

# RFA #LAAA 2025\*01 ATTACHMENT 1

## Application Form

### Applicant Details

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Application Date:

Name of Applicant:

Applicant EIN:

Mailing Address:

Physical Headquarters Address (if different from mailing address):

*If address listed above is not in Colorado, please describe presence in Colorado/ability to serve Colorado consumers:*

Website:

### Project Director/Principal Representative *(This the main contact for your project.)*

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Name:

Title:

Email Address:

Phone Number:

### Fiscal Contact (if different)

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Same as Project Director

Name:

Title:

Email Address:

Phone Number:

### Authorized Signer *(This person should have the authority to sign grant agreements.)*

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Name:

Title:

Email Address:

Phone Number:

### Project Details

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Project Title:

Proposal Overview/Executive Summary (150 word maximum):

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### Objective(s) Addressed (check all that apply):

- Objective 1: Programs that promote healthy peer groups, positive social norms, and school/community connectedness and belonging for youth under age 21.
- Objective 2: Programs that promote the skills of parents, caregivers, and/or other trusted adults to support youth under age 21.
- Objective 3: Programs that promote student resiliency, psychological safety, and positive school climate in youth under age 21.

### Target geographic region:

**Student Population:** Indicate how many students are enrolled in the school district(s), BOCES, network or collaborative served by the project. **Check one box only:**

- Large: 23,000 students or more
- Medium: 7,500 to 22,999 students
- Small: Fewer than 7,500 students

### Total amount requested: \$

Year 1:

Year 2:

Year 3:

### Current annual operating budget (not applicable for eligible education institutions):

### Partner Organizations (include only organizations that are listed as subgrantees in budget):

*By signing below, I certify that the information contained in this application is true and correct to the best of my knowledge.*

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Signature of Applicant

Date