

Page: Eligibility Questionnaire**Tax Status ***

Is your organization an IRS-registered, tax-exempt, 501(c)(3) organization?

Select one option

- ☐ Yes
☐ No

Geographic Focus *

Does your organization provide services in the United States of America?

Select one option

- ☐ Yes
☐ No

Funding Use *

Is this request for a fundraising campaign or sustainment of current activities?

Select one option

- ☐ Yes
☐ No

Request Purpose *

Is this request for treatment, recovery coaching, non-problem gambling prevention, or responsible gambling* programs?

*Responsible gambling programs are defined as programs and policies designed to minimize harm among those who gamble.

Select one option

- ☐ Yes
☐ No

Program Alignment *

Is the program for which you are requesting funding a gambling prevention* program?

*Prevention gambling programs that are eligible to apply for Agility Grants are those designed to minimize harm on a primary level - among those who have not yet gambled; or on a secondary level - among those who have limited gambling experience. They educate, minimize harm and reduce risk factors for developing problematic gambling behavior(s).

For more information on the classification of and requirements for gambling prevention programs, please see the SAMHSA Prevention framework attached [here](#) (click to download).

Select one option

- ☐ Yes
☐ No

Page: Contact Information

Who should we contact if we have questions about your submission?

Salutation (Title)

Select one option

- ☐ Ms
☐ Miss
☐ Mrs
☐ Mr
☐ Rev
☐ Dr
☐ Prof
☐ Hon

First Name ***Middle Name****Last Name *****Suffix**

Company Name *
Job Title *
Email Address *
Mobile Phone #
Business Phone #
Preferred Phone # *
Professional Address * Street: Line2: City: Country: State: Zip:
NCPG Membership Information * Please indicate your NCPG membership status. Note: This question is for data tracking purposes only. Membership status has no impact on the application scoring and evaluation process. Select one option <input type="radio"/> NCPG Member <input type="radio"/> NCPG Non-member
The below information is pulled directly from our YourMembership (YM) database and will be pre-populated. Please do not make edits to the below fields. If you see an error, please contact NCPG at ncpg@ncpgambling.org .
NCPG Member ID

NCPG Member Type
NCPG Membership Expiration Date
<u>Page: Organization Information and Background</u>
Organization Name *
Organization Website (URL) *
Tax ID Number *
Date of 501(c)(3) Determination Letter *
Number of Full-Time Equivalent (FTE) employees *
Organization Mission and Brief Description *
Current Programs and Activities * Describe your organization's current major activities, projects, and programs.
Target Population * Describe the population that your organization serves. Please include geographic focus and demographic data, as applicable.
Community Feedback * Explain how the community you serve is involved in the work of your organization (e.g., as board members, advisory groups, volunteers, etc.) and/or how community feedback is taken into account.
Leadership * Describe any major changes to your organization's senior leadership that took place in the past year or that are anticipated in the coming year, as applicable.
<u>Page: Project/Program Information</u>

Project/Program Name *
Project/Program Summary * Please briefly summarize the proposed project/program.
Project/Program Description * Please expand upon your proposed project/program here. Include a description of the activities as well as a proposed timeline for the activities.
Alignment with Strategic Priorities * Please select which Strategic Priorities the project/program aligns with (choose all that apply). Select one or both options <input type="checkbox"/> Prevention Innovation <input type="checkbox"/> Prevention Amplification
Prevention Innovation Explanation * Please describe how this program aligns with Prevention Innovation.
Prevention Amplification Explanation * Please describe how this project/program aligns with Prevention Amplification.
Evidence of Need * What demonstrated problem or need does this proposal aim to address?
Target Beneficiary Information * Please describe the target beneficiaries of the program, making sure to distinguish between 'direct beneficiaries' (e.g., participants attending your program) and 'indirect beneficiaries' (e.g., friends or family of the program participants or clients of the participants who attended the training). Also describe any demographic data that will be collected on the target beneficiaries. Note: NCPG will require grantees to provide an impact report that outlines demographic data of participants (racial identity, gender identity, age, location, and any other data deemed applicable to the program) as well as project/program outputs and outcomes.

Total # of Direct Beneficiaries *

How many people will directly benefit from this program?

Total # of Indirect Beneficiaries *

How many people will indirectly benefit from this program?

Community Involvement *

How will the intended beneficiary community be involved in and contribute to the planning and implementation of the project/program?

Project/Program Goals *

List up to 3 goals of the project/program. Goals should be broad statements about the overall impact the project/program aims to achieve. For example: "Raise awareness of gambling and related risks amongst middle-school students in X county."

Project/Program Outputs *

List up to 3 intended outputs of the project/program. Outputs should be specific and measurable statements related to the project/program activities. This could include the number of resources developed, training sessions held, participants completing trainings, etc. For example: "Deliver prevention gambling curriculum to a total of 100 students through presentations in 5 schools."

