

**Local Coordinating Council
for a Drug-Free Vermillion County
P.O. Box 14
Newport, IN 47966
812-239-0891**

Mini-Grant Application

Project Name: _____ **Total Request:** _____

Organization Name: _____

**Address to mail
check:** _____

Telephone: _____ **Fax:** _____ **E-mail address is
required:** _____

Primary Service of Agency: _____

Signature of Chief Executive Officer: _____

Project Category (Check all that apply): ___ Prevention ___ Law Enforcement ___ Treatment

What problem Statement and point does this grant address? _____

How will this grant address the problem? _____

This project is: ___ new ___ existing **Not for Profit/501(c)3 ?** Yes ___ No ___

Contact Person: _____ **Telephone:** _____

Email address is required: _____

LCC Sponsor of this proposal: _____

**It is assumed that the population to be served will be residents of Vermillion County. If not,
please specify:**

10. How will this project collaborate with other services and/or resources to ensure a quality project?

11. What are the expected outcomes of this proposal?

12. Identify specifically how outcomes will be measured and evaluated:

Budget Narrative:

Description:	Amount:
Personnel	_____
Contractual Services	_____
Supplies and Expenses	_____
Travel	_____
Equipment	_____
Other	_____

TOTAL EXPENSE	_____

Explanation (if not previously addressed):

Please list all other projected sources of funding, including in-kind donations, fund raising efforts, and matched funds, if applicable:

Total Program Budget: _____

Total LCC Funding Requested: _____

Can your project be accomplished if only partial funding is available?

Yes _____ No _____ **If yes, please explain.**

I, the undersigned, as the responsible party, do understand that if this proposal is funded, assure that the funding will be used for the sole purposes stated in this proposal. I further understand that any money appropriated, but not spent on this specific project, will revert back to the County LCC Drug Fund within 90 days of the completed project.

If funded, I understand that my organization must complete the attached Program Evaluation Form, including measurable outcomes in the form of data compiled (such as results of a survey or other research method), flyers, brochures, and media clippings of any coverage of your event, within 30 days of the completed project. A formal written report is due within 90 days of receiving funds for ongoing projects.

I further understand that if funded, the name of the *Local Coordinating Council for a Drug Free Vermillion County* will be printed on all brochures, flyers, and advertisements including broadcast media (TV, radio) as a sponsoring source.

Signature of Contact Person

Date

Signature of LCC Sponsor

Date

The mission of the Local Coordinating Council for a Drug-Free Vermillion County is to reduce the prevalence of problems associated with alcohol, tobacco, and other drug use (ATOD). The healthy development of our citizens is being threatened by the problems and challenges of alcohol, tobacco, and other drug use in today's culture. It is our mission to promote healthy lifestyle patterns among Vermillion County residents and to make a positive difference in the area of ATOD issues.

.....
(LCC to complete this section)

Date of 1st Reading: _____

Date of 2nd Reading: _____

Approved: _____

Not Approved: _____

Funded Amount: _____ (Law _____ Prevention _____ Tx _____)

Evaluation Returned? Yes _____ No _____ Date: _____

Comments:

Problem Statement #1: Alcohol use and abuse is an acceptable community norm.

D. Objectives:

1. Provide financial assistance to treatment/intervention programs and services.
2. Provide awareness of self help groups (AA, NA, faith based addiction recovery programs, etc.)
3. Provide educational brochures on alcohol problems at school open houses and county fair booth.
4. Support prevention/education programs through the schools and other community organizations with an emphasis on proven prevention strategies.
5. Provide funding for alternative activities for students to relieve boredom with goal to reduce alcohol usage.
6. Fund law enforcement equipment needed to reduce access to alcohol for youth, detect drunk drivers, and other efforts to reduce alcohol problems in the county.
7. Provide funding and support to increase after school youth activities, intermural sports and recreational opportunities.

Problem Statement #2: Vermillion County residents are using and selling marijuana, manufacturing methamphetamine and abusing prescription drugs.

D. Objectives:

1. Provide education on methamphetamine, marijuana, and prescription drugs in the county and provide information at school open houses and county fair booth.
2. Support prevention/education programs through the schools and other community organizations with emphasis in proven prevention strategies.
3. Assist with funding to law enforcement efforts to reduce availability of drugs in the county.
4. Engage the faith based community to become involved with community efforts to reduce drug use including funding prevention programs.
5. Provide financial assistance to treatment/intervention programs and services.
6. Provide funding for alternative activities for students to relieve boredom with goal to reduce drug usage.

Problem statement #3: Tobacco use, including smokeless tobacco, in Vermillion County causes serious health problems.

D. Objectives:

1. Fund cessation services.
2. Support prevention/education programs through the schools and other community organizations with emphasis in proven prevention strategies.
3. Support Tobacco Prevention and Cessation Commission (TPCC) which became part of Indiana State Department of Health in July 2011 with their efforts of cessations, education and tobacco screenings in health care settings and child services agencies.