DRUG FREE COMMUNITY FUND

2025 Grant Application

All applicants MUST complete this cover sheet, project budget sheets, or 5 min short video (to replace the written intro and grant narrative and answer all questions) introduction and the narrative response to the grant questions. Note: Applications must be submitted online, with the requested attachments. Go to [https://www.drugfreemc.org/grants](about:blank) to submit your application and attachments. You do not have to be a registered non-profit to apply.

*We encourage grassroots organizations to apply****.***

**ONLY FORMS SUPPLIED ONLINE WILL BE ACCEPTED.**

## PROPOSALS MUST BE RECEIVED BY 5:00 P.M. on Sunday October 4, 2024.

## **NO EXCEPTIONS.**

All questions should be directed to: Michaelangelo McClendon at (317) 254-2815 or [mmcclendon@drugfreemc.org](about:blank); or Omavi Banks at [obanks@drugfreemc.org](mailto:obanks@drugfreemc.org).

**AGENCY NAME**:

**Tax Identification Number (TIN):**

**Applied Categories:** Indicate your application type

* Treatment/Intervention
* Prevention Education
* Law Enforcement

**REQUESTED AMOUNT**: (**Amount must match Drug Free Funds column in Grand Total) Project Name** **E-mail Address**: Project **Director:** \_ **Phone: Address**: **City**: **State: Zip: Primary Service of Agency: Executive Officer**: **Title: Signature of Executive Officer: Date: Fiscal Agent & email (if different):**

**Fiscal Agent Address (if different**): **City**: **State: Zip: Name of Fiscal Officer (if different**): **Title**: **Signature of Fiscal Agent**: **Date**:

**Are you a grassroots organization? Yes\_\_\_\_or No \_\_\_\_**

Grassroot organization that has existed for 5 years or less only.

1. Grassroots movements and organizations use collective action from the local level to effect change at the local, regional, national, or international level. Grassroots movements are associated with bottom-up, rather than top-down decision making and are sometimes considered more natural or spontaneous than more traditional organizational structures. 2.) Grassroots movements use self-organization, encourage community members to contribute by taking responsibility and action for their community. Approved by the Board of Directors 08/31/23

Please indicate who your population will serve (i.e., Care Givers, Parents, Unhoused, Health Despaired.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What county, township and or zip codes the services will be provided?



**Number of (unduplicated) persons will the project serve during the funding period**.

## 0-5 Years Old Elementary Age High School Middle School

College Students Adults (under 65) Adults (65 and over) CHOOSE ONE AND ONLY ONE PROBLEM YOU WILL ADDRESS: PROBLEM #

Problem Identification:

***Problem Statement #1***: Perception of marijuana use among families of color, and youth report marijuana use as a norm in their environment.

1. Addressing the perception of marijuana use aligns with our goal of promoting health and well-being for all citizens in Marion County to decrease use among people aged 12 to 24 years old by 2.5% by the end of 2025. This will be evidenced by the Marion County Prevention Alliance community survey tools; this will be assessed for change and if need the coalition will reassess the goal and evaluate to better meet this need.
2. Increase awareness about the potential harms of marijuana use within families of color and among youth ages 12 to 24 years old by 2.0% by the end of year 2025. This will be measured by the number of prevention programs provided in Marion County in 2025. If a 2.0% increase isn’t achieved the LCC will re-evaluate within the year and adjust the goal

***Problem Statement #2:*** Marion County youth have higher rates of incidents with the juvenile justice system.

1. Increase opportunities to address the higher rates of youth-involved incidents with the juvenile justice system among Marion County youth aged 12 to 17 years old by 3.0% by end of year 2025. If a 3.0 % increase isn’t achieved the LCC will re-evaluate within the year and adjust the goal
2. Reduce the number of youth-involved incidents with the Marion County juvenile justice system by 2.0% by December 31, 2025, for youth aged 12 to 16 years old. If a 2.0 % decrease isn’t achieved, the LCC will re-evaluate within the year and adjust the goal.

***Problem Statement #3***: Marion County has a higher number of gun violence in BIPOC communities.

1. Promote evidence-based approaches such as community violence intervention (CVI) programs by increasing awareness by 1.5% by the end of the year 2025. If a 1.5 % increase isn’t achieved, the LCC will re-evaluate within the year and adjust the goal.
2. Advocate for policy changes to allocate resources for successful intervention programs to decrease gun violence by 1.0% among Marion County youth aged 10 to 18 years, by the end of 2025. A 1.0 % decrease isn’t achieved the LCC will re-evaluate within the year and adjust the goal.

