

**Fayette County Drug Coalition Grant Application**

**Application Introduction Letter**

**TO WHOM IT MAY CONCERN**

Thank you for your interest in the Fayette County Drug Coalition grant program. The purpose of the grant program is to provide funding to support community-based communication, activity, and training related to Fayette County's Comprehensive Community Plan.

This packet has been prepared to assist you in completing your grant application. Enclosed you will find the needed information for you to complete your grant application.

The application must be typed.

**ANY FORMS OR FORMATS OTHER THAN WHAT IS SUPPLIED WILL NOT BE ACCEPTED. ANY INCOMPLETE APPLICATION WILL NOT BE ACCEPTED FOR CONSIDERATION.**

**Application Deadline:** 11-14-2019 4:00 PM (Two copies plus original.)

**Application Submission Address:** Connersville Police Department 100 E 5th Street, Connersville, Indiana

Attn: Carol McQueen

**Application Cover Sheet:** Includes general information about your organization.

**Application Questions:** Includes program questions. Please answer them on a separate sheet of paper if necessary.

**Sample Budget:** Please complete the budget page for your project.

**Agreement for Acceptance of Funds:** Agreement must be completed with required signatures.

If you have any questions regarding the information in this packet or in the grant program, please contact, Carol McQueen Coordinator (765) 265-4042 or Joey Laughlin, Coalition President

Fayette County Drug Coalition

APPLICATION FOR DRUG-FREE COMMUNITIES FUNDS

2020

Project Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

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

Primary Service of Agency: \_\_\_\_\_

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

Amount of funds requested: \_\_\_\_\_

Amount of funds approved: \_\_\_\_\_

Did you receive grant funding from FCDC last year: ( ) Yes ( ) No

If YES, please list meetings attended by Month: \_\_\_\_\_

Please check **ONLY ONE** type of service area:

Service areas are defined by Indiana statute as:

1. Prevention/Education: Defined as the anticipatory process that prepares and supports an individual and programs with the creation and reinforcement of healthy behaviors and lifestyles.
2. Treatment/Intervention: Defined as activities performed to identify persons in need of addiction treatment services and referring persons to or enrolling persons in addiction treatment programs. Programs must be evidence based as defined by SAMHSA and administered by licensed professionals as defined by DMHA.
3. Justice/Law Enforcement: Defined as programs that assist law enforcement agencies, courts, correctional facilities, programs that offer probation services and community corrections programs with individuals who have alcohol or drug addictions and who are suspected of having committed a felony or misdemeanor, have been charged with a felony or misdemeanor, or have been convicted of a felony or misdemeanor.

If your proposed project is for more than one service area, a separate application must be submitted.

Prevention/Education       Treatment/Intervention       Justice/Law Enforcement

Please check **ONLY ONE** Targeted Objective:

- Assist law enforcement with implementation of programs and arrest persons for contributing to minors and minor consumption OR criminal activity related to illicit drug abuse.
- Education of the community leaders on the impact of youth alcohol use and abuse OR illicit drug abuse.
- Educate parents and members of the community on the impact of youth alcohol use and abuse OR illicit drugs.
- Insure treatment and referral needs are met for youth OR adults.
- Determine environmental factors that can be implemented in the county to deter minor consumption and contribution of alcohol OR illicit drug abuse.
- Provide community support for after school and other youth serving programs.

Who is the project's target population and how many persons will it serve? How will you obtain access to the target population? Please be specific.

Children (0-5)\_\_\_ Children (6-10)\_\_\_ Youth (10-14)\_\_\_ Youth (15-18)\_\_\_

Young Adults (19-25)\_\_\_ Adults (25-54) \_\_\_ Older Adults (55 & over)\_\_\_

Male Only\_\_\_ Female Only\_\_\_

Projects/proposals should adhere to the FCDC mission statement and address the objectives of the Fayette County Comprehensive Plan (listed below).

