DRUG FREE COMMUNITY FUND

2024 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 15, 2024.

## **NO EXCEPTIONS.**

All questions should be directed to: Michaelangelo McClendon at (317) 254-2815 or [mmcclendon@drugfreemc.org](about:blank); or Manda Joseph at [ajoseph@drugfreemc.org](about:blank).

**AGENCY NAME**:

**Tax Identification Number (TIN): DUNS Number (not required)**: **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, Homeless, Health Disparate.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***: Marion County youth continue to have a higher risk of use from environmental stressors.

1. IYS reports in 2022 monthly a 2.4% of 6th graders use rate of Prescription Drugs is higher than the state percentage of 2.3%
2. Marion Co. 11th graders report monthly use rate 16.3% marijuana use the state use rate is 10.6% 11th graders.
3. 57.1% of Indiana 7th graders report feeling hopeless and sad and 53.5 % of 12th graders report feeling hopeless and sad

***Problem Statement #2:*** Marion County continues to have higher rates of overdoses related to both opioids and synthetic opioids.

1. According to Indiana Department of Health in 2022, Marion County reported 458 overdoses

deaths related to any drug.

1. According to Marion County Department of Health reports, since 2021 there has been an

average of 2-3 overdoses per day in Marion County and reports an increase in communities of poverty and of color.

***Problem Statement #3***: Communities with higher rates of poverty experiences higher rates of crime, substance misuse and violence in Marion County.

1. According to SAVI data in 2021 reports 34% of families in Marion County are living below the state poverty rate of 185

### 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 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.