



ORANGE COUNTY SUBSTANCE ABUSE  
PREVENTION NETWORK

**PREVENTION: A PROCESS, NOT AN EVENT**

Participating in the process in Orange County since 1980

200 Kalmus Dr., Suite B1007, Costa Mesa, CA 92626  
WWW.OCPREVENTION.ORG

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## OCSAPN SPONSORSHIP AWARDS

OCSAPN sponsorships are funded and awarded on a quarterly basis to help offset expenses for community and/or school projects designed to prevent high-risk behaviors such as alcohol, tobacco, other drug, and violence prevention among adolescents or families. The OCSAPN Executive Committee generally allocates up to \$250.00 per quarter for sponsorship awards, if funds are available.

Applicants receiving sponsorships are required to submit a report about the event, at the first general membership meeting following the implementation of the project. The report, written or oral (preferred), should include: project purpose, details, how the funding was utilized, outcomes and the benefits received by the community.

Quarterly award deadlines are as follows:

- First quarter; on or about January 31.
- Second quarter; on or about April 30.
- Third quarter; on or about July 31.
- Fourth quarter; on or about October 31.

## CRITERIA FOR SCHOLARSHIP AWARDS

The Executive Committee will use the following criteria when evaluating requests for scholarships:

- Projects must be related to the prevention of at-risk behavior in adolescents or families.
- Priority will be given to applicants who are not recipients of state or federal funds or grants exceeding \$15,000.
- Priority will be given to organizations that utilize more volunteer hours than paid hours for staffing.
- Applicants may only submit one application per year, and will not be awarded more than \$250 per project.
- Applicants will receive a letter informing them of the Executive Committee decision.



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## OCSAPN Sponsorship Application

_____	<input type="checkbox"/> Student	<input type="checkbox"/> Professional	<input type="checkbox"/> Volunteer
Name			
_____	_____		
Email	Phone		
_____	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> For Profit	<input type="checkbox"/> Other
Organization Name (if applicable)			
_____	_____	_____	
Address	City	ZIP	
_____	_____		
Project Title	Project Completion Date		
Amount Requested (up to \$250): \$ _____			

Proposed Project: (Describe the services or activities to be provided, the population to be served, and how it will benefit youth and their families. Please attach flyers or other relevant documentation.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that if I am a recipient of an OCSAPN Sponsorship Award, I am expected to submit a report about the event at the first general meeting following the implementation of the project. The report, either written or oral (preferred), should include: the project's purpose, how the funding was utilized, and outcomes. I agree to submit this report.

_____	_____
Signature of Applicant	Date