



Drug Free Relay

MINI-GRANT PROGRAM

The **Drug Free Relay Mini-Grant Program** is a support program that enables our youth to responsibly give back to our community. The Relay Committee, along with local law enforcement agencies, is making a strong commitment to address the drug issue in Union County.

Therefore, our decisions for awarding grants will be based on how the following criteria will focus on Drug Reduction and/or Drug Education.

1. Grants must address the following criteria:
 - a. **Drug prevention and/or education:** To provide drug prevention and/or education to our youth and community.
 - b. **Youth Service and Leadership Development:** To provide opportunities for young people to be involved and to develop knowledge, confidence and leadership skills.
 - c. **Participation in the Drug Free Relay:** How did the grant applicants participate in the current-year's Drug Free Relay? How will the grant applicants participate in next year's Drug Free Relay?
2. Group grants will be limited to \$500. Individual grants will be limited to \$100.
3. See www.drugfreerelay.org for the current year application and award deadlines.
4. A copy of your Project Budget must be attached.
5. Pick up an application either at the

LHS Media Center

708 K Ave, La Grande 663-3397

Or Online at

www.drugfreerelay.org



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Individuals may apply for up to \$100. Groups may apply for up to \$500.
See www.drugfreerelay.org for application and award deadlines.

Please return this application by mailing to:

PO Box 1346 La Grande OR 97850

Group Individual Amount Requested \$ _____

Project Name: _____

Contact Person: _____

Address: _____

Telephone: _____

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

- a. Project Description
- b. How will this project/program address drug/alcohol prevention and/or education?
- c. How will this project/program provide opportunities for youth to be involved and to help develop leadership skills?
- d. How did you or your organization participate in the Drug Free Relay and/or how will you or your organization participate in the future events?
- e. Attach an itemized budget of project. Other resources [funding, materials, volunteers, etc] will help with your project.
- f. 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: _____