

**2023**

**REQUEST FOR ASSISTANCE**

**Grant Requests will be accepted during the 2023 calendar year  
as follows:**

**January 1<sup>st</sup> through February 28<sup>th</sup>**

**June 1<sup>st</sup> – 30<sup>th</sup>**

**September 1<sup>st</sup> – 30<sup>th</sup>**

Date of Request: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Amount of Funding Being Requested: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person phone: \_\_\_\_\_

Fax \_\_\_\_\_ Email: \_\_\_\_\_

Please review the Problem Statements (numbered #1, #2, #3) which are a part of the Comprehensive Community Plan for the DRUG FREE HOWARD COUNTY COUNCIL ON SUBSTANCE ABUSE PREVENTION (LCC) that was approved by the Governor's Commission for a Drug Free Indiana. To be considered for funding, your program must meet one of these objectives and/or be directly correlated to addressing/resolving one of these problem statements.

**THE LCC'S PROBLEM STATEMENTS ARE ATTACHED TO THE END OF THIS DOCUMENT.**

**I. Problem Statement:**

Please identify which problem statement in the LCC's Comprehensive Community Plan that your program will address. Further, describe how your organization is addressing the identified problem along with providing your mission statement and organizational goals.

**II. Description of Program:**

Please provide a description of the project/program for which your organization is requesting funding along with:

- a) Target audience, including demographic information and estimated number to be served;

**III. Community Impact and Effectiveness:**

Please describe the impact this project will have on reducing drugs, alcohol and/or tobacco in our community. Describe how you will measure the effectiveness of your program. Complete the following...

<p><b>INPUTS</b> (\$\$ Monies, From Whom, Estimated Amounts, People/ Groups, For What Purpose, etc...?)</p>	<p><b>ACTIVITIES</b> (Be Very Specific, Strategies, Prospects?)</p>	<p><b>OUTPUTS</b> (Products and Tools, Numbers, Trained and Attended, What Changed in the Neighborhood/ How, Who was Effected, How Were Lives Changed?)</p>	<p><b>INITIAL, INTERMEDIATE &amp; LONGTERM OUTCOMES</b> (Indicate Which Timeframe for Each Including Beginning Date...)</p>

#### **IV. Information regarding Budget/Funding:**

Please attach a copy of the budget for your program and answer the following questions:

- a) What is the anticipated total cost to run this program?
- b) What funding amount is being requested from the LCC?
- c) Provide a detailed listing of anticipated expenditures.
- d) What other funding is currently available to your organization?
- e) What other sources of funding are being sought?

**V. Program Category:** (For purposes of compliance with the grant that funds these programs, it is important that you check the category that best fits a description of your program.)

#### **Definitions:**

Education/Prevention – (IC 5-2-11-1.8) Prevention means the anticipatory process that prepares and supports an individual and/or programs with the creation and reinforcement of healthy behaviors and lifestyles.

Treatment/Intervention – (IC 5-2-22-1.3) Activities performed to identify persons in need of addiction treatment services; and/or referring persons to or enrolling person in addiction treatment programs.

Criminal Justice – (IC 5-2-11-0.5) means programs that assist:

- (1) law enforcement agencies;
- (2) courts;
- (3) correctional facilities;
- (4) programs that offer probation services; and
- (5) community corrections programs;

with individuals who have alcohol or drug additions and who are suspected of having committed a felony or misdemeanor, have been charged with a felony or misdemeanor, or have been convicted of a felony or misdemeanor.

Circle one in this group that applies to your grant request (**see above for definitions**):

1. Education/Prevention
2. Treatment/Intervention
3. Criminal Justice (Law Enforcement-Corrections- Judiciary)

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Circle one in this group that applies to your grant request:

Birth to Pre- School                      School Age Youth                      Adult Probation  
Senior Citizens                      Other: \_\_\_\_\_

NOTE: PLEASE ATTACH ADDITIONAL PAGES IF REQUIRED: SUPPLEMENTAL PAGES MUST BE NUMBERED

**Each organization that receives assistance from the Mayors Community Based Substance Abuse Prevention Council shall be required to submit reports to the Council which fully disclose the allocation of all funds received to date along with updates regarding the effectiveness of your program. These reports must be provided, at a minimum, on an annual basis. Failure to provide documentation/statements disclosing the allocation of the grant funding could result in the discontinuation of any future funding.**

