**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. |  |
| 1. **List the substances of use by youth addressed in this application.** |  |
| **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!input.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. |  |
| 1. What is the population size of the community served by the coalition? |  |
| 1. What is the median income in the community the coalition intends to serve? |  |
| 1. Does the coalition serve a federally recognized tribal area? |  |
| 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? |  |
| 1. Enter your SAM registration date.   **Failure to have an active registration will make your application ineligible.** |  |