SFY 2012 ODADAS TREATMENT AND RECOVERY PROGRAM
GRANT APPLICATION FACE SHEET

<table>
<thead>
<tr>
<th>FACE SHEET TYPE</th>
<th>TREATMENT GRANT PROGRAM AREAS</th>
</tr>
</thead>
<tbody>
<tr>
<td>(check one)</td>
<td>(check one)</td>
</tr>
<tr>
<td>[  ] Original</td>
<td>[  ] Drug Court</td>
</tr>
<tr>
<td>[  ] Revision</td>
<td>[  ] Circle for Recovery</td>
</tr>
<tr>
<td>[  ] Report</td>
<td>[  ] Problem Gambling</td>
</tr>
<tr>
<td></td>
<td>[  ] Outreach</td>
</tr>
<tr>
<td></td>
<td>[  ] TASC</td>
</tr>
<tr>
<td></td>
<td>[  ] Therapeutic Community/Expansion</td>
</tr>
<tr>
<td></td>
<td>[  ] Other- Specify: __________________________</td>
</tr>
</tbody>
</table>

*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: ____________________________________________

<table>
<thead>
<tr>
<th>IMPLEMENTING AGENCY INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementing Agency Name</td>
</tr>
<tr>
<td>Executive Director</td>
</tr>
<tr>
<td>Mailing Address</td>
</tr>
<tr>
<td>City, State Zip Code</td>
</tr>
<tr>
<td>Telephone Number</td>
</tr>
<tr>
<td>Fax Number</td>
</tr>
<tr>
<td>Executive Director’s Email Address</td>
</tr>
<tr>
<td>Fiscal Officer’s Name</td>
</tr>
<tr>
<td>Fiscal Officer’s Phone Number</td>
</tr>
<tr>
<td>Fiscal Officer’s Email</td>
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<td>Federal Tax ID Number</td>
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<tr>
<td>ADAMHS/ADAS Board Name</td>
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</tbody>
</table>

Authorized Implementing Agency Board Member __________________________ Date __________________________

Implementing Agency Executive Director __________________________ Date __________________________