

# MARSHALL COUNTY LOCAL COORDINATING COUNCIL

## GOVERNOR'S COMMISSION FOR A DRUG-FREE INDIANA

### 2017-18 GRANT APPLICATION PACKET

Applicants should submit their proposals to the LCC Coordinator no later than 4:00 p.m. Monday, October 30, 2017. Completed Grant Applications can be turned in at the Marshall Co. Probation Department or:

Ward Byers, LCC Coordinator  
Marshall County Community Corrections  
501 N. Center St. Suite 100  
Plymouth, IN 46563  
wardb@co.marshall.in.us  
574-935-8782

## Declaration

The Marshall County Local Coordinating Council (LCC) is the local alcohol, tobacco and other drug coalition of the Governor's Commission for a Drug-Free Indiana. The mission of the LCC is to bring together representatives, organizations, and agencies, both public and private, which seek to provide optimal resources for the combating of alcohol, tobacco and other drug abuse in Marshall County. The LCC formulates a countywide comprehensive plan, and evaluates and restructures this plan annually to insure LCC goals are met. Finally, we fund various projects and programs by awarding grants from the local portion of the Drug Free Community Fund.

The grant awards will vary based on the merits of the project; need; program model; number of applicants; past performance; clarity; how it compares to similar proposals; and indications of self-reliance in maintaining the program. Funding availability is subject to state regulations. **Submission of a grant application, even one that meets all the grant requirements, does not guarantee receipt of award. If proposals are not exclusively alcohol or drug-related, grant funds will be considered the percentage of the proposal dealing with alcohol and/or drugs.**

The LCC reserves the right to:

1. Negotiate a modification of the plan and/or budget and will award funds after an agreement has been reached.
2. Examine physical location, books, documents, papers, accounting records and other relevant information pertaining to the administration of the program at no cost to the LCC.
3. Deny funding to an applicant that does not support the LCC's mission.
4. Deny future funding to an applicant that does not adhere to the *Terms of Acceptance* contract or where there is a misappropriation of funds.
5. Deny funding to any incomplete applications.
6. Seek additional information from the applicant prior to or during the review process.

It is the intent that funds allocated through this request for proposal will only be used to support program development, implementation, and coordination of the proposed project. It is encouraged that Drug Free Community Funds not be the sole source of funding for proposed projects. The LCC encourages agencies to implement a plan to ensure continuation of the programs/projects after grant cessation. It is LCC policy that if there is evidence of misappropriation of funds, the agency will be required to return all award money and consideration of future awards will be jeopardized. All award amounts must be used in accordance with the signed LCC *Terms of Acceptance contract*. *Grant applicants will be allowed \$20.00 per drug screen and \$35.00 per 2-hour counseling session according to "Access to Recovery" state based statistics.*

## PROBLEM STATEMENTS

- (1) Marshall County continues to have a methamphetamine production and abuse problem.
- (2) There is a high incidence of alcohol use/abuse in Marshall County.
- (3) There is a high incidence of marijuana use/abuse in Marshall County.
- (4) Opioid abuse, including heroin is increasing among adults in Marshall County.
- (5) There is a high incidence of tobacco use in Marshall County with particular focus on its use with pregnant women and smokeless tobacco with youth.

## How to Apply

Applicants should submit their proposals to the LCC Coordinator no later than **OCTOBER 30, 2017 by 4:00 p.m.**

Proposals must be consistent with the LCC mission and address Problem Statements listed in the LCC Comprehensive Plan (copies available upon request). Projects must fall under one of the following categories: Prevention/Education, Treatment or Criminal Justice.

### Applicant requirements:

- ✓ All applicants must attend a mandatory meeting and sign for their application packet.
- ✓ All applicants must submit a complete proposal, **incomplete proposals will not be considered.**
- ✓ All applicants must submit **8 copies of their full proposal and 20 copies of the Executive Summary & the Budget Summary** – LATE GRANT APPLICATIONS WITH NOT BE CONSIDERED.
- ✓ All applicants must commit to actively participate in the Drug & Tobacco Free Committee as outlined in the Terms of Acceptance contract (75% attendance; participate on a subcommittee; highly suggested to participate in one LCC Event)
- ✓ Any publication or public notice of the program by the recipient by the Drug & Tobacco-Free Committee shall be credited to the Marshall County Local Coordinating Council.

### Application Instructions:

Please be sure that all required information is provided, all line items and blanks are completed, and all appropriate pages are signed and dated. *Application must be typed in 12pt. font.*

Please be sure to follow the application completion checklist for each of these categories.

