



MID-EASTERN ATHLETIC CONFERENCE  
DRUG EDUCATION SUB-GRANT APPLICATION

Directions for Completing the Application:

To receive funds from the NCAA/MEAC Drug Education Grant allocation, each institution must submit a brief, yet comprehensive narrative about the proposed program in addition to the application. This narrative about the proposed program should include the purpose, goals and objectives, while also citing any special circumstances or informational points about the program (please attach to application). Please denote whether your program is a continuation of an existing program, or a new program. **Each institution can request up to \$1,000 per year. Applications must be submitted before October 20, 2016.**

Institution Name: \_\_\_\_\_

Check One: Existing Program \_\_\_\_\_ New Program \_\_\_\_\_

Section 1: Seminars, Workshops, and/or Clinics

A. Please describe program (1):

1. Travel	\$ _____	3. Speaker(s)	\$ _____	5. Other Expenses	\$ _____
2. Lodging	\$ _____	4. Materials	\$ _____	<i>(Equipment Rental, Printing, etc.)</i>	
			<b>Subtotal</b>	<b>\$ _____</b>	

B. Please describe program (2):

1. Travel	\$ _____	3. Speaker(s)	\$ _____	5. Other Expenses	\$ _____
2. Lodging	\$ _____	4. Materials	\$ _____	<i>(Equipment Rental, Printing, etc.)</i>	
			<b>Subtotal</b>	<b>\$ _____</b>	

C. Please describe program (3):

1. Travel	\$ _____	3. Speaker(s)	\$ _____	5. Other Expenses	\$ _____
2. Lodging	\$ _____	4. Materials	\$ _____	<i>(Equipment Rental, Printing, etc.)</i>	
			<b>Subtotal</b>	<b>\$ _____</b>	



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Section 2: Publications/Printed Materials Only

A. Please list/describe publications and/or printed materials to be used for program:

[Empty box for listing publications and printed materials]

1. Printing	\$ _____	3. Graphics	\$ _____	5. Other Expenses	\$ _____
2. Postage	\$ _____	4. Materials	\$ _____	<i>(Equipment Rental, Printing, etc.)</i>	
			<b>Subtotal</b>	\$ _____	
<b>Total Drug Education Expenses</b>			\$ _____		

Section 3: Applicant Contact Information and Signature

Name of Applicant: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Make check payable to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send completed application to:

Mid-Eastern Athletic Conference  
2730 Ellsmere Avenue  
Norfolk, VA 23513  
Phone: (757) 951-2055  
Fax: (757) 951-2078