Proposal Cover Sheet

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| Applicant Legal Name: |
| Address: | Telephone: |
| Name, Title of Contact Information Regarding this Proposal: |
| Name of Authorized Expeditor: |
| LARA Substance Abuse License Number (s): |
| Federal ID Number: |
| Type of Applicant:State | Individual | Other |
| Federal | Municipal | Profit Organization |
| Non-Profit Organization |  |  |

|  |  |
| --- | --- |
| NorthCare Network | 0.00 |
| Other Funding | 0.00 |
| Local | 0.00 |
| Fees | 0.00 |
| Total | $ 0.00 |

Print Name of Authorized Representative Title

Signature Date

## Prevention Staff

Include name, job title, check appropriate credentials of each staff person providing prevention services for this proposal and expiration date. For individuals without a development plan or credentials please provide information regarding plan for certification.

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| --- | --- | --- | --- | --- | --- |
| Name | Job Title | Dev Plan | CPC | CPS | Expiration Date |
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| Note: |

## Plan Summary

Coalition Action Plan Summary

Youth Access to Tobacco Planning Chart

Please provide names of local coalitions or groups and how they will be involved to greater impact the Synar/YTA work.

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| --- | --- |
| Local Coalition or Group(Include not only the name of group but county as well) | Involvement(Examples may include volunteer participation in education, media promotions around underage tobacco use, etc) |
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