

# Kentucky Gambling Assistance Application

## Applicant Type (check 1)

Individual (e.g., behavioral health professional)     Organization/Agency (e.g., CMHC, BHSO, 501(c)(3), etc.)

## Applicant Information

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

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

Email address: \_\_\_\_\_

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

Contact Name (if different from applicant name): \_\_\_\_\_

Provide details of past performance of the organization/agency or individual requesting funding:

## Project Overview

Activity Type (check all that apply)

- Provision of support to agencies, groups, organization, and persons that provide education, assistance, and counseling to persons and families experiencing difficulty as a result of problem gambling
- Promotion of public awareness and/or provision of education about problem gambling
- Certification of gambling counseling professionals (include the names and credentials of all individuals to be certified in the project description below)
- Development of certifying organization-approved training or continuing education program
- Promotion of awareness of assistance programs for those experiencing problem gambling
- Provision of financial assistance to cover the costs and expenses associated with treatment of problem gambling

Provide an overview of the proposal, including:

- Brief description of project/activities
- Purpose and key anticipated outcomes
- Individuals or communities served
- Amount of funding requested
- Overview of how the funds will be spent
- Timeline

Those applying for certification should include:

- Type of certification
- Purpose of certification
- Proposed training/education course
- Plan to obtain required experience
- Two professional references for each individual requesting certification
- Recommendation from on-site supervisor for each individual requesting certification
- Signed contract for board approved clinical supervision for each individual requesting certification
- Timeline for completion of training and examination
- Amount of funding requested

### **Performance Measurement Plan**

Describe how key anticipated outcomes will be measured, including:

- The specific aspects of the program that will be measured
- The criteria that define success
- The methods to be used to collect the data necessary to assess progress
- A timeline for completing benchmarks toward progress

Please submit completed application and supporting documentation to:  
DBHDID, 275 E. Main Street, 4W-G, Frankfort, Kentucky 40621 or via email [kyproblemgamblingassistance@ky.gov](mailto:kyproblemgamblingassistance@ky.gov)