

DEKALB PREVENTION ALLIANCE, INC.
2007 RED RIBBON WEEK APPLICATION FOR ASSISTANCE

Organization/Group Name: _____

Mailing Address _____

Contact Person _____

Telephone _____ Fax _____

Amount Requested (\$100 maximum) _____

Describe your group or organizations mission and goals:

List the activity/activities you are planning for this year's Red Ribbon Week and how the community you serve will be involved:

Are you a member of the DeKalb Prevention Alliance, Inc.? Yes No

Would you like to be placed on our mailing list? Yes No

As a requirement for receiving funds, you must be willing to submit a Report of Activities (attached) your organization sponsored for Red Ribbon Week, along with original receipts for all expenditures. This information is required for documentation purposes to our funding source. Your signature below indicates your agreement to supply this information no later than November 30th.

Signature of Authorized Person _____

Date _____

Please PRINT Name _____

PLEASE FAX THIS APPLICATION TO 404-396-3070

APPLICATION DEADLINE: SEPTEMBER 28, 2007 @ 12 NOON

Official Use Only – PLEASE DO NOT WRITE BELOW THIS LINE

Approved Amount \$ _____

Disapproved