**FASD Prevention Project**

**Chapters of The Arc Application**

Chapters interested in joining the FASD Prevention project network are required to submit an application describing their outreach plan.

**Chapter Profile**

Chapter: Click here to enter text.

Contact Name: Click here to enter text.

Address: Click here to enter text.

Phone Number: Click here to enter text.

E-Mail: Click here to enter text.

1. Describe your service area’s (number, ethnicity) population (you can use this link to assist you <http://www.census.gov/popest/data/counties/asrh/2012/PEPSR6H.html>)

Click here to enter text.

2. Describe your reasons for joining The Arc’s FASD Prevention project and if you have experience in FASD Prevention (experience is not required):

Click here to enter text.

**Outreach Plan**

3. The project is interested in reaching family practitioners, internists, pediatricians, obstetrician/gynecologists, physician’s assistants, midwives, nurse practitioners, registered/licensed practical nurses, mental health therapists, substance use therapists, and community health representatives. Describe your relationship with each group.

Click here to enter text.

4. What steps will you take to reach out to and speak to health care providers?

Click here to enter text.

5. How many health care providers do you expect to reach in the 12-month period?

Click here to enter text.

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**Assurances**

Submitting this application signifies our agreement to these FASD mini-grant requirements. Our chapter will:

* Use the project logo and funder acknowledgement statement as provided by The Arc
* Submit reports and invoices and as scheduled
* Submit photographs, a blog or written story to showcase our efforts and outcomes
* Update The Arc via phone/Email communications as coordinated by The Arc (e.g. quarterly)

For Chapter For The Arc

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Name, title Peter V. Berns, Chief Executive Officer

Chapter The Arc

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