**Please submit the reports to Robert Pruett, Executive Director by email at [Robert@fsahc.org](mailto:Robert@fsahc.org) or Family Service Association, 618 S. Main Street, Kokomo, IN 46901. Telephone # (765) 457-9313**

Signature of Contact Person: \_\_\_\_\_

Date: \_\_\_\_\_

After you have submitted your Grant Request, the same will be reviewed by the appropriate subcommittee of the LCC (i.e. Prevention/Education; Treatment/Intervention; Criminal Justice). At the following month's meeting which you and/or your designated representative are welcome to attend, (LCC meetings are held on the 4<sup>th</sup> Tuesday of each month at 3:30 p.m. at the Kokomo Housing Authority (KHA) Board Room located at 400 E. Walnut Street) the subcommittee chairperson will present their recommendations regarding the Grant Request to the entire membership. Thereafter, discussions and a full vote will be held. If your Grant Request is approved, the same will be submitted to the Howard County Auditor's Office for release of payment. Approximately thirty-sixty days thereafter, a check will be mailed directly to the address provided on the Grant Request.

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**Please submit the original Grant Request to: Robert Pruett, Executive Director by email at [Robert@fsahc.org](mailto:Robert@fsahc.org) or Family Service Association, 618 S. Main Street, Kokomo, IN 46901. Telephone # (765) 457-9313**

***All grant requests must be thoroughly and accurately completed. Failure to do so will result in a denial of the grant request. However, you may revise the request and resubmit at a later date.***

(FOR COMMITTEE USE ONLY)

Application Committee: Yes \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

Council Approval: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted to the Howard County Auditor on \_\_\_\_\_

## **Problem Identification**

**Problem Statement #1: “Abuse of alcohol, tobacco and other substances by adolescents in Howard County continues to be a concern.”**

### **Objectives**

1. Promote and support organizations that use evidenced -based, approved prevention programs for children and adolescents.
2. Support programs that provide alcohol/drug treatment services to Howard county adolescents.
3. Survey Howard county junior and senior high school students regarding **alcohol, tobacco and other substance abuse.**
4. **Continue to build a strong collaboration with Howard county schools, educators and administrators to provide** drug identification, prevention and intervention efforts.
5. Encourage and support community-wide underage drinking/ drug education & prevention and awareness programs (e.g. Red Ribbon Week, Orange Crush Tour, Alcohol Awareness Month, “The Great American Smokeout,” “Kick Butts Day”) that address the negative impact of alcohol/ tobacco and other substance use.
6. Continue to develop, support and encourage the activities of the “Mayor’s Youth Council for Substance Abuse Prevention of Howard County.”
7. To continue to support community Mentoring Programs and After School programs that use effective substance abuse prevention methodologies and practices.

**Problem Statement #2: “Abuse of alcohol, tobacco and other substances by adults in Howard County continues to be a concern.”**

**Objectives:**

1. Support law enforcement with training and equipment to address drug/alcohol related criminal activity.
2. Support programs that provide alcohol/drug treatment services to Howard County adolescents.
3. To continue to educate the public regarding all of the substance abuse Treatment options that are available in Howard County.
4. To continue to raise public awareness and provide information through workshops, community events, seminars and other activities to educate adults on substance abuse issues.
5. To continue to support the “Drug Court” initiative and law enforcement and justice personnel in ongoing efforts of training regarding substance abuse issues.
6. To support law enforcement with the equipment to address alcohol and other substance related criminal activity.

**Problem Statement #3: “The relationship between domestic violence and substance abuse in Howard County continues to be a concern.”**

**Objectives:**

1. Educate youth regarding breaking the cycle of violence and the role substance abuse plays in the domestic violence.
2. Support programs that provide self-esteem education as it relates to domestic violence.
3. Support programs that provide treatment for victims of domestic violence as it relates to substance abuse.
4. Support programs that provide treatment for batterers.
5. Work to raise public awareness of the problem of alcohol/ substance use related issues related to domestic violence.