Indicate the **ONE PROBLEM OBJECTIVE** this project **BEST ADDRESSES:**

\_\_\_\_\_ (for example #1d)

**IDENTIFIED PROBLEM #1: FAYETTE COUNTY YOUTH ARE CONSUMING ALCOHOL AND USING ILLICIT DRUGS.**

**OBJECTIVES:**

- 1a. Assist law enforcement with implementation of programs to identify and arrest persons for contributing to minors and minor consumption activities or using illicit drugs.**
- 1b. Educate community leaders on the impact of youth alcohol and illicit drug use and abuse.**
- 1c. Educate parents and members of the community on the impact of youth alcohol and illicit drug use and abuse.**
- 1d. Ensure treatment and referral needs are met for youth.**
- 1e. Determine environmental factors that can be implemented in the county to deter minor consumption and contribution of alcohol and illicit drug abuse.**
- 1f. Provide community support for after school and other youth serving programs.**

**IDENTIFIED PROBLEM #2: FAYETTE COUNTY ADULTS ARE ABUSING ALCOHOL AND USING ILLICIT DRUGS.**

**OBJECTIVES:**

- 2a. Assist law enforcement with implementation of programs to identify and arrest persons for criminal activity related to alcohol and illicit drug abuse.**
- 2b. Educate community leaders on the impact of alcohol and illicit drug abuse.**
- 2c. Educate parents and members of the community on the impact of alcohol and illicit drug abuse.**
- 2d. Ensure treatment and referral needs are met for adults.**
- 2e. Determine environmental factors that can be implemented in the county to deter alcohol and illicit drug abuse.**



6. Complete the attached itemized budget for the project/proposal? Show where, how, and what the money is going to be used for. Please be specific. If you are requesting materials or supplies, they must be itemized by name and cost. A detailed budget is mandatory to clarify the spending of your requested grant money. All costs must be itemized.

7. Is there a similar program currently available/accessible to Fayette County residents?

Yes ( ) No ( )

If yes, please explain how your project will differ from these sources.

8. How will this project collaborate with other services and/or resources to ensure a quality project and avoid duplication?

9. Can your project be accomplished if only partial funding is available?

Yes ( ) No ( )

If yes, please explain.

Fayette County Drug Coalition  
100 E 5th Street  
Connersville, Indiana 47331

**AGREEMENT FOR ACCEPTANCE OF FUNDS**

As a representative of \_\_\_\_\_ I/we agree that as a condition of receiving these funds from Fayette County Drug Coalition, I/we agree to complete the following:

- A representative of receiving agency or organization will attend at least four of the Fayette County Drug Coalition's meetings for the year that the funding is awarded.
- A representative of the receiving agency or organization will provide two written reports regarding the proposed project. The final report must be summative in nature and submitted in writing. All invoices or receipts for items or equipment purchased must be attached.
- If the money is not used for the stated purpose of the grant, or the grant requirements are not met, the funds must be returned in whole to the Fayette County Drug Coalition.

I/We understand that this is an agreement between \_\_\_\_\_ and the Fayette County Drug Coalition and that failure to comply with this agreement will result in the denial of the organization's request for future funding. Any unused funds will be returned to the Fayette County Drug Coalition. The use of any funds for other than those outlined in the grant must be returned in whole to the Fayette County Drug Coalition.

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

Signature of Contact Person: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature of Agency Executive: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Organization: \_\_\_\_\_



# BUDGET SUMMARY

Name: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Project Name: \_\_\_\_\_

## Project Costs Summary

<u>Expenses</u>	<u>FCDC funding</u>	<u>Other Funding</u>	<u>Total Budget</u>
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Personnel Cost	_____	_____	_____
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Training	_____	_____	_____
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Materials	_____	_____	_____
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Equipment	_____	_____	_____
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Other	_____	_____	_____
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<b>Total Budget</b>	_____	_____	_____
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\*Please attach a detailed/itemized description of your budget, including the following:

+ All personnel who will be funded by the project (please itemize costs)

+ Specific, itemized material costs (type, quantity)

+ Specific, itemized information on equipment (dollars per unit, name specific items)

**Some things the coalition cannot pay for;**

Travel/transportation expenses/ hotel rooms/ fuel /Vehicles

Postage/stamps or office supplies

Gift cards

Clothing/t-shirts

Food