Project/Program Outcomes *

List up to 3 expected outcomes of the project/program. Outcomes should be specific and measurable statements that describe the intended impact from the services provided during the grant period. For example: "75% of program participants will identify high risk gambling behaviors as unsafe or harmful."

Evaluation Methods *

Please describe the methods that will be used to evaluate this project/program and measure success.

Long-term Impact *

Please describe the long-term impacts, i.e. sustained changes in targeted behaviors or attitudes, that will continue after the grant period. Long-term impacts should relate back to the problem/need identified and signify the broader, lasting change you aim to achieve or contribute to through this project/program. For example: "Expansion of school-based problem gambling prevention curriculum across X state" or "Program participants will continue to use the program resources and knowledge gained to engage with peers regarding gambling behaviors after the grant period."

Project/Program Partners *

Will the design or implementation of this project/program include strategic partners?

If yes, please list all involved partners and their respective role in project/program delivery below.

Strategic partners include those who will help design, co-manage, oversee, or implement the program. (i.e. if you are creating a program to reach middle school students, any participating school would need to be listed here.) This does not apply to vendors.

Partner Commitment *

Have all the above partners committed to the proposed project/program?

Please note that we ask you to upload letters of support from each partner as part of your application.

Select one option

- ☐ Yes
- ☐ No
- ☐ Not applicable (project/program does not include any partners)

Partner Commitment Explanation *

If you answered no to the question above, please use this space to share information on the status of any required partnerships for the proposed project/program.

Partner Letters of Support *

Upload letters of support from any program/project partners here. If you have more than one partner, we ask that you combine the letters into a single PDF document.

We have included an optional [Letter of Support Template](#) for your reference/use. If you choose not to use the template letter, please review the template to ensure your submitted letter of support includes the desired information.

[File Upload]

Page: Financials and Budget**Organization Budget ***

What is your organization's annual budget?

Requested Funds *

How much funding are you requesting from the Agility Grants program? Note: Request amounts should be between \$20,000 - \$40,000.

Program/Project Budget *

What is the total project/program budget? Note: Overhead/Indirect expenses must be no more than 15% of the program/project budget.

Other Funding Sources *

What, if any, other funding sources will be supporting the proposed project/program? List specific amounts requested from foundations, corporations, governments and other funding sources, as well as the status of those requests (pending, pledged, received).

Organization Budget *

Upload a copy of your organization's budget for the current fiscal year. Please attach as an Excel file and ensure your organization's name is in the file name, i.e. "Organization ABC Annual Budget"

Make sure that your organization name is included WITHIN the uploaded document itself as well.

[File Upload]

Project/Program Budget *

Upload a copy of the proposed project/program budget. Please attach as an Excel file and ensure the organization and project names are in the file name, i.e. "Organization ABC Agility Grant Project XYZ Budget"

Make sure that your organization and project names are included WITHIN the uploaded document itself as well.

Note: Overhead/Indirect expenses must be no more than 15% of the project/program budget.

[File Upload]

Page: Additional Uploads and Supplemental Materials

Agility Grant *

How did you hear about the Agility Grant program? Select all that apply.

Select one or more options

- ☐ Colleague/Coworker
- ☐ Partner Organization
- ☐ National Council on Problem Gambling website
- ☐ National Football League Foundation (or National Football League)
- ☐ NCPG Newsletter
- ☐ Social Media
- ☐ Other

Other explanation

If you selected "other," please describe how you heard about the Agility Grants.

Organization EIN *

Please use the field below to verify your EIN.

IRS Form 990 *

Submit most recent 990 filing. Please attach as a PDF and ensure your organization's name is in the file name, i.e. "Organization ABC IRS Form 990 FY20XX"

[File Upload]

Confirmation of 501(c)(3) status *

Submit your Tax-Exempt Determination Letter. Please attach as a PDF and ensure the file has your organization's name in the file name, i.e. "Organization ABC 501c3 Letter"

[File Upload]

Board of Directors *

Upload a list of your Board of Directors. Please attach as a PDF and ensure the file has your organization's name in the file name, i.e. "Organization ABC Board of Directors"

[File Upload]

Logo

Please upload your organization's logo in a .png or .jpeg file and ensure the file has your organization's name in the file name, i.e. "Organization ABC Logo"

[File Upload]

Supplemental Materials

Please upload any additional materials (photos, additional documents, videos, etc.) that you wish to supplement your application. You may upload up to five supplemental materials (10MB limit). Be sure that any uploaded supplemental files have your organization's name in the file name, i.e. "Organization ABC Supplemental Material 1"

Please limit each supplemental material to 5 pages or less. If uploaded supplemental materials exceed 5 pages, we do not guarantee the entire file will be reviewed in evaluation considerations.

Note: doc, docx, jpg, mp4, pdf, png, ppt, pptx, xls, xlsx and most other file types supported.

[File Upload]

Supplemental Material 2 (Optional)

[File Upload]

Supplemental Material 3 (Optional)

[File Upload]

Supplemental Material 4 (Optional)

[File Upload]

Supplemental Material 5 (Optional)

[File Upload]