



Livingston Township Municipal Alliance Committee
"Working for Prevention of Substance Abuse"

Funding Application

(For Funding Year: July 1, 2018 to June 30, 2019)

Cover Sheet

(Please feel free to generate this cover sheet on your computer)

Date of application: _____

Name of organization: _____

Address of organization: _____

Telephone: _____ Fax: _____ E-Mail: _____

Contact Person: _____

Please summarize in a short paragraph, the purpose, mission and history of your agency.

(Organizations may submit funding requests for different programs and projects by completing the attached application for each proposal)

Program/Project Funding Application

(Please complete for each Program/Project where funding is requested)

Name of organization: _____

Name of program/project: _____

Contact person and title: _____

Dates covered by program/project budget (month/day/year): _____

Time line/schedule _____

Total program/project budget (for current year): \$ _____

Amount of Funding Requested from LMAC for this Program: \$ _____

Total amount required \$ _____ Breakdown by categories:

outside consultants	\$ _____	equipment	\$ _____
supplies	\$ _____	rent	\$ _____
printing/postage	\$ _____	travel/training	\$ _____

Other funding sources available or being sought? _____

Please list name and amount of funding requested from other agencies: \$ _____

Can this program be self-sustaining? _____

If funds are not available at this time, can schedule be adjusted? _____

Is this a new program or an existing program that you want to expand? _____

Target population _____

Number of people to be served _____

Breakdown of participants

____pre-school (0-5) ____elementary (gradesK-5) ____middle school (grades 6-8)

____high school (grades 9-12) ____adults

Breakdown of volunteers

____high school ____adults

What is the unit of service that applies to this program?

____ number of sessions ____hours of session

How often does the program meet (weekly, monthly, etc)? _____

Program/Project Narrative
(Three pages maximum)

Please describe the program/project for which you seek funding, including:

- _____ • A statement of the primary purpose and the need or problem that you are seeking to address.
- _____ • The population that you serve and how this population benefits from the program/project.
- _____ • Strategies employed to implement the program/project, including goals and objectives.
- _____ • The staffing pattern for the program/project.
- _____ • Anticipated length of the program/project.
- _____ • How the program/project contributes to LMAC's mission

Outcome Measurements

How will you measure the effectiveness of your Program/Project?

What are the program's objectives?

How will you determine if the program objectives are met?
(Methods to measure program successes should include activities such as client satisfaction surveys, staff reports, records indicating attendance, participation, follow-up, etc.) Minimum of at least a satisfaction survey and one other measurable form of assessment must be submitted with final report (please attach a sample of all forms of outcome measurements being used).

(If more space is needed, please continue on additional sheet)

CEO/Executive Director's Signature _____ Date _____

Publicity

For the program/project you are requesting funding for:

- If you received funding last year please include samples of any publicity that illustrates support from LMAC.
- If funding is approved for the coming year, please indicate how you will publicize LMAC support.

Attachments

For the program/project you are requesting funding for:

- Resume of program supervisor/staff primarily responsible for running this program.
- Aligned side by side on the same page, your **EXPENSE BUDGET** for the **proposed** and **most recent** fiscal year.
- Aligned side by side on the same page, a **LIST OF ALL OTHER SOURCES of income, with amounts, for your proposal.**
- Please list the foundations, corporations, and other sources that you are **SOLICITING FOR FUNDING** and, to the best of your knowledge, the STATUS OF YOUR PROPOSAL with each.

Submission Date and Materials
Due by January 1, 2018

to Susan Ridley, Program Supervisor – Community Services
Senior/Community Center, 204 Hillside Ave, Livingston, NJ 07039.

Please submit **TWO SETS.**

Please attach PROJECT PROPOSAL FORM that includes a breakdown of your budget request by categories.