- ✓ Executive Summary – You may wish to treat this part of your document as if it is the only thing an evaluator will read.
- ✓ Project Proposal – Be sure to include all sections.
  - Introduction
  - Program Proposal/Assessment of Existing Problem (must use appropriate LCC Problem Statement(s) from the yearly LCC Comprehensive Plan)
  - Methods
  - Desired Outcomes
  - Evaluation
  - Future Funding
- ✓ Budget Summary and Narrative

# Application Completion Checklist

## **Cover Sheet**

- \_\_\_\_\_ All blanks completed
- \_\_\_\_\_ Signed and dated by project coordinator AND authorizing agency representative

## **Executive Summary**

- \_\_\_\_\_ All blanks completed
- \_\_\_\_\_ Identifies the applying agency
- \_\_\_\_\_ Completed grant funding summary
  - Includes at least one sentence on credibility, problem, objectives, methods
  - Includes how success will be measured
  - Includes total cost, funds already obtained and amount requested
  - Should be: brief, clear, and professional (*one page or less*)

## **Project Proposal**

### a. Introduction:

- \_\_\_\_\_ Clearly establishes who is applying for funds
- \_\_\_\_\_ Describes agency's purpose and goals, programs, clients or constituents
- \_\_\_\_\_ Provides evidence of agency ability to execute the proposed project
- \_\_\_\_\_ Supports credibility with statistics for proposed project
- \_\_\_\_\_ Leads logically to problem statement
- \_\_\_\_\_ Is professional, clear statements, and brief (*300 words or less*)

### b. Program Proposal/Assessment of Existing Problem(s):

- \_\_\_\_\_ Addresses and uses Problem Statements and Outcomes as identified in the LCC Comprehensive Plan
- \_\_\_\_\_ Is of reasonable scope and supported by statistical evidence and statements from authorities, expressed in terms of clients or beneficiaries
- \_\_\_\_\_ Is professional, clear statements, and brief (*300 words or less*)

### c. Methods:

- \_\_\_\_\_ Clearly describes program activities
- \_\_\_\_\_ States reasons for selection of activities
- \_\_\_\_\_ Defines the target population and gives % of program specifically targeting ATOD(Alcohol, Tobacco, Other Drugs)
- \_\_\_\_\_ Presents reasonable activities that can be accomplished within the time allotted for program and within the scope of the applicant
- \_\_\_\_\_ Is professional, clear statements, and brief (*500 words or less*)

d. Desired Outcomes:

- \_\_\_\_\_ Describes expected program outcomes
- \_\_\_\_\_ Contains numerical goals (equipment purchases will contain numbers addressing usage) relating to LCC Comprehensive Plan Problem Statements
- \_\_\_\_\_ Describes indicators of program success

e. Evaluation:

- \_\_\_\_\_ Details who will be performing the evaluation and how evaluators will be selected
- \_\_\_\_\_ Defines evaluation criteria
- \_\_\_\_\_ Describes information gathering methods
- \_\_\_\_\_ Explains any assessment tools or questionnaires to be used
- \_\_\_\_\_ Demonstrates how the evaluation will be used for program improvements
- \_\_\_\_\_ Describes evaluation reports to be produced
- \_\_\_\_\_ Is professional, clear statements, and brief (*300 words or less*)

f. Future Funding:

- \_\_\_\_\_ Outlines a plan to provide future funding if program is to be continued
- \_\_\_\_\_ Identifies other funding sources contributing to the project
- \_\_\_\_\_ Agencies that are re-applying for grant funds must show efforts to pursue funding sources outside of the Drug Free Community Fund grant

g. Budget Summary:

- \_\_\_\_\_ All appropriate blanks are completed
- \_\_\_\_\_ "Other" expenses are detailed
- \_\_\_\_\_ All in-kind contributions are included here (not in the Budget Narrative)

**Budget Narrative**

- \_\_\_\_\_ All lines completed – this section is only for grant funds being requested
- \_\_\_\_\_ Is detailed (*e.g.* 50 photocopies @ \$0.10/copy = \$5.00)
- \_\_\_\_\_ Identify all items requested funding will be applied to
- \_\_\_\_\_ Costs are explained with formulas
- \_\_\_\_\_ Tells the same story as the narrative
- \_\_\_\_\_ Contains no unexplained or prior mentioned amounts

*Anyone needing clarification or assistance with any segment of the RFP may contact any LCC officer or the LCC Coordinator. Call for an appointment or e-mail us.*

**Marshall County Local Coordinating Council  
Drug Free Community Fund Grant Proposal  
2017-2018**

**COVER SHEET**

**Name of Project:**

**Applying Agency: (Name, Address, Telephone, Fax and Email)**

**Project Coordinator: (Name, Address, Telephone, E-mail)**

**Authorizing Agency Representative: (Name, Title, Address, Telephone)**

**LCC Comprehensive Plan Problem Statement(s) and Outcomes to be addressed:**

**Type of Program (please check all that apply):**

Prevention/Education

Treatment

Criminal Justice

I agree that if funded to any extent, a representative of this program will adhere to the *Terms of Acceptance contract requirements.*

\_\_\_\_\_  
Signature of Project Coordinator Date

\_\_\_\_\_  
Signature of Authorizing Agency Representative Title Date

## **Executive Summary** (one page maximum)

**Name of Project:**

**Project Category (Please check all that applies):**

- Prevention/Education  
 Treatment/Intervention  
 Criminal Justice/Law Enforcement

