

PGAM 2026: Mini-Grants for Problem Gambling Awareness  
Amplify Inc. – Region 4 RBHAO



Organization Information

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

Applicant Agency: \_\_\_\_\_

Applicant Agency FEIN: \_\_\_\_\_

Program Contact Person: \_\_\_\_\_

Title/Role: \_\_\_\_\_

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

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

Fiscal Contact Person: \_\_\_\_\_

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

Title/Role: \_\_\_\_\_

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

Mailing Address for remit of payment: \_\_\_\_\_

PGAM Activities (briefly describe):

Conduct a PGAM-related activity:

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Plans to partner and include Amplify Inc:

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Plans to distribute problem gambling awareness resources (provided by Amplify Inc and/or requested from CT Clearing House):

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Screenings (Gambling community screenings at tabling events, access to survey provided by Amplify Inc):

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Swag Giveaways that are planned to purchase (pens, bags, brochures, etc.):

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Plans to have your town or city officially recognize March as Problem Gambling Awareness Month:

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Other Activities:

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Budget Request (Up to \$500 and please submit current w9 with this application.)

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Budget Narrative: Item / Activity Estimated Cost/Justification (\$) – briefly describe how you plan to spend down these funds

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Total Cost:

By signing below, the organization agrees to:

1. Conduct at least one PGAM-related activity during the Month of March 2026.
2. Partner and include Amplify Inc at the event/activity for support.
3. Distribute problem gambling awareness resources.
4. Conduct PGSI+ brief voluntary gambling screenings.
5. Have at least 2 members of your organization/group attend a Community Conversation on Gambling.
6. Attempt to have your town or city officially recognize March as Problem Gambling Awareness Month.
7. Join your Regional Gambling Awareness Team.
8. Submit a brief report to Amplify Inc. by April 30th, 2026. (reporting documents will be provided)

Authorized Representative Signature:

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

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