

Vineland Municipal Alliance Mini Grant Application

Alliance Name: Vineland**County:** Cumberland**Last Updated:** M/D/YYYY**Organization:** [Click here to enter organization.](#)**Priority Problem:** Please mark the box of the appropriate category/categories. (☒)

- ☐ Alcohol/Underage Drinking
- ☐ Marijuana (including cannabis misuse and underage cannabis/marijuana use)
- ☐ Prescription Drugs
- ☐ Tobacco/Vaping

Plan for Action	Intervention: Specific name of activity/program		
	CADCA Strategy/ies:	Choose an item. Choose an item. Choose an item.	
	Brief Description: What is the main purpose of this activity? What will participants/target population learn? How will they benefit?	Click here to enter program description.	
	When, Where, and How: When will this take place? What is the timeframe for this activity/program? How much? How often?	Click here to enter details.	
	Target Population: How many people are being served? Who is this impacting?	Estimated number of participants/recipients: _____	
		Primary Population: _____ Other Populations Reached: _____	Primary Ethnicity: _____ Other Ethnicities Reached: _____
	Community Partners: Who else is collaborating on this project? List partners.	Click here to enter text.	
Plan for Implementation	Budget and Resources: Cash Match: 25% of total award In-Kind: 75% of total award MUST PROVIDE BREAKDOWN WITH ESTIMATED DETAILS FOR DEDR AND CASH MATCH FUNDS		
	Award Total \$ _____ Personnel/City Employee—\$ _____ Consultant—\$ _____ Other Direct Costs—Supplies/ Curriculum/ Etc.—\$ _____ Plans for funds: Click here to enter text. Cash Match Total \$ _____ Cash Match—Personnel/City Employee—\$ _____ Cash Match—Consultant—\$ _____ Cash Match—Other Direct Cost—\$ _____ Plans for cash match funds: Click here to enter details. In-Kind Total \$ _____ INTERVENTION TOTAL \$ _____		

Governor's Council on Substance Use Disorder (GCSUD)

Fiscal Grant Cycle July 2026-June 2031

	<p>Responsible Members for Implementation: Who is implementing this program & what are their credentials? Provide resume.</p> <p>If not identifying the exact person / provider, what are the qualifications you will be seeking for the position(s)? Provide job description.</p>	<p>Click here to enter text.</p>
<p align="center">Plan for Evaluation</p>	<p>Measure Process and Outcome Indicators: Process goals: # of sessions, # of unduplicated people attending each session Short term goals: What would you learn/benefit?</p>	<p>Process Goals: Click here to process goals.</p> <p>Short Term Goals: Click here to enter short term goals.</p>
	<p>Tools/Instruments use to collect information: Process tools: Attendance sheets Short term tools: Pre/post test, survey, questionnaire</p>	<p>Process Tools: Click here to enter process tools.</p> <p>Short Term Tools: Click here to enter short term tools.</p>