### Basic Principles

Drug Free Marion County supports programs that:

1. Employ Cultural Intelligent: program demonstrates inclusiveness, cultural sensitivity, and competence in serving target grant populations.
2. Use Best Practices/ Evidence -Based: program demonstrates incorporation of proven best practices\* for the service area
3. Are Community-Linked: program will connect participant with other community resources in ways that increase benefits for participants
4. Show Community-Based Collaboration: collaborative ventures grounded in community plans with clearly articulated and measurable community-level objectives
5. Offer Nicotine Cessation: Addiction programs that increase focus of treatment services that also include nicotine cessation.
6. Support Grassroots organizations that focus on Prevention/Education, Treatment/Intervention, Criminal or Justice/Law Enforcement.

Some examples of best practices can be found on the following websites:

* Substance Misuse & Mental Health Services Administration, Model Programs - [http://modelprograms.samhsa.gov/template\_cf.cfm?page=model\_list#Model](about:blank)
* National Institute on Drug Misuse, Research-Based Prevention Programs - [http://www.drugmisuse.gov/Prevention/examples.html](about:blank)

**Project Narrative**

Page One: Submit a one-page, single-spaced **Executive Summary** describing your proposal and organization. Must include the following: **1)** Summary of your proposal, **2)** Overview of your organization (years in existence, number of employees, mission statement), **3)** Experience or current programs related to your proposed project and **4)** Amount of funding requested.

(See “Basic Principles” above for guidelines regarding important components to be included in your proposal.)

### Beginning on Page Two, please answer the following questions using no more than five pages. Please make sure to answer ALL questions.

1. **What population will your project serve?** (Be Specific) **How will you obtain access to this population**? (Provide documentation of need through data, assessment and/ or statistics)
2. **What activities or services will you provide? Be VERY Specific.** (You may attach a brochure or a brief course outline to help us better understand your proposal.)
3. **Describe collaboration with other agencies and list their names.** (Attach letters of support (LOS) from ALL collaborating organizations. LOS are not counted in the 5-page limit.) What other partners or organizations will help you achieve these outcomes? If none, explain why collaboration is not necessary to support the project.
4. **What outcomes will you achieve?** (Examples: “After attending 4 hours of the evidence-based program, 80% of participants will be able to identify at least five (5) risk factors for substance misuse”, or “After 12 months of drunk-driving law enforcement campaign, the numbers of such arrests will have decreased from to .”)
5. **How will you know you achieved your outcomes identified in #4**? (How will you measure your impact? Examples: tracking administrative records, surveys, etc.)
   1. Required Attachments: Resumes of Executive Director / CEO, Project Director, and an Organizational Chart.

\*\* Video Introduction (in lieu of Project Narrative and questions, the application must include a submitted budget and budget narrative on the form provided)

1. Lastly, your short video introduction (5 to 7 mins).
   1. Tell us about your project and what your plans are.
   2. Tell us about your organization. What is your mission.
   3. Be creative!

#### Note – Submission of this application indicates that ALL recipients agree to:

* 1. Submit written quarterly reports and/or verbal reports as requested on the status of their project and verifying documentation which support invoice amounts to Drug Free Marion County/Marion County Prevention Alliance (MCPA); Submit all required attachments as applicable. Documentation must be emailed immediately after submitting the Grantee Report.
  2. Include an evaluation component to their program tracking the success of activities and services, in lieu of evaluation produce a tool to measure the effectiveness of the project.
  3. Schedule and host a site visit during the execution of these funds if awarded for DFMC/MCPA personnel to witness project.
  4. Send a representative to monthly Marion County Prevention Alliance meetings; and actively participate in all coalition meetings and committee meetings.
  5. Promote Drug Free Marion County/Marion County Prevention Alliance on ALL program materials (print, online, electronic) and link to your website.
  6. Recipients must attend 80% of yearlong MCPA meetings.
  7. Each funded organization will have at least one site visit.

#### Failure to comply with any of these stipulations will subject the agency/project to ineligibility for current and any future funding.