Community Prevention Training System (CPTS)

Please refer to the guidelines as you complete the application.

Name:_____

Organization Name:_____

Address/City & Zip Code:_____

Phone/Fax/Email:_____

Reminder: We need your application 60 days in advance and if the training has to be postponed, you must notify us immediately.

1. **Training Date(s):** (*When will the training take place?*) **Attach a copy of the training/seminar brochure.**

2. **Who will <u>prepaying</u> for this training?** (*If an agency, then a Contract may be written or a Request to Purchase - RTP form. If an individual is prepaying, then multiple travel training forms are needed at least* ***50*** *days prior to training*).

   ☐ **Agency**
   Contract or
   RTP (only for Registration fees).

   ☐ **Individual**
   Public Health Travel/Training
   King County Authorization Voucher
   King County Expense Claim Form

3. **How was this training identified as a need in your community?** (Provide a description of the need for this training. For <u>example</u>: "As we conducted our needs assessment, we identified a gap in resources for parents struggling with family management.")

4. **Is the training you are applying for listed as one of the Center for Substance Abuse Prevention's (CSAP) Best Practice or Promising Approaches and is listed in the website at** http://www.westcapt.org**?**

☐ **If yes, attach the copy of the Best Practice or Promising Approaches page from the previous link listed above and name the CSAP Best Practice or Promising Approach here: Name of Best Practice:_____**

☐ **If no, then:**

- ❑ **Name of Training:_____**
- ❑ **List the CSAP "Principles of Substance Abuse Prevention" (see link above):**
  _____
- ❑ **List the programs that were considered: _____**
- ❑ **Briefly describe/explain why you can not use another curricula that is listed in the CSAP Best Practice:**
  _____
  _____
  _____
  _____

5. **How will this training address the identified need?** (How will this training build capacity within the target community? How do you intend to use this new capacity? How will this relate to the need identified above?).

6. **How will you evaluate this?** (How will you know if this training was successful? What tools will you use to determine this?).

7. **How will this training relate to the overall County or tribal prevention priorities? Explain how the training will add to present prevention efforts.** (How does this training fit into the bigger picture in the County or tribal community? How will it further the evolution of prevention in the target community?)

   Prioritized King County Risk and Protective factors are: Availability of Drugs; Community Laws and Norms Favorable Toward Drug Use; Family Management Problems; Early First Use of Alcohol, Tobacco and/or Other Drugs; Friends Who Use; Favorable Attitudes Toward the Problem Behavior; Individual Characteristics; Bonding; Healthy Beliefs and Clear Standards; Opportunities, Skills, and Recognition; Belief in the Moral Order; and Social Skills.

   Tribal Prevention priorities - see the Tribal Prevention Coordinator

8. **How many people will be trained if the application is approved and who will receive the training?** (How many people are you sending to the training/seminar? Or if bringing in a trainer, how many people will receive training as a result of this application?).

9. **Who will receive the training?** (Who will be using these funds? Include name of organization(s) and job titles. It is not necessary to list names. If an individual request, include job title.)

10. **Total project cost:** (List the total amount the training will cost, include all funds supporting this training event. **Must have at leave a 10% match funds**).

Itemized Expenses	CPTS Grant Amount Being Requested	Matching Funds
Registration Fee		
Lodging		
Meals		
Transportation	(Not covered under grant)	
TOTALS		

11. **Is this a consortium request?** ☐ **Yes** ☐ **No** (Consortium if more than three **Counties** apply together. If a consortium, list the partners. A consortium must submit only one application, letter of support attached, with a budget not to exceed $5,000 per training event).

12. **Are these costs in compliance with CPTS guidelines?** (Please refer to the attached CPTS guidelines to ensure expenses funded by DASA comply with the limitations detailed herein. Please check "Yes" when you are sure your budget items are in compliance. If not, then explain. Note: The CPTS funds cannot pay for <u>any</u> transportation).

☐ **Yes** ☐ **No, please explain:**_____

Mail Application To:

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