**Date**

**Project Name**

**Community of Focus**

**Fiduciary Organization**

**Local Prevention Council: Yes** [ ]  **No** [ ]

**Federal Tax ID#**

**Address**

**City**      **State**       **Zip Code**

**Project Contact Name**

**Title of Project Contact**

**Phone**       **Fax**

**Email Address**

**Mini Grant Amount Requested** **(not to exceed $5,000)**

**Name of Authorized Official**

**Title of Authorized Official**

I,      , as the Authorized Official agree to the requirements of this mini grant opportunity as described in the announcement.

**Signature of Authorized Official \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**

**List of Letters of Commitment Providers (5 minimum):** **Please explain the proposed activities and budget:**