**2022 GRANT PROPOSAL APPLICATION**

**Contact Information**

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

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

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

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

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

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

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| --- |
| **List Problem Statement:** |

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| --- |
| **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 (in entirety)
* Board of Directors Meeting Minutes Approving PCSAC Grant Submission
* Membership Commitment

**Please answer the following questions:**

**Yes No**

|  |  |  |
| --- | --- | --- |
| **Is this a continuation grant?** |  |  |

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| --- | --- | --- |
| **Does your agency have annual audits?** |  |  |

|  |  |  |
| --- | --- | --- |
| **Is this application for equipment?** |  |  |

**Signatures**

**Please print name, title and date. Sign underneath.**

|  |  |
| --- | --- |
| **Person responsible for Agency:** | **Date:** |
|  |  |

|  |  |
| --- | --- |
| **Person responsible for Accounting of Funds:** | **Date:** |
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|  |  |
| --- | --- |
| **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.

|  |  |  |
| --- | --- | --- |
| **Income Source** | **Status of Funds** | **Amount** |
| Porter County Substance Abuse Council | Application Submitted | $ |
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**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.

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 LCC grant funding. You are to compete each question fully and completely. Type your responses/narrative underneath each numbered request. Use Arial 12 pt. for the font. Do not bold text or use all uppercase letters. When submitting proposal, submit only the application and required documents NOT the instructions. Do Not bind the proposal in folders, report covers or envelope – just the 5 copies of each proposal for Grant Selection Committee for review.*

1. Name of Project
2. Estimated number of people to be served between January 1, 2020-December 31, 2020
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?

**PCSAC Membership Commitment**

PCSAC relies on the participation of coalition members for active involvement to engage the community and ultimately address substance use and the unintended consequences. Additionally, if you are requesting funds for your agency, there must be a representative (or more than one) that will assist the Council throughout the year. We document each time your agency volunteers and apply that toward your in-kind credits. The following is a list of expectations for you.

1. Support the mission, goals, and objectives of PCSAC.
2. Abide by the policies, procedures, and terms of the PCSAC.
3. Prepare, attend, and participate in meetings.
4. Attend or send a representative on your behalf to the monthly coalition meeting – the third Thursday of every month.
5. Attend the year-end award ceremony.
6. Track and submit your in-kind hours to [dpelc@portercountysac.com](mailto:dpelc@portercountysac.com)
7. To coordinate projects and activities with the PCSAC staff.
8. Act as a link with other agencies to assist the PCSAC staff with projects.
9. To update your email if necessary and respond to monthly emails.
10. To be considered for funding you or your agency must be an active participant in the coalition.

\*\*\*Please sign below to acknowledge that you understand and agree to bullet points of commitment listed above.

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Printed Name of Member Name of Agency

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Signature of Member Date

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

**Text

Description automatically generated**

**LCC Grant Funding**

**Condition of Award 2021/2022**

**Grantee Obligations**

By accepting grant funds from the LCC and signing the binding document (contract), you as a representative of Agency agree to the following terms. If awarded Agency is unable or unwilling to agree with stated terms of the contract, then the total or remaining amount of award will be returned to the auditor at the request of Porter County Substance Abuse Council’s Executive Director, Board of Directors or Authorized Representative for future grant distribution.

“Agency/Grantee” will be used to define the role of the entity receiving the grant funds and “Grantor” will be used to designate the Porter County Substance Abuse Council as the funder.

