

**Application for use of Alcohol Tax Funds**

*2019 City of Garden City*

*Alcohol Fund Advisory Committee*

**You may provide additional information. However, this form must also be completed.**

Agency Name: Primary Contact Name: Address: Phone Number: Email Address:	
How will requested funds be used? Refer to KSA 79-41a04 for guidelines on usage.	
Requested Amount of Funding	
Project budget: Please include as much detail as possible concerning your projected expenses as they relate to the request. The budget should also include all streams of funding from partners and in kind donations that will be used to complete the project.	
Describe how your request will address <b>one or more</b> of the following; 1) alcoholism and drug abuse prevention and education, 2) alcohol and drug detoxification, 3) intervention in alcohol and drug abuse, or 4) treatment of persons who are alcoholics or drug abusers or are in danger of becoming alcoholics or drug abusers.	
What data sets will you use to measure the effectiveness of your project?	

Do you have any other partners in this project? If so, please tell us about them.	
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Please complete and return to Jennifer Cunningham, Assistant City Manager, PO Box 998, Garden City, KS 67846 by 4:00 p.m., March 13, 2019. For a digital version of this form, please visit the City of Garden City website at [www.garden-city.org](http://www.garden-city.org).