**1. General Information**

1. Tribe Name:
2. Address:
3. Main Telephone Number:
4. Person Completing Project Proposal (provide contact info below): 
   1. Phone Number:
   2. Email Address:
5. Person to be contacted for information regarding project: 
   1. Phone Number:
   2. Email Address:

**2. Program Description**

1. Will you use your funds for Substance Use Disorder Treatment; Prevention or combination of Prevention/Treatment Services? *Complete sections below according to how you will utilize DMA funding.*

Prevention/Treatment choose one item.

**If using funds for** **Prevention**: *Leave blank if using funds to deliver only treatment services.*

What prevention strategy will you use?

* 1. Innovative Prevention Program
     1. *If using funds for an innovative* ***prevention program*** *please indicate what CSAP category of program you will be using* ***Appendix D****.*

Choose a CSAP Strategy from the list.

* 1. Best Practice Strategy from Prevention List.
     1. *If choosing Prevention program from Best Practice Strategy List, please indicate what strategy the Tribe will implement from guidance documents* ***Appendix E.***

Chose a Best Practice Prevention Program

**If using funds for Treatment:** *Leave blank if using funds to deliver only prevention services.*

1. What treatment strategy will you use? *Indicate what strategy the Tribe will implement from Best Practice Guidance Document* ***Appendix F.***

Choose a Best Practice Treatment Modality

1. Describe your strategy/program?
2. Identify the risk/protective factor that your strategy/program will address?
3. How much services will you provide and how often?
4. What is your target population? Choose an item.
5. Estimate the number of participants to be served?
6. Describe how your participants in the project will be selected?
7. Who is the responsible party that will ensure the project is implemented according to the proposal? (name and contact info)

**3. Proposed Budget:**

1. Include a proposed budget for fiscal year 2016-2017? (Please see **Appendix B** for Budget Template.) Yes No
2. We recognize that Tribal programs often utilize multiple funding sources in order to achieve greater outcomes. State and federal law prohibit **commingling** of any funds between or among programs. Funds provided to the Tribe for the Youth Marijuana Px/Tx Project may only be used for the approved project in which funds are designated.
   1. Is this program funded through other funding sources? Yes No
   2. If so, please describe how your program will ensure that there is **no commingling** between other programs and the Dedicated Marijuana Project.

**3. Reporting**

1. Who will be responsible to ensure that reporting is completed? Provide contact information if different from program staff person.
2. Does the staff person in charge of reporting need training in any of the following areas?
   1. Performance Based Prevention System (PBPS)
   2. TARGET System
   3. Contract Consolidation

**4. Optional Question**

There may be times when additional funding becomes available through our office. If the opportunity presents following this application process, would you be interested in applying for additional funding?      If so, how much would you request?       Briefly state how you would expend the funds?

|  |  |
| --- | --- |
| **Tribe:** | |
| **Project Title:** | |
|  | **FISCAL YEAR 2017** |
|  | **June 2016 - July 2017** |
| **Total FTEs** |  |
| **Position Titles** |  |
|  |  |
|  |  |
|  |  |
| **Total Salaries & Benefits** |  |
| **SUB-CONTRACTS (itemize)** |  |
|  |  |
|  |  |
| **Total Contracts** |  |
| **GOODS & SERVICES** |  |
| Supplies |  |
|  |  |
|  |  |
| Other (itemize) |  |
|  |  |
|  |  |
| **Total Goods & Services** |  |
| **TRAVEL** |  |
| Per Diem |  |
| Mileage |  |
| Other |  |
|  |  |
| **Total Travel** |  |
| **Administrative (up to 8%)** | **Maximum of $1600** |
|  |  |
| ***GRAND TOTAL*** | **Up to $20,000** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Activity/Program | CSAP Strategy & Innovative/EBP | Brief Description | When/How | Who | Funding Source | Total Funding Amount |
| Name of Activity or Program | Choose **CSAP Strategy**  Is this program and **EBP** or **Innovative** Program? | Briefly state the **main purpose** of the activity | **When** will this activity take place? **How** long will it last? **How** many times? Population? | **Who** will be served? | **Types of Funding Source:** DMA (State Funds) | **Total Funding Amount per program**: (not as detailed as budget doc) |
| Admin |  | | | | | $1,600 |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Total Funding Amount | | | | | | $20,000 |