57 S. Michigan Avenue, Suite 203

Valparaiso, Indiana 46383

219-462-0946

dpelc@portercountysac.com

PORTER COUNTY

SUBSTANCE ABUSE

COUNCIL

**2023 Grant Application**

Abstract

Eligible agencies seeking grant dollars for PY 2023 must complete this application

Submit to the Council by October 7, 2022 between 9:00 AM - 4:00 PM or before

At 57 S. Michigan, Suite 203, Valparaiso, Indiana

Funding for Porter County community programs and strategies for the period of

March 1, 2023, thru March 1, 2024

Dawn Pelc, MPA, MPH

Executive Director

[dpelc@portercountysac.com](mailto:dpelc@portercountysac.com)

219-462-0946

Chuck Harris

Council President

Dear Prospective Grantee,

Thank you for considering applying for community funding through the Porter County Substance Abuse Council.

The available funding for 2023 will address the selected problem statements and objectives that affect dire issues related to substance use disorder and the unintended consequences for children, youth, and adults in the county.

The mission of the Porter County Substance Abuse Council is to reduce substance use by providing resources to enhance the quality of life in Porter County. The grant funding available will align with the mission of the Council and provide no cost services to the community in the areas of prevention, treatment, recovery, law enforcement and criminal justice. Prevention grants are for programs and strategies often requested through a school corporation, youth-serving organization or non-profits poised to implement the curriculum; treatment typically are geared toward counselors and counseling agencies addressing risk and protective factors through counseling; recovery hubs and recovery homes advocating for their clients and return to sobriety; and law enforcement request personnel such as K-9 officers and social workers, interdiction training and community resources.

In addition to the mission, the Comprehensive Community Plan (CCP)is a document that has been prepared by the PCSAC epidemiologist in collaboration with community agencies providing specific sector data. The data is then prepared, analyzed, and compiled to develop problem statements and objectives specific to Porter County. Review the CCP in the grant packet, as this will be your guide in developing your case statement for funding. Each proposal must address at least ONE problem statement and at least ONE objective to be considered for funding.

Successful grant applications must be for programs, services and strategies provided to **Porter County residents only**. The applicant that represents the agency or the agency applying for the grant must be an active member of the coalition for at least ONE year. There is a Membership Commitment that must be signed to be considered for funding. Please note that active means participating in coalition committees and activities. Furthermore, the agency must have a representative at 9 out of the 12 coalition or Drunk Driving Task Force meetings.

There is a timeline included listing important dates for grant activity. The first date that needs to be noted is **October 7, 2022.** This is the deadline to submit your application (or before). There will be no extensions or special considerations. Applications must be brought to the office at 57 S. Michigan Avenue, Suite 203, Valparaiso between the hours of 9:00 AM – 3:00 PM (CST) and handed to any of the grant coordinators during that timeframe or mailed and received before or on October 7th. A grant team committee will review and make recommendations. Other factors that will determine the final awards are the requirements for active membership and attendance. All award selections are final.

**Porter County Substance Abuse Council Reserves the Right To:**

1. **During grant submission and review stage:**
   1. Request a modification of the proposal or budget.
   2. Deny funding if the attendance requirements and committee service requirements are not met.
   3. Deny funding if application is incomplete, late, or lacking required documentation upon submission.
   4. Deny funding if mission, problem statements and objectives are not aligned with the comprehensive community plan.
   5. Give preference to proposals that are evidence-based, align most closely with the CCP, introduce new and proven strategies, and address areas of special interest or special populations (list attached).
2. **Expectations during grant cycle:**
   1. All reports must be due on the date requested with both programmatic and financial expenditures and invoices/receipts/timesheets.
   2. Reported in-kind monthly.
   3. Participation in the coalition.
3. **After grant award:**
   1. Examine physical location, books, documents, papers, accounting records or other relevant information pertaining to the administration of the grant.
   2. Request funding to be returned if any legal, moral, or unethical accounts have surfaced.
   3. Deny 2024 funding if agency has not fulfilled the requirements of the 2023 Condition of Award such as In-Kind requirements.
   4. Request return of funding if misappropriation of funds has been disclosed.
   5. Request return of funding if not spent by the end of the grant cycle.

**Grant Review Criteria**

Grant applications will be reviewed by the Grant Selection Committee (GSC) comprised of 2 or more individuals from outside the Porter County Substance Abuse Council and 1 or more from the coalition. The members of the GSC will review all grant applications based on a set of criteria that has been approved. The following is a list of the Grant Application Criteria against which the applications will be reviewed.

**1. Participation in coalition**

The Condition of Award specifies a required number of in-kind hours that each agency must complete by the end of the project year. Each grantee is required in-kind that equals half of the total dollar amount funded. Agencies receiving grants are expected and contractually bound to fulfill their obligation of active participation.

There are 4 coalitions that we rely on to assist us completion of projects – 1. Local Coordinating Council (coalition); 2. Drug Free Communities (12 sectors); 3. Partners for Success (Valparaiso, Portage & Chesterton coalitions); and Mental Health Awareness (advisory board). Examples of participation – attend meetings (required), events (vendor fairs, town hall meetings), host meetings (at your agency), and many more.

