DRUG AND ALCOHOL GRANT APPLICATION

I. Legal Name of Organization_____

_____
Street Address

_____
City County State Zip

Agency Phone Number_____

Name of Agency Director_____

Signature of Authorized Person_____ **Title**_____

Contact Person_____**Telephone No.** _____

Federal Employers Taxpayers I.D. No._____

II. Type of Organizations Public_____ **Private non-profit**_____

III. Service Area State_____ **City**_____

IV. A copy of license and SRS Certification is included with the grant application.
Yes_____ **No**_____

V. Funding Request: New Program_____**Continuation of existing program**_____

If this is a continuation of an existing program, list funding sources and explain why Unified Government funding is being requested and how this program was funded in previous years? _____

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VI. Briefly describe the program/project that these funds are to be used for.

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VII. Total Program Cost: $_____

VIII. Applicants Contributions: $_____
In-Kind

List other funding sources and the dollar amount for this program.

$_____

$_____

$_____

Dollar amount requested from the Unified Government $_____

IX. Type of Proposal: Alcohol_____ Drug_____

X. List specific geographical area to be served _____

XI. With a statement and supportive data demonstrate the need for the proposed program that is currently not being addressed by other existing agencies in your service area. _____

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a). How many persons do you anticipate serving or reaching during this program period? _____

b). How are clients referred to this program? _____

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XII. Proposed program will address the following areas (check all that apply).

a). Prevention _____ (Does not require license or certification)
A prevention program should create conditions so that people can live in safe and secure communities through the use of SAMSHA approved model programs that fit the community that require training and is on-going.

b). Education/Presentations _____
c). Treatment _____
d). Intervention _____
e). Detoxification _____

XIII. If the group targeted for services is a particular specialized population (i.e., women; multicultural group (s) youth, etc.) Please identify: _____

_____

XIV. Give a brief description of the following:

a). Describe the physical facility of the program, (hospital; school; mental health center, storefront, residence, etc.) and the target population's accessibility to the program. _____

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b). State measurable goals and objectives of the program for which funds are requested. _____

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c). If this is a continuation of an existing program list population served and measured outcomes of prior years and describe any barriers to meeting the goals and objectives (attach supporting data).

XV. List each staff person (paid and volunteer) that is proposed to work in the program and attach a copy of their resume and job responsibility.

XVI. Source of funding

a). Include any request for funding for this program that have been denied and the reasons given for the denial. _____

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SECTION A. Budget Form: Complete the following budget form using whole dollars.

	GRANT REQUEST FOR ALCOHOL & DRUG FUNDS	CASH MATCH	IN KIND	TOTAL
1.Personnel All Employee Salaries				
2. Employer Taxes & Fringe Benefits				
3. Travel				
4. Equipment				
5. Supplies				
6. Consultants				
7. Other (Specify)				
8. Grant Award Amount (Sum of Lines 1-7)				
9. Cash Match/In Kind (Sum of Lines 1-8)				
10. Total (Sum of Lines 8-9)				

Cash Match: A designated amount of dollars the sub-grantee is required to use for the project in addition to the state grant award amount. **In-Kind:** A specified amount of non-cash donations (assigned a dollar value) that the sub-grantee is required to use for the project in addition to the state grant award amount. **Some examples of in-**

kind services are: volunteer time, equipment, supplies, space, or other services. A detailed budget justification of each line item explaining how the funds will be used for this project is required for funding consideration.

B. Budget Justification--Provide a narrative, which details and justifies the amounts included in the attached budget form. Source of any match should be identified.