

Disclosure of Drug-Free Communities Support Program Coalition Information

1. Identify the names of the grantee/fiscal agent and coalition on your current application:

NAME OF GRANTEE: TOWN OF NEW PALTZ

NAME OF COALITION: GREATER NEW PALTZ COMMUNITY PARTNERSHIP

TO HELP US ACCURATELY DETERMINE IF AND WHEN YOUR COALITION HAS PREVIOUSLY RECEIVED DFC FUNDING, PLEASE ANSWER THE FOLLOWING:

2. Indicate the status of your coalition:

DFC COALITION FORMERLY FUNDED



DFC COALITION CURRENTLY FUNDED

COALITION APPLYING FOR FIRST TIME DFC FUNDING

3. For all prior DFC awards (First time applicants do not complete this section), identify the name of the federal agency that funded the coalition’s prior grant (i.e., SAMHSA/CSAP, DOJ/OJJDP), year(s) of funding (enter ranges where applicable), grant number, fiscal agent name as it appeared on the Notice of Award (When using acronyms please also include the full name).

YEAR(S) OF

<u>FEDERAL AGENCY</u>	<u>DFC FUNDING</u>	<u>DFC GRANT #</u>	<u>GRANTEE NAME</u>
<u>SAMHSA</u>	<u>2011-2016</u>	<u>#SP0-18374</u>	<u>TOWN OF NEW PALTZ</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. If your coalition had a break in funding, indicate each year you did not receive funding from the Drug-Free Communities program.

NO DFC FUNDING: _____