**General Applicant Information**

You **must** provide responses to the required information below.

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| **KEY PERSONNEL**  |
| **IInformation Required**  | **Response**   |
| 1. **Authorized Organization Representative (AOR)** Name/Title

Address (No P.O. Boxes) City/State/ZIP Phone Number E-mail Address   |    |
| 1. **Program Director/Principal Investigator (PD/PI)**

Name/Title Address (No P.O. Boxes) City/State/ZIP Phone Number E-mail Address   |    |
| 1. **Project Coordinator**

Name/Title Address (No P.O. Boxes) City/State/ZIP Phone Number E-mail Address   |    |
| **STATUTORY REQUIREMENTS**  |
| 1. **Mission Statement:** Provide the coalition’s Mission Statement. The mission statement must focus on the prevention and reduction of youth substance use in the community served.
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| 1. **List the substances of use by youth addressed in this application.**
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| **COALITION AND COMMUNITY INFORMATION**  |
| 1. What is the date that the Coalition was established?

*Provide month, day, and year.*   |   |
| 1. List all ZIP codes served by the coalition. ([Look up a ZIP code at USPS.com.](https://tools.usps.com/go/ZipLookupAction%21input.action))
 |    |
| 1. Do any of the ZIP codes served by your coalition overlap with those of other DFC-funded coalitions?  If yes, provide a Letter of Mutual Cooperation.

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| 1. What is the population size of the community served by the coalition?

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| 1. What is the median income in the community the coalition intends to serve?

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| 1. Does the coalition serve a federally recognized tribal area?

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| 1. Does the coalition have representation from the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency with expertise in the field of substance use?
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| 1. Enter your SAM registration date.  **Failure to have an active registration will make your application ineligible.**
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