1. Agency/Grantee understands that all awarded funds are to be strictly applied to the implementation of project goals and objectives. If Agency is found negligent, Agency will be required to return the full award or remaining balance to the Grantor upon request. The grant shall be used for the purposes described in the grant application and program/budget narrative ONLY. If a modification is needed than Agency will request in writing and will be pending approval of the Grantor. Request must submit request one week prior to the Board of Directors meeting (4th Thursday of every month).
2. The bills, invoices, canceled check, receipts, etc. that document disbursements of funds will be maintained by both the Agency and Grantor. Copies of the documents will be furnished at the Quarterly intervals and again when the Final grant report is submitted on January 5, 2022, or upon request. If the funds are for a one-time expenditure (i.e., purchase of a K-9 or equipment) receipts will be submitted to the Grantor with the following Quarterly Report. The Executive Director and/or the Board of Directors has the right to access and examine records and documents related to the grant administration and outcomes during site visits if requested. It is understood that records and documents are to be maintained for a minimum of 5 years by the Grantee and Agency.
3. Under no circumstances may grant funds be expended, borrowed (inter-fund) pledges, or transferred for reasons not associated with the stated purposes contained in the grant application without approval of the Grantor. If unapproved changes are made Agency understands that grant funds shall be returned to the Grantor for deposit into the LCC Drug Free Community Fund.
4. Any unused (not spent or unaccounted for dollars as documented by invoices, receipts, etc.) will be returned to the Grantor at the end of the grant cycle, January 5, 2022, or before. If Agency is unable to produce a receipt or invoice for expenditure, then that amount will be refunded to the Grantor regardless of amount.
5. It is understood that an evaluation will be implemented in the form of a Survey Monkey in quarterly intervals to ensure fidelity of the programs/strategies. The evaluation will assist the Grantee with projected outcomes and provide guidance if necessary. The evaluation will assure that stated goals and objectives remain in alignment with the Comprehensive Community Plan as outlined in the proposal. The evaluation will reveal the impact of outcomes of the project and will help determine future funding opportunities.
6. Agency project must be completed by December 31, 2022, or before.
7. If Agency project is partially funded by Grantor, Agency is responsible for the completion project in its entirety using other funding sources. If Agency is unable to fulfill this obligation, then full funds are to be returned to the Grantor.
8. Funding is NOT to be used for food, speakers, speaker gratuities, recognition gifts, gift cards or awards.
9. A press release must be submitted to local news media announcing the acceptance of the grant monies and the collaboration between the Agency and the Grantor. In addition, any other publicity on the funded program, credit for funding must be given to the Grantor. Any promotional pieces such as fliers, programs, brochures, social media posts or digital announcements must give credit to the Grantor. We kindly request PCSAC (logo) is listed as a partnering agency on Agency website. A digital PCSAC logo will be available to the Grantee.
10. Grantor will communicate with the Agency in various ways where an active email is used as updates, announcements and requests will be periodically sent. Agency is responsible to update contact information in the event of the change of project director or representative. It is the responsibility of the Agency to open the mail, email and announcements sent to the contact Grantor has on file. If you are not receiving emails from the Council it is your responsibility to check your Spam folders.
11. Grantor will be notified immediately of changes in project directors, changes of address or change in status of organization (i.e. merger, dissolution).
12. All funds must be used for the direct benefit of Porter County residents ONLY.
13. An Agency representative is required to attend a grant orientation at the time the grant funds are released to Grantee; active participation in the coalition and annual award ceremony are required.
14. Agency will remain an active partner in good standing throughout the duration of the grant. Active participation is required at coalition activities and events. Volunteer hours (in-kind) hours are required to be half the amount of total funds allotted to the recipient agency. Agency agrees to submit a monthly in-kind report by the 5th of every month. Agency representative is required to attend no less than 9 of the 12 coalition meetings, 4 committee meetings and 4 events as evidenced by sign in sheets.
15. The Grantor requires to be named as additional insured on Agency policy. A representative from Anton Insurance will contact Agency to arrange for receipt of the binding insurance coverage.
16. Agency understands that failure to meet Conditions of Award may impact Agency grant and the ability to receive future funding through the Drug Free Community Fund. If requirements are not met, funding will be returned upon request to Grantor.
17. Each Agency will be assigned a number of hours that need to be met as in-kind or (volunteer hours) throughout the grant cycle. The number of hours is dependent on how much funding the Agency is requesting. In-kind opportunities are available and attainable. Work on special projects, committees, and coalition support count toward the completion of the assigned hours.

I agree to the terms and conditions of the “Conditions of Award” and will fulfill the “Grantee Obligations” as set forth by this binding legal instrument.

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Agency Representative Date

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Name of Agency

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Executive Director PCSAC Date