

**SFY 2012 ODADAS TREATMENT AND RECOVERY PROGRAM
GRANT APPLICATION FACE SHEET**

FACE SHEET TYPE (check one)	TREATMENT GRANT PROGRAM AREAS (check one)
<input type="checkbox"/> Original <input type="checkbox"/> Revision* <input type="checkbox"/> Report**	<input type="checkbox"/> Drug Court <input type="checkbox"/> Circle for Recovery <input type="checkbox"/> Problem Gambling <input type="checkbox"/> Outreach <input type="checkbox"/> TASC <input type="checkbox"/> Therapeutic Community/Expansion <input type="checkbox"/> Other- Specify: _____

*Check Revision when submitting a Face Sheet to ODADAS for an application, program, or budget revision.

**Check Report when submitting semi-annual reports.

Total ODADAS Funds Requested: \$ _____

Grant Period: _____ to _____

Program Title: _____

2011 Grant Number: _____

IMPLEMENTING AGENCY INFORMATION	
Implementing Agency Name	
Executive Director	
Mailing Address	
City, State Zip Code	
Telephone Number	
Fax Number	
Executive Director's Email Address	
Fiscal Officer's Name	
Fiscal Officer's Phone Number	
Fiscal Officer's Email	
Federal Tax ID Number	
ADAMHS/ADAS Board Name	

Authorized Implementing Agency Board Member

Date

Implementing Agency Executive Director

Date