

**OAKLAND MUNICIPAL ALLIANCE COMMITTEE (OMAC)  
Grant Request Form**

This form is to be completed and accompany a municipal purchase order request form. Any letters describing the initiative is to be attached as well. Receipts for monies spent must be turned in to OMAC either before or after the event. Standard procedures for encumbering funds must be followed prior to the event and the program must meet the assessment criteria established in the Oakland Three Year Needs Assessment. All programs must have an Alcohol and/or Drug Prevention/Education component in order to be considered eligible for funding. **Any documentation produced for distribution using DEDR funds must acknowledge the Governor's Council on Drug and Alcohol Abuse as the funding source. GCADA can be used.**

**Program to be funded:** \_\_\_\_\_

**Program Leader(s):** \_\_\_\_\_  
Please specify role in your organization

**Phone Number:** \_\_\_\_\_

**Target Audience:** \_\_\_\_\_

\$ _____ Approved (OMAC only) Date: _____
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**Amount Requested:** \$ \_\_\_\_\_  
The amount you believe you require from the funding source. All may not be available.

**Dates of Program:** \_\_\_\_\_  
Date of performance or use of resources

\_\_\_\_\_  
Supplier name(s) to appear on check, if approved:  
Receipts are required.

**Services Provided:**

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These include facilities and equipment (rooms, machines used, etc.) personnel involved on voluntary basis and estimate of hours volunteered.

**Describe the program and what is hoped to be achieved. Please include other sources of income for the event and/or any in-kind donations. Include the risk factor targeted with this program.**

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**Describe how you plan to evaluate the effectiveness of the program. Use reverse side for more space.**

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Signature of person submitting request

\_\_\_\_\_  
Date