Robeson RCORP Consortium Member Sub-Award Application

Criteria and Agreement: (to receive the $5,000 stipend)

Consortium member/representative will:

1. attend/participate in all monthly consortium meetings

2. be actively involved and assist with the strategic plan, which includes:
   a. serving on one of the subcommittees
   b. providing input and sharing strategies that have/can produce positive outcomes
   c. collaborating with other members and supporting their organization efforts and events

3. coordinate an orientation for organization employees

4. collect, complete, and submit requested forms (i.e., client feedback questionnaire, data collection forms, and mid-year and year-end reports)
Name of Organization: __________________________________________________
Address: _______________________________________________________________
Website: _______________________________________________________________
Point of Contact: _______________________________________________________
Phone#: __________________ Fax: __________________
E-mail: _______________________________________________________________

Description of Organization: ____________________________________________
(Briefly describe your organization and its role in addressing substance use and recovery needs in the community.)

By signing this application, you are agreeing to the criteria stated to receive the $5,000 stipend.

Point of Contact Signature: ______________________ Date: __________
Printed Name: _______________________________________________________