



**2017 DELAWARE COUNTY PREVENTION COUNCIL (DCPC)  
LOCAL DRUG-FREE COMMUNITIES FUND**  
Application Instructions/Form

“Proposed” Funding Period: October 2017-October 2018

**Application Packet**

- 1. Grant Application Face Page:** Applicant Information Sheet
- 2. Project Narrative:** Provide detailed and specific answers to each question. You may use the form provided in the packet or prepare your proposal in the same manner. Be sure to answer all questions. Utilize the Problem Statements and Objectives as your foundation (Problem Statements and Objectives can be found on page 4)
- 3. Budget Detail:** The purpose of the budget form is to describe all expenses incurred in the delivery of the service. Total revenues should reflect the total amount of dollars related to the delivery of service. Certain costs incurred are not allowable as charges to the grant they include: shipping and handling, out-of-county conference expenses, gas/mileage and other charges deemed inappropriate by the Grant Review Committee. **All dollar amounts listed must be in WHOLE dollars. Please note that spend down accounts to outside agencies will not be permitted this year.** Normally grants range from \$1,000-\$4,000, with the average grant amount at \$2,000. Total amounts of grants awarded are dependent upon the funds available.

**Instructions**

1. Complete the application fill-in form in its entirety. Submit the application---beginning with the Grant Application Face Sheet--- **do not submit copies of the instructions sheets and problem statements.**
2. Identify the category in which this proposal falls: **Prevention/Education; Treatment/Intervention; or Law Enforcement/Justice** as defined in the “Definition of Terms” section of this information packet.
3. Proposals that fall into more than one category must clearly identify the amount of dollars requested for each purpose and justify those amounts in your narrative.
4. All proposals must specifically address one or more Problem Statement(s) and Recommended Objectives included in the Delaware County Prevention Council Comprehensive Plan (see page 4 for more details)
5. Proposals must serve Delaware County residents.
6. Please **TYPE** the proposal (a fill-in copy of this grant form is available at [www.dcpventionpartners.org](http://www.dcpventionpartners.org) or for an e-mailed copy, please calling our office at 765-282-7988). (no handwritten applications will be accepted)
7. Submit **one (1) original and eight (8) copies for a total of nine (9)** of the **completed application. Grant Proposals must** be received by the **deadline of 12 NOON on Monday, July 17, 2017**, to:

**Grant Application Request**

**ATTN: Pat Hart**

**Delaware County Prevention Council**

**3595 N. Briarwood Lane**

**Muncie, IN 47304**

**Late and/or incomplete application packets will not be reviewed**

**Definition of Terms** (Definitions provided by the Governor’s Commission for a Drug-Free Indiana)

According to Indiana Code (IC 5-2-11), Delaware County Local Drug Free Communities Fund must be divided as follows:

<b>25 % Prevention/Education</b>	<b>25% Treatment/Intervention</b>
<b>25% Law Enforcement/Justice</b>	<b>25% Discretionary</b>

**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.

**Monitoring Roles of Delaware County Prevention Council**

Recognizing the need for accountability to the community as well as funding agencies, Delaware County Prevention Council (DCPC) has established the following procedures for monitoring the progress of programs and activities.

1. **Monthly DCPC Meetings:** The Delaware County Prevention Council meets monthly on the 3<sup>rd</sup> Friday at the Muncie Mission Building at 8 a.m. These meetings are open to the public.
2. **Establishment of Grant Review Committee:** The DCPC annually convenes a Grant Review Committee to evaluate proposals from agencies requesting funding from the Delaware County Drug-Free Community Fund. The Grant Review Committee is comprised of the DCPC President, Vice-President, Treasurer, Secretary, Prevention Task Force Chair, Treatment Task Force Chair, and Law Enforcement Task Force Chair. The applications will also be reviewed and recommendations received from the state office of the Governor’s Commission for a Drug-Free Indiana.
3. **Memorandum of Agreement with All Funded Program and Projects:** The DCPC maintains a Memorandum of Agreement with all funded programs and projects.
4. **Presentations to DCPC by Funded Programs and Projects:** Agencies with funded programs and projects make presentations to the DCPC on their progress.
5. **Written Reports Containing Both Fiscal and Program Data:** Agencies with funded programs and projects are required to submit a written report on an annual basis. Reports are designated to provide both program and fiscal accountability and serve as a source of data to monitor progress of identified Problem Statements.
6. **On-Site Review of Funded Programs and Projects as Determined:** The DCPC conducts on-site reviews of funded programs and projects as deemed necessary.
7. **Media Releases:** Activities of the DCPC are reported to the general public through media releases and presentation at community events.

### **General Conditions of Funding**

Agencies or organizations that receive funding must meet the following obligations. Grantees that are not in compliance with these requirements may have funding terminated or will be ineligible to receive future funding from the coalition.

