



MINI-GRANT APPLICATION

Oral and written Grant Applications are accepted at the March, June, September and December meetings only.

INSTRUCTIONS:

Please do not include this instructions page with your grant request.

- 1. Please contact the Substance Abuse Council (SAC) to be placed on the agenda for presenting your oral and written grant application.*
- 2. **Prepare a 2-5 minute oral presentation** for the grant meeting regarding how your grant request will impact one of our Problem Statements.*
- 3. Use a typewriter or computer to enter responses on this Application form.*
- 4. **Submit 10 originals** of this written Grant Application to the SAC Coordinator as part of your oral presentation.*
- 5. Expect notification of your Grant request within four to six weeks of presenting your Grant Application. If your request is funded, funds and Progress Report information will be included.*
- 6. **Submit 1 original Progress Report** by the due date identified by the SAC. If you are unable to submit an oral and written Progress Report by the due date, you must notify the SAC of a request to postpone your Progress Report. The Progress Report is expected within three months of expending all grant funds. Failure to submit a Progress Report in a timely fashion will jeopardize future Grant Applications.*
- 7. You are welcome to submit additional pages to this Grant Application, if needed.*
- 8. Any question that is "not applicable" should be marked N/A but the SAC reserves the right to request additional information.*

NOTE: Each Grant Application must indicate what "Type of Program" categorizes the project.

- Prevention / Education Grants are designed to inform the public about the effects of substance abuse. Examples include: alternative events (Post Proms, organized walks, etc.) and programs such as Red Ribbon Week, ROOS, and medication collections.
- Treatment / Intervention Grants are designed to provide resources to overcome the effects of substance abuse. Examples include: smoking cessation classes, assessments and outpatient treatment options.
- Law Enforcement / Justice Grants are designed to aid in assuring legal requirements are observed. Examples include surveillance equipment, drug canines and drug testing equipment.

Contact us at www.duboiscountysubstanceabuse.org,
djc47546@yahoo.com or 812-630-3095.

Project Title: _____



MINI-GRANT APPLICATION

Project Title: _____

Project Director/Contact Person: _____

Agency: _____ Title: _____

Phone: _____ Fax: _____

Email Address: _____

AGREEMENT:

As part of receiving funding from the Dubois County Substance Abuse Council (SAC), you and your agency must agree to the following:

1. All Public Service Announcements and/or publicity **must** include recognition of funds provided by the SAC. Our logo is available upon request.
2. You, or a representative from your agency, must complete, and present your program Progress Report in a timely fashion.
3. You and your agency can only use funds for what is listed in the proposal. The SAC must approve any changes.
4. You, or a representative from your agency, will submit any additional information required or requested from the SAC within 30 days.

Failure to comply with the agreement will result in denial of future funding.

Signature Title Date

TYPE OF PROGRAM: (check one) () **Prevention / Education**
() **Treatment / Intervention**
() **Law Enforcement / Justice**

AMOUNT REQUESTED: _____

Check should be written "payable to": _____

Mailing Address: _____

City/State/Zip: _____

Expected Date of Project Completion: _____

For SAC use only:

Date of Application Request: _____ Amount Awarded: \$_____ Progress Report Due: _____
Comments:

Project Title: _____

PROJECT DESCRIPTION:

Grant funds must specifically address at least one of our three Problem Statements. Which of the three Problem Statements does your grant incorporate?

_____ **There is a significant rate of underage drinking, tobacco use and other substances in our county.**

_____ **There is an increasing rate of substance abuse among adults in our county.**

_____ **There is a lack of treatment resources in our county.**

1. How will your Grant Application impact the identified Problem Statement?
2. Who is your target audience?
3. How many people are in your target audience?
4. What is the expected outcome of your Project?
5. How do you plan to continue this project after SAC grant funding ends?
6. Is there another local organization that offers a similar service or project? If yes, what is being done to avoid duplication of efforts?
7. How will you measure the success of your project?
8. What data are you collecting to measure the outcome/success of your project?

BUDGET SUMMARY: (Attach additional pages, if needed)

Expenses	Specifics	SAC Funds	Other Funds	In-Kind	Total
Personnel		N/A			
Equipment					
Program Supplies					
Office / Postal Supplies					
Facility Expenses					
Food and/or prizes					
Other (please list)					
	Total Anticipated Expenses*				

Income Source (Please list ALL income sources for this project)	Status of Funds	Amount
Dubois County Substance Abuse Council (SAC)	Application Submitted	
	Total Anticipated Income*	

(*NOTE: Total Anticipated Expenses should equal Total Anticipated Income)