**2.** **Interagency Collaboration**

Agencies willing and able to collaborate on a program or evidence-based strategies with other agencies to reduce community duplication of service is favorable. If agencies are willing to partner with each other and reduce duplication of services that weighs in favorably.

**3.** **Innovative/Creative Evidence Based Programs or Strategies**

Programs or strategies that are innovative, creative, and trending in the approach to substance use disorder is desirable. Do not submit the same proposal that you had in the past. These funds are for pilot programs. Your agency must be able to sustain the program or strategy after the PCSAC funding is diminished.

**4. Number of people served**

Applications that serve more people based on the service and the population is favorable.

**5. Cost per person**

Programs that have a lower cost per person are well received.

**6. If a current program, demonstrated outcomes**

**If a new program, expected outcomes**

Outcomes are vitally important to the work the PCSAC is funding. Programs should be able to demonstrate either past successful outcomes or predict future outcomes based on information and documentation. Clear and descriptive narratives expected with correlating documentation from evidence-based sources, (Peer/Published Journal citations, local successes). PCSAC has a full-time epidemiologist that you may ask for current data to support your proposal.

**7. Evidence based**

Programs that are evidence based are more likely to be funded. Keep in mind that PCSAC is required to select EBP. There is no sense going through the entire approval process just to be rejected at the end because you didn’t heed this warning.

**8. Evidence of community support**

Organizations that show support from the community. Provide documentation of other group’s support, funding from other sources, an MOU with a provider (if applicable), letter from School Board, etc. If you are planning on partnering with another agency, then a letter solidifying the relationship is needed. If you are building a case for funding and innovative strategy, then attach signed letters of support with your proposal.

**9. Budget evaluation**

A budget that is transparent, clear, and detailed is required. Include program budget, not organization budget. Be realistic in your ask.

**10. Adherence to the CCP**

Programs that adhere to the Comprehensive Community Plan is a requirement. Pick out at least ONE problem statement and at least ONE objective.

**11. Previous funding/sustainability**

Programs that are actively seeking additional funding dollars, from other sources. What is your sustainability plan for this program to move forward without PCSAC funding? This is a consideration in reviewing the proposal.

**12. Goals/purpose**

Projects with program goals and objectives that mesh with the mission of the PCSAC are more favorable.

**13. New Programs**

We are looking to fund new programs and strategies. If you are asking for funding for the same thing you did last year and the year before, then consider thinking about a new strategy or program that will serve the community. The LCC is able to fund very young populations, older populations, veterans, recovery homes and areas of special interest. We have middle and high school specific grants if you are interested. See list of special interest groups.

**2023 GRANT PROPOSAL APPLICATION**

**Contact Information**

|  |
| --- |
| **Name of Agency:** |

|  |
| --- |
| **Contact Name & Title:** |

|  |
| --- |
| **Contact Phone & Email:** |

**Street Address/City/Zip:**

|  |
| --- |
| **Name of Liaison to Council:** |

|  |
| --- |
| **Funding Category: (Check one or more boxes)**   * **Prevention** * **Treatment** * **Recovery** * **Law Enforcement** * **Criminal Justice** |

|  |
| --- |
| **Amount Requested:** |

|  |
| --- |
| **List Problem Statement(s):**  **PS 1 Marijuana**  **PS 2 Alcohol**  **PS 3 Opioid prescription drugs & Heroin** |

|  |
| --- |
| **Objective(s) that aligns with Problem Statement:** |

|  |
| --- |
| **Name of Project:** |

**Required Documents**

\*\*\*Note the documents listed below must be submitted at the time of application of your proposal will not be considered.

**Attach the listed documents to submission:**

* EIN #
* Completed W-9 form
* Binding coverage as additional insured on insurance policy
* Board of Directors or Town Council (if law enforcement)
* Board of Directors Meeting Minutes Approving PCSAC Grant Submission
* Membership Commitment

**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, and date.**

**Contact information including email, phone, address**

**Sign underneath.**

|  |  |
| --- | --- |
| **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 – Project Proposal**

|  |  |
| --- | --- |
| **Expense** | **Amount** |
| Salaries | $ |
| Training | $ |
| Office Supplies | $ |
| Equipment | $ |
| Facility | $ |
| Contracted Services | $ |
| 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. If your agency is partially funded, list the other resources you have secured to pick up the other expenses.

|  |  |  |
| --- | --- | --- |
| **Income Source** | **Status of Funds** | **Amount** |
| Porter County Substance Abuse Council | Application Submitted | $ |
|  |  |  |
| **Name Other Sources of Funding: (list below)** | **Name of Agency/Business:** | **What is the amount dedicated by this source?**  **(list below)** |
|  |  |  |
|  |  |  |
|  |  |  |

**Funding Allowances:**

* General overhead expenses – overhead expenses such as rent, utilities, insurance, are not allowable.
* Law Enforcement: Ammunition, cars, and other equipment that would normally be funded as required by the regulatory body in order to keep forces operating is not allowable. Unable to fund school resource officers (SRO).
* Law enforcement must attach a quote for any equipment or training that is requested. Receipts and invoices must be submitted upon receipt and attached to the quarterly report.
* Organizations are encouraged to use funding for registration and tuition costs related to trainings and professional development. However, travel and lodging are not allowable.
* Funding WILL NOT compensate for a short fall in general operating and administrative costs. Do not expect this grant to cover salaries unless it is for a specific initiative, program or service that cannot be provided without the key person (facilitator, therapist, counselor, or sponsor, etc.) This position may not be fully funded.

