

DRUG DEMAND REDUCTION REQUEST

Unit Name	Charter Number	Region	Activity	DDR Activity No. (NHQ Use Only)
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Request for: Funding Catalog Items **MUST BE RECEIVED AT LEAST 60 DAYS PRIOR TO ACTIVITY**

ACTIVITY INFORMATION

Event Start Date:	Event End Date:	Event Location:	<input type="checkbox"/> Event location is within 30 miles of AF installation
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Expected Attendance: Cadets _____ SM _____ AF/DoD _____ Community _____

Level of Activity: Squadron Group Wing Region National

Focus of Activity: Education Training Outreach

DDR Goals Supported by Activity:	DDR Connection:
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REQUESTED ITEMS

Item name/number	Qty Requested	Cost	DDR USE ONLY	
			Qty Approved	DDR Request

SHIP TO: (include phone and email)

CERTIFICATION

I certify that all pertinent directions have been complied with and that this action is in accordance with the best interest of the CAP DDR Program. I understand that while this information represents a projection, I must request approval from National Headquarters prior to exceeding any line item expenditure for this activity. All funded activities provide equal access and equal opportunity and do not discriminate on the basis of handicap, color, creed, or religion.

Requestor CAPID	Signature of Requestor	Typed Name & Grade of Requestor	Date
APPROVED	Signature of Unit Commander	Flight/Squadron	Date
APPROVED	Signature of Wing DDRA	Wing	Date
APPROVED	Signature of Wing/Region Commander	Wing/Region	Date
REVIEWED	Signature of Region DDRC	Region	Date

INSTRUCTIONS FOR COMPLETING CERTIFICATION: - Requests for wing or region events require signatures from wing/region commander.
 -Requests for Funding and Catalog Items require signatures from unit commander, wing/region commander, DDRA, and DDRC.