

57 S. Michigan Avenue, Suite 203
Valparaiso, Indiana 46383
219-462-0946
dpelc@portercountysac.com

PORTER COUNTY SUBSTANCE ABUSE COUNCIL

2020 Grant Application

Abstract

Eligible agencies seeking grant dollars for PY 2020 must complete this application Submit to the Council by October 4, 2019 @ 12:00 Noon
At 57 S. Michigan, Suite 203, Valparaiso, Indiana

Funding for Porter County community programs and strategies for period of
January 1, 2020 thru December 31, 2020.

Dawn Pelc, MPA
Executive Director
dpelc@portercountysac.com
219-462-0946

Timothy E. Beach
Council President

This is the cover page.

GRANT PROPOSAL APPLICATION

Contact Information

Name of Agency:

Contact Name & Title:

Contact Phone & Email:

Name of Liaison to Council:

Funding Category:

- Prevention
- Treatment
- Recovery
- Law Enforcement
- Criminal Justice

Amount Requested: \$

Cost Per Person: \$

Problem Statement:

- PS 1
- PS 2
- PS 3

Objective(s) that aligns with Problem Statement:

Name of Project:

Required Documents

Attach the listed documents to submission:

- EIN #
- Completed W-9 form
- Binding coverage as co-insured on insurance policy
- Board of Directors (in entirety)
- Board of Directors Meeting Minutes Approving PCSAC Grant Submission

Please answer the following questions:

	Yes	No
Is this a continuation grant?		
Does your agency have annual audits?		
Is this application for equipment?		

Signatures

Please print name, title, date and sign.

Person responsible for Agency:	Date:

Person responsible for Accounting of Funds:	Date:

Person responsible for Grant Application	Date:

Agency/Coalition Liaison	Date:

For Use by PCSAC Only

Date Received:	
Received By:	
Name & Signature:	

Budget

Expense	Amount
Salaries	\$
Training	\$
Office Supplies	\$
Equipment	\$
Facility	\$
Contracted Services	\$
Contracted Services	\$
Other	\$
Other	\$
TOTAL EXPENSES	\$

List all income sources for this grant project. If the grant is not fully funded by the Council, name other possible sources of funding.

Income Source	Status of Funds	Amount
Porter County Substance Abuse Council	Application Submitted	\$

Budget Narrative

Provide a narrative explanation for the budget proposal. Use this form to explain the budget expenses. Narrative should detail funds requested from the LCC funds only.

- A. Salaries (only for key personnel facilitating program, service or strategy – therapist, counselor).
- B. Training (Attach documentation supporting the registration and tuition costs of the training- lodging and travel excluded)
- C. Office Supplies (Be as specific as possible)
- D. Equipment (Attach quote)
- E. Facility (Specific location)
- F. Contracted Services (Who, what, when, where, how, why – and attach credentials)

- G. Independent Evaluation Costs
- H. Other (Be specific - itemize)