



Northeast Prevention Coalition Prevention Sponsorships

The **Northeast Prevention Coalition (NPC)** is excited to introduce **Prevention Sponsorships** to support primary and secondary prevention efforts across our region. These sponsorships are designed to provide small, accessible funding to community-led projects that align with prevention priorities.

For FY25, we have **\$7,000 available**, distributed in **increments of \$250 – \$1,000**, to be used by **June 30, 2025**. Funding will be awarded **on a rolling basis** until all funds are distributed.

If you need assistance or have questions, email c.towne@nvrh.org

NPC Prevention Sponsorship Application Information

Total Funds Available: \$7,000

Who Can Apply?

- Community members (must have a fiscal sponsor – email c.towne@nvrh.org for more info)
- Schools (including clubs and sports teams)
- Childcare centers
- Afterschool programs
- Libraries
- Municipalities
- Community-based organizations (including non-profit sports clubs)
- Faith-based organizations

How to Apply

1. **Submit the NPC Prevention Sponsorship Application Form** to c.towne@nvrh.org (include any additional sponsorship or advertising forms and a W9 or equivalent).
2. **Deadline:** Applications received by the **second Wednesday of each month** will be reviewed that month; later submissions will roll to the next month.
3. **Review Process:** The **Steering Committee** will review applications and notify recipients by the **third Friday of the month**.
4. **Funding Process:**
 1. Approved applications will be processed through Northeastern Vermont Regional Hospital and are typically available within **2-3 weeks of approval**.
 2. In the event the fewer funds are used, you will be asked to return the funds or provide an updated plan for spending related to your application.

Funding Priorities (Select all that apply in your application)

- ✓ **Priority 1:** Reduce underage substance use (alcohol, cannabis/marijuana use), e.g., youth recovery supports, early intervention, school-based prevention.
- ✓ **Priority 2:** Reduce underage tobacco and electronic vaping product (EVP) use, e.g., youth recovery supports, screening and early intervention, school-based prevention, including Our Voices Xposed (OVX), work to change policies in schools, businesses, and/or local municipalities.
- ✓ **Priority 3:** Reduce adult high-risk substance use, e.g., promoting healthy stress management, reducing impaired driving risks.
- ✓ **Priority 4:** Increase support for LGBTQ+ youth, e.g., supporting GSA groups in schools, educator training, LGBTQ+ youth-focused programming.
- ✓ **Priority 5:** Create a community where youth and adults feel **valued, connected, and supported**, e.g., reducing stigma around mental health and substance use help-seeking, combating social isolation, and fostering youth resilience.

● All sponsored activities must be fully substance-free, meaning:

- No substances (including legal adult-use) served or consumed at the event.
- No promotional materials or gifts related to substances.
- No advertising or sponsorships from the substance industry.

Reporting Requirements

A short report is required within two weeks after the project ends. Reports must include:

- ✦ Number and age of participants served.
- ✦ A brief summary of the event/project.
- ✦ **Optional:** Photos for NPC to highlight (ensure parental permission for any minors).

✉ Submit completed applications to **c.towne@nvrh.org** subject: **NPC Sponsorship Report**.



Prevention Sponsorship Application Form

Submit application and any attachments to c.towne@nvrh.org

Subject: Prevention Sponsorship Request

If you need assistance or have questions, email c.towne@nvrh.org

Organization Name (entity the check will be made out to):

Organization address:

Primary Contact (name, email and phone number):

Event or project name:

Description of the event/project:

Dates of event or project:

Amount requested (\$250 - \$1,000):

Dates funds needed by: *(funds must be used by June 30, 2025)*

How do you plan to use these funds?

Would the project go on without this funding?

Does your project have other sponsors? If yes, will you include their logos in publications and advertising related to this project?

Will the funds create long-term benefits for the program or participants? If yes, please explain:

Is this event fully substance-free?

Anticipated number and age of youth served/adults served:

Does this project promote equity? If yes, how?

List of priorities (select all that apply):

- ☐ **Priority 1:** Reduce underage substance use (alcohol, cannabis/marijuana use) i.e. youth recovery supports, screening and early intervention, school-based prevention.
- Priority 2:** Reduce underage tobacco and electronic vaping product (EVP) use, e.g., youth recovery supports, screening and early intervention, school-based prevention, work to change policies in schools, businesses, and/or local municipalities.
- Priority 3:** Reduce adult high-risk substance use. i.e., focus on healthy stress reduction and coping skills, influence on children, driving while impaired.
- Priority 4:** Increase support for LGBTQ youth, i.e., schools and supervisory unions to enhance or launch a Genders & Sexuality Alliance (GSA) group at a local school; determining school readiness & capacity for implementing a GSA; community, parent/caregiver, educator training; supporting LGBTQ youth focused support groups.
- ☐ **Priority 5:** Create a community where youth and/or adults feel valued, connected, and supported, i.e., focus on decreasing stigma for getting help for mental health and/or substance use; reducing isolation, particularly for older adults; and building youth resiliency and youth connectedness as protective factors.

Are you able to provide a W9 or equivalent upon request? Yes No

Report: A short report is required within two weeks of the project's completion.

Can you fulfill this? Yes No

Report includes:

- Number and age of youth served/adults served
- Short summary of program/event
- Optional - any pictures you'd like us to highlight on website (please ensure that any youth in pictures have parental permission)

By applying, you are agreeing to your organization's name and project to be listed on the Northeast Prevention Coalition website.

By signing, I/We attest that the funds awarded through this mini-grant will be used solely for the purposes outlined in our application. If any changes are necessary, we will notify Northeast Prevention Coalition for approval. We acknowledge our responsibility to use these funds appropriately and agree to provide a brief report within two weeks of event/project completion.

Signature of applicant official authorized to bind the organization:

Name (please print): _____

Signature _____

Date: _____

Signature of fiscal agent representative (if applicable):

Name (please print): _____

Signature _____

Title _____

Date: _____

Office Use Only

Date Application Received:

Date Reviewed:

W9 Received?

Steering Committee Decision:

Date Submitted for Payment:

Final Summary: