

Franklin/Fulton Drug & Alcohol (Single County Authority)
Recovery Event Funding Application 2024

Organization Name:

Organization Overview/Background: Describe your organization and its mission/vision.

Purpose/Objective: Describe your organization’s interest, purpose and primary objective in leading and/or implementing a recovery month activity in Franklin/Fulton County.

Activity Description: Describe in detail the activity/activities that your organization is proposing to implement and its intent to promote Recovery Month.

Proposed Budget/Funding Request:

Fiscal Agent Name:

Please complete the following budget/funding request, per activity and/or purchase line item. *(Describe activity line item in detail. For ex: speaker name; rental item; event product; etc.)*

Activity Line Item	Cost	TOTAL
Total Funding Request	\$	\$

Implementation/Timeline: Describe your implementation plan and its associated timeline.

Outcomes: Describe the performance measures/outcomes for your proposed activity/activities.

*Applications should be submitted to ffda@franklincountypa.gov *