**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. This is a budget narrative that needs to fully explain what the funds will be used for and not just a few general sentences.

1. Salaries (only for key personnel facilitating program, service or strategy – therapist, counselor).
2. Training (Attach documentation supporting the registration and tuition costs of the training- lodging and travel excluded)
3. Office Supplies (Be as specific as possible)
4. Equipment (Attach quote)
5. Facility (Specific location)
6. Contracted Services (Who, what, when, where, how, why – and attach credentials)
7. Independent Evaluation Costs
8. Other (Be specific - itemize)

**GRANT PROPOSAL APPLICATION – SUMMARY OF PROJECT**

*Below is the information required for your proposal to be eligible for grant funding. You are to compete each question fully and completely. Type your responses/narrative underneath each numbered request. Submit 3 copies of each proposal for Grant Selection Committee for review. If you don’t supply the copies then your grant will not be reviewed. Again, this is to be a robust summary of project. Do not turn in a few sentences about the project or expect it to be rejected.*

1. Name of Project
2. Estimated number of people to be served between March 1, 2023 and April 30, 2024.
3. Agency/Organization/Business
   1. Primary business type, number of years in business, primary funding sources, governance, not-for-profit/public/for-profit status
4. Provide a description, goals and detailed timeline to accomplish this project from implementation to completion. Include any cooperative efforts within the community, and/or interagency collaborations. Is this program evidence-based or another model peer reviewed program site? If it is evidence-based and not listed on these sites, please show where it is listed.
5. Provide data to demonstrate community need for the project.
6. Explain how your program will address the Comprehensive Community Plan (CCP)? The proposal must align with at least one Problem Statement and one Objective that align with the CCP.
7. How does your project align with the Porter County Substance Abuse Council Mission Statement?
8. What target population will be addressed by this project and how many will be served?
9. What are the primary activities or services that will be provided and how they apply to ATOD prevention, treatment, recovery and law enforcement? Who will be responsible for the projects’ implementation? Please provide the name, title and contact information of those implementing the project.
10. What measurable short term and long-term outcomes will be accomplished by the project? How will you evaluate or measure the success of your project?
11. How do you plan on continuing this project after LCC funding ends?

**Supplemental Information**

* Providing data to demonstrate community need.
  + Are there service gaps?, If yes, provide data to support service gaps
  + Provide evidence why this project is needed in your community
  + How will it help toward the goals of PCSAC and align with the mission statement?
  + Provide data such as: high school graduation rates, Census data, Indiana Stats, Quality of Life indicators, Uniform Crime Report data, State Epidemiological Data, Pre/Post tests and Empowerment Zones
    - Date sources may include Alcohol Tobacco other Drugs (ATOD) Survey, Monitoring the Future Survey, Indiana Youth Institute reports, Indiana Department of Education (DOE – COMPASS), and local crime reports
* Describe the goal of your project and a detailed timeline to accomplish this project from implementation to completion. Is it evidence-based or another model peer reviewed program site?
  + Length of grant cycle
  + School year
  + Summer program
  + Evidence Based Program timeline
  + Purchasing of equipment to utilization of equipment
  + Special patrols
    - Provide site where your program can be referenced
* What problem statement and objective will you address? How will it work with the Porter County Substance Abuse Council Mission Statement?
  + Mission Statement is: Reduce youth and adult substance abuse by assessing for, promoting through, and educating about effective community-based programs.
* What target population will be addressed by this project and how many will be served?
  + Be specific as possible – total population, age specifics, demographics, location and target audience
  + Include those that are directly or indirectly impacted by the program
* Primary activities of services that will be provided and who is responsible for implementing the project? Name and title of those implementing required.
  + Drug curriculum
  + Additional patrols
  + Recovery workshops
  + Weekly classes
  + Events, workshops, training
  + Counseling
  + Evidence based programming
* What measurable long- and short-term outcomes will be accomplished with the project? How will you measure success of your project?
  + Increased knowledge/awareness of drugs and alcohol
  + Increase of youth involved in prevention programs
  + Increase in people in treatment
  + Increase in arrest rates
  + Decrease in accidents
  + Increase in drug arrests
  + Reduced recidivism rates
  + Increased completion programs
  + Decrease in positive drug tests
* What tools will be used to measure the success of your project with the consultation of the independent evaluator assigned to your project?
  + Surveys – pre/post tests
  + Intake and exit interviews
  + # Of clients enrolled in a program vs. clients completing a program
  + Yearly data comparison
  + Indiana Youth Survey Data (Sporadic Reporting)
  + Epidemiological county data
* How will this project be sustained after funding ends? Can this project run with partial funds?
  + If your agency is not awarded full funding, will this project be viable?
  + What other resources do you have to implement this project?