



Drug Free Relay

MAJOR GRANT PROGRAM

The **Drug Free Relay Major Grant Program** selects a specific program as the recipient of a larger award than that of the mini-grant program. A focus area is chosen that represents the greatest need, or can help the greatest number of people, in the community in that given year. Major grants will vary in amount from year to year, based on the net profit. Normally grants in this category range from \$3,000-\$4,000. The Relay reserves the right to partially fund more than one grant.

Examples of past funding priorities include the following:

- Community Education Regarding Methamphetamine Use
- Drug Free Program at LHS
- SMART Reading Program
- Grande Ronde Area Youth
- Drug and Alcohol Officer at LHS
- New Area Soccer Field at Nazarene Church
- New Sound System for LHS auditorium used by all schools.

Our decision for awarding grants will be based on the following criteria:

1. **Drug Prevention and/or Education:**

- a. How will this grant enable you to positively impact the youth and adults of our community to motivate them to become or remain drug free?

2. **Provide Partnerships with Other Programs that Could Enable a Program to become Self-Sustaining:**

- a. Could this grant provide the catalyst to allow you to team up with another grant or program to enable you to eventually become self-sustaining?

3. **Participation in the Drug Free Relay:**

- a. Did you participate in the Drug Free Relay?
b. How will the grant applicant participate in the next Drug Free Relay?

Grant application deadlines and award dates can be found at www.drugfreerelay.org.

A copy of your Project Budget must be attached.

Pick up an application either at the **LHS Media Center** or at www.drugfreerelay.org
Questions? Call Jan Harris at 963-0228 or Mary Ann Miesner at 963-9025

Drug Free the Way to Be!



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Grants range between \$3,000 and \$4,000. See www.drugfreerelay.org for current year deadlines and awarding dates.

Please return this application by mailing to:
PO Box 1346 La Grande OR 97850

Amount Requested \$ _____
Project Name: _____
Contact Person: _____
Address: _____
Telephone: _____

DESCRIBE THE PROPOSED PROJECT *[Please use separate sheet of paper for answers]*

- Project Description
- How will this project/program address drug/alcohol prevention and/or education?
- How will this project/program provide opportunities for the organization to become self-sufficient?
- How did you or your organization participate in the Drug Free Relay and/or how will you or your organization participate in the next Drug Free Relay?
- Attach an itemized budget of project. Other resources [funding, materials, volunteers, etc] will help with your project.
- A follow-up report summarizing your activity and how the grant money was spent will be due thirty [30] days after your event.

Mail Application to: PO Box 1346 La Grande, OR 97850

If you have questions, contact *Jan 963-0228* or *Mary Ann 963-9025*

Who may we contact for your participation in the Drug Free Relay?

Name: _____
Address: _____
Telephone: _____
Email Address: _____