



## **Stayin' Alive Grant Program Application Form**

Please answer the following on an additional sheet of paper.

1. **Description of Project:** (1) Please provide a brief summary of the project; and (2) funding priority area(s) to be addressed by the project.
2. **Organization's Capability:** Please describe the organization's experience and ability to oversee the project's programmatic and financial coordination, as well as the ability of key program staff or consultants to do the proposed work. Please include resume(s).
3. **Who is the intended target group(s) of this application, and how many people do you intend to reach?** (Be as specific as possible). Give an example of the types of target groups included: 100 area Youth, ages 10-13, etc.
4. **Describe the objective and activities to be accomplished in the scope of the work:** State the purpose of the project and why it is needed. Include your overall goal(s) as well as specific objective(s). Objectives need to be measurable and must include a time line as to when they will be accomplished. Example: *"By April 30, 2018, 200 high school youth will have completed a one day training on drug abuse prevention."*

Then respond to these questions:

5. How will the project impact our community?
6. Describe the creative approach.
7. Describe the measure of success for your project (evaluation). Will you conduct pre and post testing or how will you determine if this project was beneficial to the targeted age group? Please include press clippings, sign-in sheets for events, photographs, samples of fliers and brochures, etc.

## **Stayin' Alive Grant Program**

### **Application Introduction Letter**

#### **TO WHOM IT MAY CONCERN**

Thank you for your interest in the Stayin' Alive grant program. The purpose of the grant program is to provide funding to support community-based communication, activity and training related to Franklin County's Comprehensive Community Plan.

This packet has been prepared to assist you in completing your grant application. Enclosed you will find the needed information for you to complete your grant application.

**Application Deadline:** March 3, 2017 at 12:00 p.m. (**Ten copies plus original**)

**Application Address:** 527 Main Street, P.O. Box 64, Brookville, Indiana 47012

**Application Cover Sheet:** Includes general information about your organization.

**Application Questions:** Includes program questions. Please answer them on a separate sheet of paper.

**Sample Budget:** Please enclose a budget for your project. List all additional funding sources.

(Reminder: Expenditures may only be for granting period, May 2017 - April 2018)

**Grant Presentation:** An oral presentation to the Grant Committee on March 16, 2017.

If you have any questions regarding the information in this packet or in the grant program, please contact Melinda K. Brown, Executive Director:

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