

# PREP APPLICATION



## Contact Person:

First name

Last name

Agency/School

Position

Mailing Address

City

State

Zip Code

E-mail

Phone

## Program Information:

**Please describe the setting where "Be Proud" will be delivered: (Select all that apply)**

Alternative School

Shelter/Residential Program

Drop-In/Day Program

Other

In what city or town will the program be provided?

**What is the Primary group of youth your school/program serves? (please choose no more than 2)**

Runaway/Homeless

Foster Care

LGBTQ Youth

Rural Youth

Pregnant/At Risk of Pregnancy

Racial/Ethnic minority

Other

**Number of Youth you expect to serve in this project in 1 school year (estimate)?**

**Has your School/Agency provided an evidence-based pregnancy prevention curriculum to youth in the past?**

Yes      No

**If yes, which curriculum/program? (Name)**

**As part of this project, your School/Agency commits to sending at least one staff to the Be Proud training on September 26-27. We strongly encourage sending 2 staff in order to build your capacity and to ensure program sustainability.**

**Please indicate the name(s) of staff who will be attending (if known) or "TBD" if not yet identified. You will be able to change these staff on the final registration:**

**1. Staff: \_\_\_\_\_ Position: \_\_\_\_\_**

**2. Staff: \_\_\_\_\_ Position: \_\_\_\_\_**

**Comments:**

**Thank you for your application. You will be notified by June 30, 2017 if you have been selected for the project.**