

**NYS Office of Alcoholism and Substance Abuse Services  
Alcohol Awareness Program (AAP)  
Application Form**

**1. Applicant Information**

Date: \_\_\_\_\_

- (a) Applicant/ Agency Name: \_\_\_\_\_
- (b) Address: \_\_\_\_\_
- (c) County : \_\_\_\_\_
- (d) Contact Name: \_\_\_\_\_
- (e) Telephone #: \_\_\_\_\_
- (f) E-mail address: \_\_\_\_\_
- (g) Describe the physical facilities where this program will be offered (include location(s) and address) and details regarding room size, seating, and availability of teaching aids and equipment:
- (h) Describe arrangements with local magistrates, judges, and/or their respective associations, school districts, etc. and attach letters of support
- (i) Local Governmental Unit (Name, title, address and phone number of Community Services Board Director) (attach letter of endorsement with application).

**2. Program Information**

- (a) **Please attach a detailed outline of the proposed AAP curriculum, to include the following:**
- A brief description of the applicant itself and its experience in providing alcohol-related prevention service
  - Describe overall qualifications required of instructors including experience with teaching adolescents and knowledge of alcohol problems (*attach resumes of individual instructors*)
  - A description of the target population and geographical area to be served; (*If the target population served includes a broad age range of individuals; i.e. 12-20 year olds, please specify how the curriculum will accommodate the different age groups.*)
  - A description of the proposed program content, (*See attachment A, Requisite Learning Objectives f or guidance*)
  - The total number of hours of the program (minimum 4 hours), and a description of how the program will be scheduled (example: 2 hour evening sessions, once a week for 6 consecutive weeks)

### 3. Budget Template

#### Estimated Annual Budget\*

##### Revenue Calculations:

Proposed fee per participant \$ \_\_\_\_\_

Estimated number of participants per class \_\_\_\_\_

Other revenue \$ \_\_\_\_\_

**Total Revenue:** \$ \_\_\_\_\_

##### Expense Calculation:

Personal costs \$ \_\_\_\_\_

Room rental \$ \_\_\_\_\_

Supplies & equipment: \$ \_\_\_\_\_

Administrative overhead: \$ \_\_\_\_\_

**Total Revenue Minus Expenses:** \$ \_\_\_\_\_

\*Sample estimated budget; applicant may use its own template

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

Please send completed application, via e-mail, fax or US mail, to:

**Mr. Walt Davies**  
**Bureau of Prevention Services**  
**NYS OASAS**  
1450 Western Ave, Albany NY 12203  
E-mail: [walt.davies@oasas.ny.gov](mailto:walt.davies@oasas.ny.gov)  
Phone: 518-457-4384  
Fax: 518-485-9480

## **Attachment A**

### **Requisite Learning Objectives**

- Laws and the criminal justice system;
- Characteristics of alcohol and other drugs;
- Characteristics of gambling;
- Understanding alcoholism/addiction;
- Family dynamics and issues regarding children of alcoholics and substance abusers;
- Societal issues;
- Youth issues;
- Choices and alternatives;
- Screening and self assessment;
- Community resources; and
- Incorporate a stress management component