**Grant Funding Summary:**

- **How you expect this grant to impact alcohol, tobacco and other drug prevention/education, treatment/intervention and/or criminal justice/law enforcement in the community**
- **Objectives addressing the LCC Comprehensive Plan Problem Statement(s)**
- **Amount of Drug-Free Community funds requested (includes total cost, funds already obtained and amount requested)**
- **The % of program that is directly related to alcohol, tobacco and drugs**

**Be sure to explain how this proposal fits into your agency's overall mission as well as the Drug-Free Committee's. If this proposal is a continuation of a previously funded program, please include any proposal changes and/or improvements.**

## **Project Proposal**

*Please briefly complete the following*

**A. INTRODUCTION (Please include a mission statement)**

**B. PROGRAM PROPOSAL/ASSESSMENT OF EXISTING PROBLEM**

Please note: Prevention Grants – *You may wish to* include one outside source/reference which links what you wish to do in your program with ATOD prevention. (ex. – the National Bureau of Economic Research found that removing alcohol ads and doubling prices would reduce underage drinking by 25%). **(300 words or less)**

**C. METHODS What is your agency's plan to address the above problem statement(s)-state in "B" above. (500 words or less). Be sure to include the percentage of your proposal that is directly related to alcohol, tobacco and drug issues.**



- D. DESIRED OUTCOMES** (What would your agency like to see accomplished?) Please use Outcomes Format provided with the Grant Application.
- E. EVALUATION** (How will your agency determine if outcomes were met?) Please be specific including any tools or assessments you will use. Prevention Grants-Science-based measures are *helpful but not required*. (300 words or less)
- F. FUTURE FUNDING** How do you plan to continue the project if local Drug-Free Community Funds are not available? What else is being done to obtain additional funding or what other sources are being used. If not other sources have been acquired or being sought, please be sure to *explain why*. (300 words or less)
- G. BUDGET SUMMARY** Please itemize all anticipated project expenses.

Expense Class	Amount Requested from Drug-Free Fund	Amount that is Agency Funded (include in-kind contributions)	Other Funding Sources	Totals
Salaries				
Personnel Benefits				
Contracted Services (please also include cost/unit of service, if applicable)				
Travel				
Office Supplies				
Equipment				
Facility				
Other (specify "other" expenses)				
Totals				

## Budget Narrative

Please note: *Please use this form as a guide* for the form submission of your proposal. Only the separation of the subject titles is required. The Budget Narrative should detail funds requested from the Drug-Free Committee only – do not include in-kind contributions in this section.

**A. Salaries (Please be sure to include direct services, administrative and support staff)**

**B. Personnel Benefits**

**C. Travel (Please provide the specific formulas used for estimates and reimbursements) *state reimbursement rate for mileage allowed.***

**D. Office Supplies (Please be as specific as possible)**

**E. Equipment ( Please be as specific as possible)**

**F. Facility Costs (Please be as specific as possible)**

**G. Contracted Services (Who, What, When, Where, How and Why)**

**H. Other (Please be as specific as possible)**

**I. Total Amount Requested from the Community Drug Free Fund.**

**Marshall County Local Coordinating Council  
Terms of Acceptance  
For  
Drug Free Community Grant Funds**

1. All individuals or agencies/organizations receiving Marshall County Drug & Tobacco-Free Community Grant Funds agree to serve as members on the Marshall County Local Coordinating Council and attend 75% of the meetings during the year in which the award is made. Meetings are held monthly and regular attendance by a principal individual or his/her designee is expected and also participate on a subcommittee during the grant year. It is highly suggested by the LCC Committee that one participates in an LCC Event during the year.
2. All individuals or agencies/organizations receiving Marshall County Drug & Tobacco-Free Community Grant Funds agree to submit a Final Project Report (due November 7) to the Marshall County Local Coordinating Council as well as any other LCC-requested statistics.
3. All individuals or agencies/organizations receiving Marshall County Drug & Tobacco-Free Community Fund Grant Funds agree to utilize the award for the applied purpose. Failure to do so without prior approval by the Marshall County LCC will result in mandatory forfeiture of the entire grant award, and repayment thereof to the Drug Free Community Fund by the receiving individual or agency/organization.
4. All individuals or agency/organizations receiving Marshall County Drug & Tobacco-Free Community Grant Funds will maintain record of use of the awarded funds, including receipts, billing statements, invoices and other pertinent documentation. Copies of all relevant documentation will be provided to the Marshall County LCC with the Final Project Report – due November 7, 2017.
5. All individuals or agency/organizations receiving Marshall County Drug & Tobacco-Free Community Grant Funds will return any portion of the grant award not used during the calendar year in which the award were made.

By signing this document, I/we agree to all the terms set forth herein. I/We understand that failure to comply with any of these terms may result in the forfeiture of current funding and/or jeopardize future funding opportunities through the Marshall Co. LCC.

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Agency Name (print)

Authorizing Representative's Name (print)

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Representative's Signature

Date