

MINHD YOUTH DRUG PREVENTION PROGRAM APPLICATION

Individual or Organization Name: _____

Street Address or P.O. Box #: _____

City: _____ State: _____ Zip: _____

CONTACT PHONE NUMBER: _____ Email Address: _____

Tribal Enrollment Number: _____

Please describe the related activity for which assistance is being requested: _____

Please detail the proposed budget for event, including all related activity expenses:

Will transportation be needed? If so, please provide estimated mileage and date(s) of rental:

Signature and consent to release information

I understand that this application is not a contract and is not binding in any manner. I hereby authorize the Monacan Indian Nation to obtain any and all information necessary for the purpose of verifying the statements made above

Your Signature Date

