Hub Coalition Porter County

Local Coordinating Council

**PROPOSAL SUBMISSION**

*The mission of the LCC shall be to improve the quality of life in Porter County by creating county-wide awareness of alcohol, tobacco, and other drug (AOD) issues and reducing abuse of and dependency on these substances through prevention/education, treatment/intervention, and law enforcement/judicial.*

Date:

Name of Agency/Organization Submitting Proposal:

Project Director: Title:

Address:

City/Zip Code:

Phone:

Email:

Type of Agency: Non-Profit Government Agency For-Profit

Description of Organization:

**Type of Project: (Please check a category)**

* Prevention/Education

Programs aimed at preventing alcohol abuse and other drug use in groups who are not currently using alcohol and/or other drugs.

* Treatment/Intervention

*Programs focusing on methods of treatment and/or intervention in groups of people using or abusing alcohol and/or other drugs or at a significant risk of use.*

* Law Enforcement/Judicial

*Programs addressing methods to increase efforts in law enforcement and/or criminal justice aimed at reducing alcohol and other drug use.*

**Select Area of Interest:**

**List selected Problem Statement and Goal(s):**

**List selected Strategy:**

**Select an Evidence-Based Program:**

**Community Partners**

Name each individual/agency that will partner with you to implement the grant strategies you have selected (suggested community partner list in each segment of problem statements).

1. Contact name:

Address/City/Zip:

email address:

Phone number:

Provide a fully developed **Narrative** (2-3 pages) of how this partnership will directly be related to the implementation of the grant objectives and outcomes:

Provide afully developed **Narrative** (2-3 pages) of how you will implement the selected strategy, a timeline, the anticipated long-term outcomes, the target population, data to support the project and sustainability plan:

**The following documents must be submitted with the proposal:**

* EIN Certificate
* Completed W-9 Form
* Binding coverage certificate as additional insured on insurance policy
* Board of Directors
* Board of Directors meeting minutes approving grant submission for the LCC funding

**Funded Projects Require the Following Actions:**

* Active member of the coalition (submit coalition membership form with submission)
* Attend monthly coalition meetings.
* Participate in at least one committee.
* Participate in coalition activities, events, and trainings.
* Submit monthly reports to: dpelc@portercountysac.com by the 15th of the following month.
* Funds not spent within the grant funding cycle will be returned to the LCC.
* Provide receipts/invoices for all expenditures with each monthly report.
* Receipts must be provided, or the expense will not be allowable and will be refunded by the grantee at the end of the grant cycle.
* If the project director changes, it must be reported immediately.
* If there is an incident that affects the grant’s integrity, liability, or status it must be reported immediately to the LCC representative: dpelc@portercountysac.com
* A detailed MOU will be provided upon the award of the grant.
* An In-Kind form will be provided upon the award of the grant.

I understand and agree to the terms of service for the Hub Coalition Porter County (LCC) grant funding requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of organization’s representative Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Organization’s Representative

\*\*\*The organization’s representative is the coalition member, will submit monthly reports, attend monthly meetings, attend the events and trainings and be the contact person for grant questions.

Person responsible for Accounting of Funds: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person responsible for Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact email and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hub Coalition Porter County**

**COALITION MEMBERSHIP FORM**

 Complete form and return to Dawn Pelc dpelc@portercountysac.com

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

Agency Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number:  (\_\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a member? Yes   No

How long have you /agency been a member of the coalition?

If you are a member, what sector do you/agency represent?

   Business   Religious/Fraternal     School      Media         Youth        Youth-Serving      Substance Abuse Agency      Parents         Law Enforcement        Civic/Volunteer       Healthcare          Government

Are you willing to represent your sector as a chair for 2023-2024?      Yes               No

What committee(s) have you served on in 2022-2023? (List)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ABOUT YOU**

Why do you want to become a member of the Hub Coalition Porter County? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your experience in mental health, substance use disorder or unintended consequences of substance use?

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Your Role:           Personal              Work Related              Community

How many hours per month are you able to volunteer for your sector? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your availability? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you available for events on evenings and weekends?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List days and times available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Required Strategies for Grant Funding**

What is your interest?

* Mental Health/Substance Use Disorder

      Mental Health First Aid Instruction

      Youth-based programming     Presentations – Speaker’s Bureau

* Harm Reduction, Naloxone trainings, Naloxone distribution
* Law Enforcement strategies      Business enrichment
* Other Please indicate area of interest: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AGREEMENT**

I understand that Hub Coalition membership requires active participation in a concerted effort to reduce substance use and increase mental health and wellness in Porter County. I will participate in the HUB Coalitions monthly coalition meetings, events, training, committees, and partnerships to provide the best possible outcomes for Porter County.  I understand that not engaging in these efforts and strategies will result in missing one full grant cycle in 2024-2025.

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Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature                                                                                                      Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hub Coalition Membership Coordinator                                                Date