

Component 1: Application Form

Please carefully read the ROGC-15 RFA for full details on completing this form.

- Applicant Details and Contact Information

- **Project Director/Principal Representative**

- Name: _____
 - Title: _____
 - Email: _____
 - Phone: _____
 - Signature: _____ Date: _____

- **Fiscal Contact**

- Name: _____
 - Title: _____
 - Email: _____
 - Phone: _____
 - Signature: _____ Date: _____

- **Authorized Signer**

- Name: _____
 - Title: _____
 - Email: _____
 - Phone: _____
 - Signature: _____ Date: _____

- Project Title _____

- Grant Period Requested: (circle one) 1-year 2-year

- Total Amount Requested _____

- 1-year total _____ (same as above if applying for 1-year funding)
 - 2-year total _____ (if applicable)

- Funding Priority Addressed (circle one)

- Providing direct prevention education for youth aged 9–18.
 - Engaging caregivers in education to prevent substance misuse among adolescents.
 - Offering mentorship programs with a prevention focus.
 - Implementing early intervention programs to support cessation efforts for adolescents.

- Target area

- Target population
