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| DAP USE ONLY |
| State: |
| Date Rec'd: |
| Approved by: |

The Elks Drug Awareness Program Presents: Ray Lozano

Motivational/drug-content speaker, author and consultant, Ray Lozano has teamed up with the Elks Drug Awareness Program to bring his fact-filled, inspirational talks, regarding alcohol, marijuana and other drugs, to middle school and high school students. Ray also provides a common sense program for parents, teachers and educators to help youth in your Elks community.

To be considered for this incredible opportunity, please fill out all sections of this application completely. Up to 15 states will be selected to host a visit or webinar(s) from Ray Lozano to speak to local youth, parents and Elks. If your state is selected, Ray Lozano will either:

visit your state for 1-3 days to speak at schools (or other youth programs), Elks activities, community partnerships and parent groups (**in-person visits**)

or

provide webinars (**online**). Webinars will be presented in the same manner, with humor and interactive engagement.

All state DAP chairs are eligible to apply.

In-Person Visits Only

If selected, your state Elks Association *must* contribute \$550, to be paid to Ray Lozano directly, to cover a small portion of related travel fees. In addition, the State DAP Chair is responsible for coordinating all local transportation, meals, lodging and volunteers to help with displays and distribution of materials.

Webinars Only

There is no \$550 contribution necessary for online webinars.

Please specify choice(s):

In-person visit

Webinar visit

Applications are reviewed on a first-come, first-served basis. Only applications made on the official form and signed by the State DAP Chair will be considered.

For more information, please contact the DAP National Director, Kent Gade, by e-mail to; kgade1@outlook.com or by phone at (712) 789-0731.

State: _____

| State DAP Chair - Primary Contact | Secondary Contact (Optional) |
|--|------------------------------|
| Name: | Name: |
| Address: | Address: |
| City, State, Zip: | City, State, Zip: |
| Daytime Phone: () — | Daytime Phone: () — |
| Evening Phone: () — | Evening Phone: () — |
| Fax: () — | Fax: () — |
| Email: | Email: |
| Please provide the preferred dates for Ray's visit/webinar? | |
| 1) 2) 3) | |
| Identify the Elks community or communities Ray Lozano would visit during his visit. | |
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| How will Elks from your state be involved in this project? | |
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| How was the need for this visit determined? | |
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| How would you publicize Ray Lozano visit? Include plans for local media coverage and community leaders. | |
| | |
| Do you anticipate other funding sources? If so, please explain. | |
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Only applications made on this official form and signed by the State DAP Chair will be considered.

By signing this application, you agree to complete the Final Report Form that will be sent to you upon approval of your application. The signature on this application confirms that the State DAP Chair understands and accepts these responsibilities.

State DAP Chair Signature

Date

Please send your completed, original form to:

**Kent Gade, National Director
Elks Drug Awareness Program
407 East 22nd Street
Atlantic, IA 50022**