1. Must serve Delaware County residents
2. Must attend a minimum of 8 out of 12 monthly board meetings which are held at 8:00 a.m. on the third Friday of each month.
3. Submit written and verbal reports as requested on the status of their project to the Board of Directors and/or Executive Director of the DCPC.
4. Recognize the DCPC as a funder on any literature, media, t-shirts, etc., used in promotion of a program funded by DCPC (Logo available upon request). The Prevention Council should also receive notice prior to the funded event so that a representative may attend.
5. Monies not spent as outlined in the accepted proposal by the end of the one-year time frame, **must be returned to the DCPC.** It is the award recipient's responsibility to see that these funds are returned as agreed.

### **Selection Process**

After review and scoring, allocation amounts are determined. The grant award size will vary by: merits of the project, need, program model, number of applicants, past performances, clarity, how it compares to similar proposals, and indications of sustainability in maintaining the program. Funding is subject to the amount of funds available and state regulations. Submission of a grant application, even one that meets all grant requirements, does not guarantee receipt of award. The committee will have complete discretion regarding the recommendation of grant awards.

### **Important Dates to Remember**

**Application Deadline: Completed Applications must be received by **12 NOON on Monday, July 17, 2017**, at our office located at 3595 N. Briarwood Lane, Muncie, IN 47304.**

**LATE APPLICATIONS WILL NOT BE CONSIDERED.**

Note: "Proposed" timeline for actual funding will be in October 2017, and is subject to change.

# COMPREHENSIVE PLAN PROBLEM STATEMENTS WITH OBJECTIVES

Successful proposals must directly address one or more of the problems (with objectives) listed below:

## PROBLEM:

### 1. Usage rates of alcohol, tobacco, marijuana, prescription and OTC drugs by YOUTH continue to be a problem in our county.

#### Objectives:

- a. Address issues such as binge drinking, alcohol consumption, tobacco, and marijuana and prescription drug usage by minors, including increasing parental awareness of substance abuse risks, responsibilities, and signs of minor's use of through support of a public media campaign and social media campaigns.
- b. Encourage collaboration among faith-based and community organizations, families, schools, businesses, and enforcement/justice system to increase awareness and address local issues of ATOD use among youth.
- c. Sponsor Speakers Bureau of local experts in the areas of substance abuse prevention, treatment, and law enforcement.
- d. Support school-level, university-level and community-based education programs which provide proven prevention, intervention and treatment strategies for students regarding alcohol and other drug usage, specific to evidence-based programming.
- e. Support and/or develop healthy alternative activities for children and youth with ATOD use/abuse prevention included as a component, including but not limited to National Red Ribbon Week, mock crash re-enactments, Inhalant awareness month, Recovery Month, town-hall forums, etc.
- f. Support of the county-wide youth PRIDE team as drug-free advocates in the community.
- g. Support use of 1-800-quitline by minors in Delaware County.
- h. Support efforts to decrease easy access and/or sale of alcohol to minors, including alcohol compliance checks.
- i. Support efforts to decrease easy access and/or sale of tobacco to minors, including tobacco compliance checks.
- j. Provide information and build skills in parents and youth through training and other education in decreasing risk factors and increasing protective factors regarding ATOD use and promote environmental initiatives that decrease underage drinking and drug use: Reduction of access to prescription drugs, marijuana and alcohol (especially "training" drinks); Increased restrictions on youth-focused alcohol advertising; Educating the general public to secure prescription drugs and alcohol to reduce youth access.
- k. Continue to encourage and support the school systems to administer student alcohol and drug use survey.

## COMPREHENSIVE PLAN PROBLEM STATEMENTS WITH OBJECTIVES (continued)

### PROBLEM:

#### 2. There continues to be a significant level of alcohol, marijuana, prescription drug/OTC drug, opioid, and stimulant use/abuse among ADULTS in our county.

##### Objectives:

- a. Address issues such as binge drinking, marijuana, prescription drug/OTC usages, opioids, and stimulates by adults through support of a public media campaign and social media campaigns.
- b. Increase awareness of the dangers, responsibilities, and sign of substance abuse through town hall forums, community events, health fairs, and other local events.
- c. Encourage collaboration among faith-based and community organizations, families, schools, businesses, and enforcement/justice system to increase awareness and address local issues of alcohol and drug abuse in order to create an environmental change.
- d. Host/ sponsor workshops to develop skills regarding Narcon trainings, Drug Take Back Days, and treatment options.
- e. Support university-level and community-based education programs which provide proven prevention, intervention and treatment strategies for students regarding alcohol and other drug usage, specific to evidence-based programming.
- f. Support use of drug sniffing dogs
- g. Aid law enforcement in securing the equipment necessary in responding to OWI and other substance abuse related calls.
- h. Provide support for and encourage use of countywide drug take back days.
- i. Support intervention programs and treatment options for alcohol, marijuana and controlled substance addiction, including but not limited to treatment fee waiver plans
- j. Support substance abuse evaluations as determined by court systems for effective treatment.
- k. Support drug drop box disposals

#### 3. Drivers impaired by alcohol and other drugs are a problem in our county.

- a. Educate the general public while supporting a social norms campaign which includes dangers of impaired driving and the legal consequences and laws surrounding these actions
- b. Encourage collaboration among faith-based and community organizations, families, schools, businesses, and enforcement/justice system on the dangers of impaired driving.
- c. Support university-level and community-based education programs which provide proven prevention, intervention and treatment strategies for students regarding alcohol and other drug usage, specific to evidence-based programming.
- d. Aid law enforcement in securing the equipment necessary in responding to OWI and other substance abuse related calls.
- e. Advocate for requiring assessment and treatment for OWI offenders.
- f. Advocate OWI offenders referred to Community Corrections be mandated to attend an Impact/Awareness Panel in collaboration with the Coordinating Council.
- g. Educate alcohol beverage servers about alcohol consumption facts and liabilities.

