

REQUEST FOR FUNDS PROPOSAL (RFFP)

Community Drug Fund

JACKSON COUNTY DRUG-FREE COUNCIL, INC.

(JCDFC)

Questions can be addressed to:

Jackson County Drug-Free Council, Inc.

[drugfree@frontier.com](mailto:drugfree@frontier.com)

OR

Brenda Turner, Coalition Director, (812) 216-2229

**Grant applications are due electronically via e-mail no later than**

**March 1, 20\_\_**

**to** [**drugfree@frontier.com**](mailto:drugfree@frontier.com)

**NAME OF ORGANIZATION SUBMITTING APPLICATION:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **COVER SHEET (**Please limit information to this ONE page. Please submit the typed form electronically.)

Date of application \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your organization a non-profit? Yes \_\_\_ No \_\_\_ Tax I.D.# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person/title (if not director) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comprehensive Community Plan**

**Problem Statement #1: Tobacco, electronic nicotine delivery devices, marijuana, illicit substance us and alcohol misues are prevalent in Jackson County**

SMART Goal 1

Provide grant opportunities to support educational programming through schools, service providers, and others to educate youth and adults about facts of substance use and misuse, reducing youth prevalence rates below state rates by 2024.

SMART Goal 2

Support expansion of services to promote community awareness and partnerships to provide public events that provide support for prevention and intervention by 2024.

**Problem Statement #2: Barriers to receiving treatment and sustaining recovery from substance use and misuse or addiction continues to prevent individuals from achieving long-term recovery.**

SMART Goal 1

Conclude assessment by City of Seymour Recovery Program, compiling and disseminating results by 2024.

SMART Goal 2

Support intervention & treatment services through utilization of grants, collaboration, and public events to provide needed resources by 2024.

**Problem Statement #3: Drug trafficking and overdoses continue to impact law enforcement and first responder resources.**

SMART Goal 1

Support efforts among law enforcement agencies to target large scale dealers and drug trafficking organizations in and around Jackson County by 2024.

SMART Goal 2

Increase awareness of overdose risks and resistance to Narcan effects, supporting survivors of overdose, and reduce stigma to increase recovery. Reduce barriers in rural communities to treatment options/re-entry programs by 2024.

Grant request amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of project:

**Prevention/Education** ( ) **Treatment/Intervention** ( ) **Law Enforcement/Justice** ( )

Project title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this an evidence-based program proposal? Yes \_\_\_\_\_ No \_\_\_\_

If yes, please provide certified/licensed professional credentials of facilitator:

Organization Mission Statement (if applicable)

Summary of Project

1. **PROJECT NARRATIVE** (Maximum of three [3] pages typewritten.

Please address all six (6) points below).

* 1. **Problem Statement(s) from the Comprehensive Community Plan to be addressed by the project**

*Please indicate which Problem Statement(s) the project addresses. The project should clearly address the need(s) in one or more of the defined Problem Statement(s) listed above.*

* 1. **Goals and Objectives of the project**

*The Goals and Objectives of the project must relate to the* ***SMART Goal(s)*** *and should be realistic with achievable outcomes within the funding period of one (1) year. A timeline for project implementation should be provided. Please demonstrate that the organization has adequate and qualified staff and the resources to implement the proposed project.*

* 1. **Community Impact and Outreach**

The Council is a county-wide organization. **The project should show how it will impact the entire county** as opposed to a project that targets only Seymour or a concentrated population within the county. The proposal should also demonstrate the need for this program in Jackson County.

* 1. **Documentation of Outcomes**

*Outcomes for the project should be measurable. List the project’s outcomes and how they will be measured. Information concerning the number and age groups of the people served should be included, and how those numbers are within the scope and timeline of the program.*

* 1. **Collaboration**

*Explain how the project avoids duplication of services through collaboration with other organizations providing similar or complimentary services.*

* 1. **Evaluation**

*Describe how the success of the project will be evaluated and how the evaluation process will be used to make improvements in the program. Quarterly reports on the project are required concerning the outcomes of the project and how the funds were used.*

1. **BUDGET (**Please type or print clearly.)
2. Do you anticipate your project becoming self-supporting? If so, when? Please explain.

2. Do you anticipate this being a one-time request only? Yes \_\_\_\_\_ No \_\_\_\_\_ Please explain.

**V.** Please use the form below to explain the proposed project budget using Community Drug Fund (CDF) and other sources – please indicate amount and source of other funds or if they are in-kind contributions.

Personnel salaries\* CDF $ \_\_\_\_\_\_\_\_\_\_ Other sources $\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Contract services CDF $ \_\_\_\_\_\_\_\_\_\_ Other sources $\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Equipment CDF $ \_\_\_\_\_\_\_\_\_\_ Other sources $\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Supplies CDF$ \_\_\_\_\_\_\_\_\_\_ Other sources $\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_ CDF $ \_\_\_\_\_\_\_\_\_\_ Other sources $\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

**Tota**l project budget CDF $ \_\_\_\_\_\_\_\_\_\_ Other sources $\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_

**\* Salaried positions cannot be supported with Community Drug Funds (CDF) with the exception of overtime pay for**

**law enforcement engaged in substance abuse countermeasures.**

**IV. BUDGET NARRATIVE**

Confine narrative to Community Drug Funds only – do not include other funding or in-kind sources.

Personnel salaries (See note [\*] in section V. above)

Contract services

Equipment

Supplies

Other

1. **GUIDELINES**

1. It is the intent that funds allocated through this request for funds proposal will only support program development, implementation and coordination of the proposed project. All grants must support Jackson County’s Comprehensive Community Plan and address the Problem Statements and SMART Goals.

2. The completed application is due March 1, 20\_\_\_ **via e-mail to drugfree@frontier.com**.

3. The application should contain: cover sheet, maximum three-page proposal (typed), budget form, budget narrative and any attachments necessary to support the proposal or budget.

4. Upon acceptance of an award, your organization is committed to become an **active** member of the Jackson County Drug-Free Council by having a representative attend meetings at least six (6) times a year and actively participating on a committee for the duration of the grant period of one (1) year.

5. You must agree to submit the required **Quarterly reports** by required deadlines indicating all pertinent data of said program. Failure to adhere to items #4 and #5 will directly affect future grant requests.

6. The name and logo of the Jackson County Drug-Free Council, Inc. **must** be included in all informational and promotional materials as a funding source. Examples of all such materials should be provided to the council as part of the Quarterly reports.

7. Successful applicants will be notified by e-mail (claim voucher information and report forms will be sent at that time).

1. **CHECKLIST**

* Cover Sheet
* Project Narrative(Maximum of three [3] pages typewritten and double spaced).
* Budget Form
* Budget Narrative
* Supporting Documentation

(This checklist is provided for your convenience and is not a required page of the application)

1. **ADDITIONAL INFORMATION**

**NAME AND LOGOS**

The official name of the Council to be included in all informational and promotional materials is:

**Jackson County Drug-Free Council, Inc.**

The official logo of the Council to be included in all informational and promotional materials is:



Logo must be large enough that the printed version is legible (approximately the size of the example here [full size copy below]).

For color documents the logo should be Royal Blue.

Preferred background colors are white or orange; however, this is a suggestion – not a stipulation.

Logo may be given a rectangular border of no more than 2 pt. in width.



Seymour, IN 47274 www.drugfreecouncil.org