



REQUEST FOR FUNDING

UC TOBACCO & DRUG FREE

UNION COUNTY LOCAL COORDINATING COUNCIL ON SUBSTANCE ABUSE PREVENTION

Mail or Deliver Proposal to:

Danka Klein
UC DRUG FREE
6 West South Street
Liberty, IN 47353
E-mail address: dklein@uchd.com
Deadline for applications: November 4th, 2011

IMPORTANT APPLICATION INFORMATION

All information must be completed in order for the committee to consider your request.

East request must fit within the approved Comprehensive Community Plan for Union County.

Please attach additional pages to answer sections 1-5.

Date of Request: _____

Name of Program/Project: _____

Name of Organization: _____

Name of Contact Person: _____

Address: _____

Phone: _____

E-mail Address: _____

I. Problem Statement:

(Please specifically describe the problem the program will address, including the identification and extent of the problem. Problem Statements are on Page 3.)

II. Description of the Program:

(Please describe the program goals and objectives. Include information on program design, number and demographic information on persons impacted by this program. For example: Youth under age 10, high school students, motorists, etc.)

III. Problem Category:

Please state the category below that you believe best describes the area that the program intends to address.

- Prevention/Education
- Treatment/ Intervention
- Law Enforcement/Judiciary

IV. Describe the expected program impact and how are you going to measure it?

V. Funding Information

a. What will it cost to run this program effectively? _____

b. What funding amount is being requested from the UC Drug-Free?

c. What funding is currently available? _____

d. What other funding sources are being contacted? _____

e. Please attach the program/project budget detail with this application. Specify what line items you are planning to use the UC Drug-Free funds for.

Signature of Contact Person: _____

_____ Date

Signature of Chief Financial Officer: _____

_____ Date

The Community Plan Problem Statements for 2011-2013

- (1) Union County LCC continues to lack the capacity to be a fully functioning LCC coalition.**
 - (2) The gateway drugs continue to be an issue in Union County and this consequently leads to lifelong substance abuse, high arrests rate and jail time of population.**
 - (3) The prescription drugs abuse is on the rise in Union County and has become a major detrimental issue to our community.**
 - (4) The incidence of alcohol abuse and related offenses, e.g., theft, burglary, and domestic abuse among adults and youth are continuing problems.**
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Requirements for Receiving a Grant from the UC Drug-Free

- (1) Provide an overview of the outcome of the program. Include information on any challenges or opportunities you have encountered in your work and the number of youth served through your program.
- (2) Any changes as how the funding will be utilized, as approved in the original approved grant application, must be proposed to the Executive Board and approved by the entire UC Drug-Free.
- (3) Funds must be expended by December 31, 2012. Funds not expended by that date must be returned to the UC Drug-Free or the grantee may request an extension.
- (4) You or a representative from your agency shall attend the UC Drug-Free meeting to verbally present the final After Action report at the end of the program. Also, your agency (a representative from your agency who is involved in the funded program) shall attend at least 4 UC Drug-Free Meetings during the months of January through November 30th – otherwise this agency will be disqualified from the grant process during the following year.
- (5) Should funds be spent in a manner that is not consistent with the approved grant application, the organization/agency will be responsible for returning the entire amount of the grant to the UC Drug-Free.