# DELAWARE COUNTY PREVENTION COUNCIL

(A.K.A. - Delaware County Coordinating Council To Prevent Alcohol and Other Drug Abuse)



**DELAWARE**  
County Prevention Council  
Partners against substance abuse

## **2017 Grant Application Face Sheet**

**Note: Please be sure that you have a total of 9 copies of the grant.**

**One must include an original copy with the signature.**

**Submit ONLY: Grant Application Face Sheet, Completed application with Budget, and Certification Page**

**Do NOT include copies of the instruction pages.**

Name of Your Organization:

Contact Person:

Address:

Phone Number:

Email Address:

Authorized representative of governing board/agency:

Project Title:

Amount Requested: \$

Indicate Type of Request:

- Prevention/Education
- Law Enforcement/Justice
- Intervention/Treatment

Project Summary (please describe your project accurately to be used for media releases, not to exceed 100 words):





3. Is this program/project/practice evidence-based according to the model programs and approaches as identified by the Substance Abuse and Mental Health Services Administration?

(A complete list of programs and approaches can be found at <http://nrepp.samhsa.gov/>) Environmental strategies, as defined by Community Anti-Drug Coalitions of America information can be found at ([www.cadca.org/resources](http://www.cadca.org/resources)). Prevention/Education and Treatment/Intervention grant categories that select an evidence-based program will be given special consideration.

4. Who will be overseeing the project and what is their position in your organization? Do they have any special credentials or experience that relates to this project?

5. How did you become aware of/or identify the need for this project/program?

6. Describe the effect this project will have on your organization, your clients or participants and the community.

7. What experience has your organization had with similar projects? Is this project based on the experience of another organization or community? If so, please explain

8. How will you publicize your project? Be Specific.

9. How will you evaluate the effectiveness of your program? Identify specific methods; survey, pre-test/post-test, questionnaire, etc. Please enclose a copy of the item used.

10. By implementing this program/project/practice, please list what outcomes you hope to achieve?  
*(For example: "after attending 8 hours of the educational program, 80% of participants will be able to identify at least 6 risk factors for substance abuse; Or, "After 12 months of the DUI Enforcement Campaign, the number of such arrests will have decreased from \_\_\_\_\_ to \_\_\_\_\_.")*

11. Please indicate whether your agency would be able to provide any of the data listed below and the contact person for this data

DUI Arrest Data: contact name:

Public Intoxication Data: contact name:

Underage Drinking Arrest Data: contact name:

Drug Taskforce Data: contact name:

# of clients treated for substance abuse: contact name:

Possession of Marijuana Data: contact name:

Alcohol Related Crashes, Injuries, and Death Data: contact name:

Other data (please specify): \_\_\_\_\_ : contact name:

12. Are there any funds already allocated, requested, or received for this project? (If so, list agencies, amounts and sources you have already applied to or plan to apply to for this funding.)

13. How do you plan to sustain this project once any grant you may receive has been expended?

14. If your request for funds is not approved, what alternative plan would you follow? Will your organization accept a lesser amount than what is requested, if yes, what parts of the project, program, or practice will be changed with reduced funding?

15. Is there anything else you would like us to know about this project? You may attach a brochure or brief course outline to help explain your proposal.

## **Budget Detail** *(Use a separate sheet of paper if necessary)*

Give breakdown of all monies requested as part of this grant proposal

	<b>Justification</b>	<b>Amount Requested</b>
<i>Sample</i>	<i>100 posters x 1.00 per poster =</i>	<i>\$100.00</i>
<b>Administrative</b>		
Salary		
Fringe		
Other:		
<b>Operating Expenses</b>		
Printing		
Other:		
<b>Equipment Expenses (type, unit, price of item each)</b>		
<b>Other Misc Expenses</b>		
<b>Total Amount Requested (WHOLE numbers only!):</b>		

In-Kind/Matching Funds Available: If receiving any other funds and/or in-kind match for this grant, please include and explain that on the budget sheet.

## **Certification**

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To the best of my knowledge and belief, all data in this application is true and correct. The Governing Body of the applicant organization has authorized this application. If funds are awarded, grant will be executed in the manner in which it is proposed. Applicant understands any changes from approved proposal require prior approval from the Delaware County Prevention Council.

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Printed Name of Authorized Representative

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Title

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Signature of Authorized Representative

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Date

---End---