



The Foundations in Community Coalition Development

APPLICATION

Cover Sheet

Implementing Agency/Fiscal Agency Name:	
Phone Number:	
Address:	
Coalition Director or Executive Director Name:	
Coalition Director/CEO/Executive Director Telephone Number and Email:	
President of Board of Directors' Name:	
President of Board of Directors' Telephone Number and Email:	
Fiscal Officer Name:	
Fiscal Officer Telephone Number and Email:	
Organization federal tax ID number or attach 501c3 designation letter:	
Mission and Vision of Organization:	
Organization Social Media Handles:	
Amount of Funding Requested:	

Program Information

- Please provide the name and a short description of your coalition. If any of the following documents are available, please include them as attachments to your submission:
 - Current membership list and any existing subcommittees,
 - Schedule of coalition meetings from the past 12 months,
 - Written strategic plan for your coalition if your coalition has created one.

Coalition Name:	
Coalition Description:	

- Please provide the names, titles, and qualifications of the two to four individuals who will participate in the learning community meetings.
 - Please also describe their role within the coalition, willingness to participate in a collaborative environment.

Participant 1	
Name:	
Title:	
Qualification:	
Coalition Role:	
Describe willingness to participate in a collaborative environment	
Participant 2	
Name:	
Title:	
Qualification:	
Coalition Role:	
Describe willingness to participate in a collaborative environment	

Participant 3 (optional)	
Name:	
Title:	
Qualification:	
Coalition Role:	
Describe willingness to participate in a collaborative environment:	
Participant 4 (optional)	
Name:	
Title:	
Qualification:	
Coalition Role:	
Describe willingness to participate in a collaborative environment:	

3. Please provide concise and detailed information on the following:

How would participating in this learning opportunity benefit your coalition?
Describe any anticipated obstacles or challenges with participating in the learning opportunity.

Assurances

The undersigned grantee _____ makes the following representations and agrees to the following conditions in accepting Funds from Prevention Action Alliance.

1. Grantee will utilize the Funds solely for the conditions outlined in grant application.
2. Grantee will provide Prevention Action Alliance with a copy of a W-9 of the fiscal agent upon submission of this signed assurance.
3. Grantee will acknowledge the source of the Funds on all written materials generated from the Project, and in all advertising and media releases using the following language
Made possible with support from the Ohio Department of Mental Health and Addiction Services
4. Grantee will complete all activities, reporting requirements, and related expenses by dates in RFP including calculating expenditures and return any unspent Funds to Prevention Action Alliance on June 27th or two weeks before final report is due, whichever is first. If the Grantee does not expend the entire portion of the awarded Funds, they will be returned to Prevention Action Alliance.
5. Grantee will not make any budget changes without the prior approval of Prevention Action Alliance. If Funds are used for any purpose other than set forth in the application, without written approval, the applicant will repay the full amount for the grant.
6. Grantee agrees not to accept sponsorship from or partnership with the alcohol, tobacco, cannabis, and gambling industry for any purpose within the scope of this project.
7. To the extent permitted by applicable law, including, but not limited to, Ohio Revised Code Chapter 2743 and Section 3345.40 and Section 9.86, Grantee agrees to be responsible for the negligent acts and omissions of its officers, representatives and employees engaged in the scope of their employment and arising under this Agreement, as determined by a court of competent jurisdiction. Nothing in this provision shall be construed as a waiver of the sovereign immunity of Grantee and/or the State of Ohio beyond the waiver provided in Ohio Revised Code Section 2743.02. Grantee shall at all times maintain appropriate levels of insurance to cover possible legal exposure(s).
8. By accepting the funds you are affirming that you are eligible to receive federal funding. Applicants who are suspended or debarred from receiving federal funds are not eligible to receive Funds through this opportunity. Further, grantee is aware that Lobbying – Section 319 of Public Law 101- 121 generally prohibits recipients of federal grants and cooperative agreements from using appropriated funds for lobbying.
9. Grantee possesses the legal authority to apply for the grant and a motion resolution, or similar action has been adopted by Grantee and certified or executed by a duly authorized officer or representative of Grantee, authorizing the filing of the application for the Funds, including all understandings and assurances contained therein, and directing and authorizing the person identified below as the official representative of the Grantee to act in connection with the Application and to provide such additional information as may be required.
10. Grantee will comply with all applicable federal, state and local laws prohibiting unlawful discrimination on the basis of race, color, gender, sexual preference, national origin or disability.
11. By accepting the Funds, Grantee agrees to spend the monies for their agreed upon purpose, and will arrange to have a single audit should you meet the federal expenditure guidelines. Grantee also agrees to provide Prevention Action Alliance with an accurate accounting of grant expenditures for this grant accompanied by receipts should our auditors request it.
12. Grantee understands that failure to meet the parameters of these assurances will be considered in application reviews for all future Prevention Action Alliance projects.

Assurances Signatures

CEO/Executive Director/Authorized Signer

Name

Signature

Date

Organization

Name

Fiscal Agent

Name

Signature

Date

The application deadline is March 13, 2025, 5:00 PM EDT.

Prevention
Action Alliance

