## 11l**GRANT APPLICATION**

## **COVER PAGE**

| **PROJECT TITLE:**  |
| --- |
| **SERVICE TYPE: Prevention/Education Law Enforcement/Justice Treatment/Intervention** |
| **PROJECT START DATE:** | **PROJECT END DATE:** |
| **PROJECT STATUS: New Ongoing If ongoing, for how long? \_\_\_\_\_\_\_\_\_\_ Years or Months** |
| **PROPOSED PROJECT FUNDING:** |
| **EXISTING FUNDS:** | **$** |
| **FUNDS REQUESTED FROM OTHER SOURCES:** | **$** |
| **FUNDS REQUESTED FROM PCSAC:** | **$** |
| **TOTAL PROJECT COSTS** | **$** |
| **ANTICIPATED FUTURE FUNDING REQUEST(S) FROM PCSAC: $** **FOR FISCAL YEAR TO** |

| **APPLICANT AGENCY:** |
| --- |
| **MAILING ADDRESS:** |
| **TELEPHONE NUMBER: ( )** | **FAX NUMBER: ( )** |
| **FEDERAL I.D. NUMBER:** |
| **TYPE OF ORGANIZATION: Public/Governmental Private Nonprofit Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **PROJECT DIRECTOR/CONTACT PERSON:** | **NAME:** |
| **TITLE:** |
| **SIGNATURE:** |
| **MAILING ADDRESS:** |
| **TELEPHONE NUMBER: ( )** | **FAX NUMBER: ( )** |
| **EMAIL ADDRESS:** |
| **\*PERSON AUTHORIZED TO MAKE LEGAL AND CONTRACTUAL AGREEMENT FOR APPLICANT AGENCY:** **\*MUST SIGN CERTIFICATION ON PAGE 3** | **NAME:** |
| **TITLE:** |
| **SIGNATURE:** |

## **GRANT APPLICATION**

## **NARRATIVE**

| **PROJECT TITLE:** |
| --- |

**CONTINUATION OF PROJECT:**

**How do you plan to continue this project after PCSAC funding ends?**

**PROJECT DESCRIPTION, GOALS AND EVALUATION:**

**Describe the proposed project, including the following: The problem it will address; how the problem to be addressed relates to—and addresses—a specific problem identified by the *Comprehensive Plan* developed by the PCSAC; the population the project will serve; project goals and objectives—with specific time frames; how success of the program will be measured/evaluated. *[Attach additional page(s) if necessary.***

**PROJECT SUMMARY:**

**Please attach a project summary, not to exceed 100 words, which accurately describes your project and is suitable for release to the media.**

**COORDINATION OF SERVICES:**

**Does this project relate to other services provided/offered in the community? If so, which service(s)? What efforts will be made to coordinate services and avoid duplication?**

## **GRANT APPLICATION**

## **BUDGET & CERTIFICATION**

| **PROJECT TITLE:** |
| --- |

| **Expense Category** | **PCSAC Funds** | **Other Funds** | **In-Kind** | **Total** |
| --- | --- | --- | --- | --- |
| **Personnel** | **$** | **$** | **$** | **$** |
| **Contractual Services** | **$** | **$** | **$** | **$** |
| **Travel & Per Diem** | **$** | **$** | **$** | **$** |
| **Equipment** | **$** | **$** | **$** | **$** |
| **Facility** | **$** | **$** | **$** | **$** |
| **Office Supplies** | **$** | **$** | **$** | **$** |
| **Educational Materials/Supplies** | **$** | **$** | **$** | **$** |
| **Operating Expenses** | **$** | **$** | **$** | **$** |
| **Other Expenses (explain in justification)**  | **$** | **$** | **$** | **$** |
| **TOTAL EXPENSES** | **$** | **$** | **$** | **$** |

**On a separate sheet, please attach a thorough and complete budget justification for the expenses shown.**

| **Income Source** | **Status of Funds** | **Amount** |
| --- | --- | --- |
| **Perry County Substance Abuse Committee** | **Application submitted** | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
|  |  | **$** |
| **TOTAL INCOME** | **$** |

**(Total Expenses must equal Total Income)**

**The undersigned hereby: Certifies that the information included in this application is accurate and correct; affirms awareness and support of the above project and this request for funding from the PCSAC; agrees to ensure that progress reports are submitted as required by the PCSAC; and commits our agency to participate in the PCSAC bi-monthly meetings, should this grant application be approved.**



**Signature Title Date**

## **GRANT APPLICATION**

## **GRANT SELECTION CRITERIA & INSTRUCTIONS**

1. The PCSAC Grant Committee seeks to fund a cross-section of projects that directly address the treatment, prevention, and reduction of alcohol, tobacco and other drug use or abuse in Perry County, Indiana. Program ideas in relation to substance abuse may include, but are not limited to: education, environmental awareness, life skills, promotion, reaching at-risk audiences, community safety, and healthy lifestyles.
2. Proposed projects must address problems identified in the Comprehensive Plan developed by the PCSAC in the specific areas of Prevention/Education, Law Enforcement/Justice or Treatment/Intervention. Prevention/Education: “Prevention” defined. (IC 5-2-11-1.8- 1.9) Prevention means: the anticipatory process that prepares and supports and individual and programs with the creation and reinforcement of healthy behaviors and lifestyles. “Prevention Initiative” means a program that is designed to decrease alcohol or drug use. Treatment/Intervention: “Intervention” defined. (IC 5-2-11-1.3) Intervention means: (1) activities performed to identify persons in need of addiction treatment services; and (2) referring persons to or enrolling persons in addiction treatment programs. Law Enforcement/Justice: “Criminal Justice services and activities” defined. (IC 5-2-11-0.5) Criminal Justice services and activities means programs that assist: (1) law enforcement agencies; (2) courts; (3) correctional facilities; (4) programs that offer probation services; and (5) community correction 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.
3. Copies of the Comprehensive Plan may be obtained from the PCSAC.
4. Preference may be given to projects not funded by the PCSAC for more than three (3) consecutive years.
5. Funding recipients will promote the coordination of substance abuse services in our community that relate directly to their individual projects.
6. All grant recipients will be required to participate in the PCSAC, and will be notified when and where the meetings will be held.
7. All funding projects will be required to submit quarterly Progress Reports. Reporting forms are available from the PCSAC.
8. It is the policy of the Perry County Substance Abuse Committee that all persons have equal opportunity and access to its educational programs, services, and activities without regard to race, color, religion, gender, sexual orientation, gender identity or expression, national origin, age, genetic information, disability or veteran status.
9. Grant funds will be used for program services primarily for Perry County residents.
10. After-prom committees are required to complete the application. A final report stating how the funds were used must be turned in at the completion of the event.
11. Every blank on application must be completed. If it doesn’t apply, indicate with a zero, none, or N/A.
12. Original application should be scanned and emailed to pcsubstanceabuse@gmail.com