

2011 Drug Free Community Fund Request for Proposal

RFP Announcement: August 1, 2008



Please read the directions of this request carefully.

Failure to comply with the directions will result in disqualification from consideration for grant awards.

Kosciusko County Organization Drug Education

For Questions or more information please contact:

Heather Desenberg
Coordinator
574-265-1169

Declaration

The Kosciusko County Drug Free Partnership is the Local Coordinating Council of the Governor's Commission for a Drug Free Indiana. The mission of the Partnership 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 Kosciusko County. Next, we formulate a countywide comprehensive plan, while evaluating and restructuring to insure its goals are met. Finally, we fund proposed projects and programs by awarding grants from the local portion of the Drug Free Community Fund.

The grant awards will vary by: Merits of the project, need, program model, number of applicants, past performance, clarity, how it compares to similar proposals, 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.

The Drug Free Partnership 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 partnership.
3. Deny funding to an applicant that does not facilitate the Partnership's mission.
4. Deny future funding to an applicant that does not adhere to the Assurances and Certification 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 be used to only support program development, implementation and coordination of the proposed project. Drug Free Community Funds should not be the sole source of funding for the proposed project. The Partnership encourages agencies to implement a retaining plan to insure continuation of the programs/projects after grant cessation. Drug Free Community Funds should not be used in cushion, replace or supplement any other agency funds. It is the Partnerships policy that if there is evidence of misappropriations, the agency will be required to return all award money and consideration of future awards will be hindered. All award amounts must be used in accordance to the signed Partnership Assurances and Certification contract.

How to Apply

Applicants should submit their proposals to the Partnership Coordinator no later than, Friday, OCTOBER 1, 2010 by 5:00 p.m.

Heather Desenberg
2880 N 325 E
Warsaw, IN 46582
hmdesenberg@gmail.com

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; Criminal Justice.

Applicant Requirements:

- All applicants must submit a complete proposal
- All applicants must commit to actively participate in the Drug –Free Committee as outlined in the Terms of Acceptance contract.
- Any publication or public notice of the program by the recipient by the Drug Free Committee shall be credited to the Kosciusko County Local Coordinating Council.

Applicant 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 12-point 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
- Methods
- Desired Outcomes
- Evaluation
- Future Funding

◆ **Budget Summary and Narrative**

Application Completion Checklist

Cover Sheet – Page 6

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

Executive Summary – Page 7

- All blanks completed
- Identifies the applying agency
- Completed grant funding summary
 - Includes at least one sentence on credibility, problem, objectives, methods
 - Include 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 –Page 8

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, free of jargon, 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 professional, free of jargon, and brief (300 words or less)

C. Methods:

- Clearly describes program activities
- States reasons for selection of activities
- Presents reasonable activities that can be accomplished within the time allotted for program and within the scope of the applicant
- Is professional, free of jargon, and brief (300 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

- Tells who will be performing the evaluation and how evaluators will be selected
- Defines evaluation criteria
- Describes gathering methods
- Explains any test instruments or questionnaires to be used
- Shows how evaluation will be used for program improvements
- Describes evaluation reports to be produced
- Is professional, free of jargon, and brief (300 words or less)

F. Future Funding

- Presents 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 – Page 9

- All appropriate blanks are completed
- “Other” expenses are detailed
- All in-kind contributions are included here (not in Budget Narrative)

Budget Narrative – Page 10

- All lines completed – this section is only for grant funds being requested
- Is detailed
- Identified all items requested funding will be applied to
- Contains no unexplained or prior mentioned amounts

**Kosciusko County Local Coordinating Council
Drug Free Community Fund Grant Proposal
2011**

COVER SHEET

Name of Project:

Applying Agency:

Project Coordinator:

Authorizing Agency Representative(s):

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.

Name of Project Coordinator _____

Date

Name of Authorizing Agency Representative _____

Title

Date

**Executive Summary
(One page maximum)**

Name of Project:

Project Category (Please check all that apply)

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

Grant Funding Summary:

Project Proposal

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	0	0	0	0
Personnel Benefits	0	0	0	0
Contracted Services	0	0	0	0
Travel	0	0	0	0
Office Supplies	0	0	0	0
Equipment	0	0	0	0
Facility	0	0	0	0
Other (Installation and Shipping)	0	0	0	0

Totals	0	0	0	0
--------	---	---	---	---

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) We also the state rate for mileage
- 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.

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

All individuals or agencies/organizations receiving Kosciusko County Drug Free Community Grant Funds agree to serve as members on the Kosciusko County Local Coordinating Council and attend 50% 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.

All individuals or agencies/organizations receiving Kosciusko County Drug Free Community Grant Funds agree to submit Interim Report and Final Project Report to the Kosciusko Coordinating Council as well as any other requested statistics per request of the LCC.

All individuals or agencies/organizations receiving Kosciusko County Drug Free Community Fund Grant Funds agree to utilize the award for the applied purpose. Failure to do so without prior approval by the Kosciusko 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.

All individuals or agency/organizations receiving Kosciusko County Drug 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 supplied to the Kosciusko County LCC with the Final Project Report.

All individuals or agency/organizations receiving Kosciusko County Drug Free Community Grant Funds will return any portion of the grant award not used during the calendar year in which the award was 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 Kosciusko County LCC.

Agency Name (Print)

Authorizing Rep Name (Print)

Signature

Date