

# Recovery Mini-Grant Application

To complete the application, click in the blank white spaces and begin typing.  
Please limit your responses to the space provided.

## A. NATIONAL VOAD ORGANIZATION BACKGROUND INFORMATION

<b>Member Organization Name</b>							
<b>Address</b>							
<b>Phone Number</b>				<b>Fax Number</b>			
<b>Website</b>				<b>Organization Email</b>			
<b>Contact Person (include title)</b>							
<b>Contact's Phone Number</b>				<b>Contact's Email</b>			

## B. PROPOSAL NARRATIVE

Briefly describe your organization's recovery program or project and purpose for funding request.

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## C. BUDGET INFORMATION FOR THE REQUEST

Please submit a budget for your request using the form below.

**Total Amount Requested: \$**

In the below section, provide a description of how funds will be allocated, including itemization of supplies, equipment or services to be purchased. Provide any additional details that would help us understand how the funds would be used. Please refer to the Recovery Mini-Grant announcement for eligible expense guidelines and submission procedures.

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