



**SOUTH CAROLINA METH WATCH
MINI-GRANT APPLICATION**

(Please type)

Name of Organization: _____

Address: _____

City: _____ **Zip Code:** _____

Contact Person: _____

Telephone Number: _____

E-mail Address: _____

For any questions concerning the completion of this application, please refer to the enclosed guidelines or contact Jason Peavy at (803) 734-7135 or Audrey Baker at (803) 734-4711.

Amount of Funding Requested \$ _____

Description of Project (include a detailed breakdown of how funds will be used):

Please provide information (include statistics) which demonstrates a need for methamphetamine prevention efforts in your community:

Please describe how your project will impact the meth problem in your community:

Who is the target audience for this project? (Examples: general community, rural audiences, parents, youth, etc.)

What other agencies in your community will assist with this project?

Signature of Project Director: _____

Date: _____

Signature of Organization Director: _____

Date: _____