

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: _____

Telephone: _____ **Fax:** _____ **E-mail:** _____

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:** _____

LCC Sponsor of this proposal: _____

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

Project Overview:

1. What is the project's time frame (up to 12 months may be a single event)?

2. Who will be the project's target population?

- 3. How many unduplicated persons will the project serve?**
- 4. How much service time (hours or days) will be rendered?**
- 5. Who will be responsible for implementation?**
- 6. What goals and objectives will the project accomplish in relation to drug and alcohol issues?**
- 7. How will the project accomplish its goals?**
- 8. What identified community need does this proposal address?**
- 9. Is there a similar program currently available and accessible to Vermillion County residents? If yes, please explain how your project will differ from these sources.**

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.**

Problem Statement #1: Alcohol use and abuse among youth and adults is higher than the state average.

Objectives:

- A. Provide financial assistance to treatment/intervention programs and services.**

- B. Support the creation of new self help groups (AA, NA, Celebrate Recovery, etc.)**

- C. Provide education on alcohol problems in the county and provide information through newspaper, health fairs, and information sessions.**

- D. Support prevention/education programs through the schools and other community organizations with an emphasis on proven prevention strategies.**

- E. Provide financial support for law enforcement Operating a Vehicle While Intoxicated saturation patrols.**

- F. 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.**

Problem Statement #2: Vermillion County residents are using marijuana, tobacco, meth, cocaine, and prescription drugs at a higher rate than the state average.

Objectives:

- A. Develop and support community education seminars.**

- B. Provide education on meth, marijuana, cocaine, tobacco, and prescription drugs in the county and provide information through newspaper and health fairs.**

- C. Support prevention/education programs through the schools and other community organizations with emphasis in proven prevention strategies.**

- D. Support education to restaurant owners to implement smoke free environments.**

- E. Fund cessation services.**

- F. Assist with funding to law enforcement efforts to reduce availability of drugs in the county.**

- G. Engage the faith based community to become involved with community efforts to reduce drug use.**

- H. Provide financial assistance to treatment/intervention programs and services.**

Problem Statement #3: There are not enough treatment/intervention options for those seeking recovery assistance particularly in the northern part of the county.

Objectives:

- A. Provide financial assistance to treatment/intervention programs and services.**

- B. Support the creation of new self help groups (AA, NA, Celebrate Recovery, etc.)**

- C. Communicate with faith community about recovery needs and opportunities for service to recovery community.**

- D. Creating and distributing information on treatment options for residents of Vermillion County.**

- E. Provide community education on need for treatment and provide information through newspaper, health fairs, and information sessions.**

- F. Provide resources to those seeking treatment including scholarships to pay for programs and gas assistance to travel to appointments.**

- G. Encourage development of resources for those seeking or in recovery including help lines, substance free activities, etc.**