide a link or documentation showing how the strategy is evidence-based. You can find evidence-based resources [here](https://docs.google.com/document/d/1bwe8znl-6n5550ShPJHXLfZKsl1mxAY3b2SZ8bNCHUA/edit?usp=sharing).    **Situation**: Briefly describe your request, define how the activities proposed will benefit the community, and describe the capacity of your organization to implement the activities. Detail any partnerships or collaborations with other community agencies.  **Background**: Detail the causes, conditions, or needs that have led to this request. Describe how the activities proposed will enhance community well-being.  **Analysis**: Provide data illustrating the need and describe the evidence-based strategies that have been selected for implementation. Describe the service area for implementation (i.e. Laramie County, Cheyenne, etc.)  **Timeline:** Include a timeline for the proposed project with a start-date, end-date and key milestones. Projects must be completed by December of 2024.  **Budget**: Provide a detailed budget to describe how funding will be allocated.  **Evaluation**: Please describe how you will evaluate the process and impact of your program or strategy. | | | |
| I understand that as a recipient of these funds, I will be required to work in conjunction with the Substance Abuse Prevention Program within the Wyoming Department of Health.  Type Name: | | | |

**Please fill out this application and send it to the Substance Abuse Prevention Program at wdh.prevention@wyo.gov.**