**Pulaski County Drug Free Council (PCDFC)**

**Request for Proposal (RFP) for Drug Free**

**Community Fund Awards**

**2019**

**Application requirements:**

* Complete pages 4 - 7
* Submit the original and 5 copies
* Postmarked by December 31

**Complete pages 4-7, make 3 copies, and provide to a Council member or mail to:**

Pulaski County Drug Free Council

P. O. Box 263

Winamac, IN 46996

**For additional information, contact:**

Sandra Lucas, Chairperson at 574-333-5050

sandraklucas@yahoo.com

**Declaration**

The Pulaski County Drug Free Council is the local alcohol, tobacco and other drug coalition of the Governor’s Commission for a Drug-Free Indiana. The mission of the LCC is to bring together representatives, organizations, and agencies, both public and private, which seek to provide optimal resources for the combating of alcohol, tobacco and other drug abuse in Pulaski County. The LCC formulates a countywide comprehensive plan, and evaluates and restructures this plan annually to ensure PCDFC goals are met. Finally, we fund various projects and programs by awarding grants from the local portion of the Drug Free Community Fund.

The PCDFC reserves the right to:

1. Negotiate a modification of the plan and/or budget and will award funds after an agreement has been reached.
2. Examine physical location, books, documents, papers, accounting records and other relevant information pertaining to the administration of the program at no cost to the LCC.
3. Deny funding to an applicant that does not support the PCDFC mission.
4. Deny future funding to an applicant that does not adhere to the Eligibility and Requirements or where there is a misappropriation of funds.
5. Deny funding to any incomplete applications.
6. Seek additional information from the applicant prior to or during the review process.

It is the intent that funds allocated through this request for proposal will only be used to support program development, implementation, and coordination of the proposed project. It is encouraged that Drug Free Community Funds not be the sole source of funding for proposed projects. The PCDFC encourages agencies to implement a plan to ensure continuation of the programs/projects after grant cessation. It is PCDFC policy that if there is evidence of misappropriation of funds, the agency will be required to return all award money and consideration of future awards will be jeopardized.

**How to Apply**

Proposals must be consistent with the PCDFC mission and address **Problem Statements, Goals and Objectives** listed in the Comprehensive Community Plan (refer to pages 10-11). Projects must fall under one of the following categories: Prevention/Education; Treatment; Criminal Justice/Law Enforcement.

**REQUIREMENTS:**

All applicants must submit a complete proposal (pages 4-7). **Incomplete proposals will not be considered**.

All applicants must submit **the original and 3 copies of their grant application**.

Applications (pages 4-7) must be received by **December 31, 2018.**

All applicants must commit to actively participate in the Pulaski County Drug Free Council as outlined in the Eligibility and Requirements section.

Any publication or public notice of the program by the recipient paid for out of the grant shall be credited to the Pulaski County Drug Free Council.

**Eligibility and Requirements**

Any individual, group or organization may submit a grant application for a new or existing program serving Pulaski County.

Each grant application must satisfy at least one of the problem statements and objectives outlined in the Pulaski County Comprehensive Community Plan as required by Indiana Code 5-2-11. (*these are the last 2 pages of grant*)

Grant recipients will be required to sign and comply with the ***Terms of Acceptance Agreement*** to receive funds (copy attached)

Grant recipients will be required to report the use of funds and the program’s results to the PCDFC.

Funds not utilized during the grant period (January through December) must be returned to the PCDFC.

**Pulaski County Drug Free Council**

**Drug Free Community Fund Grant Proposal**

**2019**

**COVER SHEET**

**Name of Project:**

**Applying Agency: (Name, Address, Telephone, Fax and E-mail)**

**Project Coordinator: (Name, Address, Telephone, E-mail)**

**Authorizing Agency Representative: (Name, Title, Address, Telephone)**

PCDFC Comprehensive Plan Problem Statement(s) and Outcomes to be addressed:

*(Identify problem statement and associated objective(s); refer to last 2 pages)*

Problem Statement #

Objectives:

I agree that if funded to any extent, a representative of this program will adhere to the

*Terms of Acceptance contract requirements*.

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Signature of Project Coordinator                                        Date

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Printed Name of Project Coordinator

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DO NOT FILL OUT THIS SECTION----------- FOR PCDFC USE ONLY:

\_\_\_\_Prevention/Education

\_\_\_\_Treatment/Intervention

\_\_\_\_Criminal Justice/Law Enforcement

**Project Proposal**

A. PROGRAM PROPOSAL:

B. METHODS: What is your program’s plan to address the problem statement(s) stated in “A” above? Please include the target population and the number of persons you will serve.

C. DESIRED OUTCOMES: What would your program like to see accomplished?

D. EVALUATION: How will your program determine if outcomes were met? Please be specific, including any tools or assessments.

E. BUDGET NARRATIVE: Please note any other sources of funding for your proposal.

**Budget Narrative**

A. Salaries (Please be sure to include direct services, administrative and support staff)

B. Personnel Benefits

C. Travel (Please provide the specific formulas used for estimates and reimbursements) State rate for mileage allowed

D. Office Supplies (Please be as specific as possible)

E. Equipment (Please be as specific as possible)

F. Facility Costs (Please be as specific as possible)

G. Contracted Services (Who, What, When, Where, How and Why)

H. Other (Please be as specific as possible)

I. Total Amount Requested from the Community Drug Free Fund:

**Pulaski County Drug Free Council**

***Terms of Acceptance***

**for Drug Free Community Grant Funds**

1. All individuals or agencies/organizations receiving Pulaski County Drug Free Community Grant Funds agree to serve as members on the Pulaski County Drug Free Council and attend 50 % of the meetings during the year in which the award is made. Meetings are held monthly and regular attendance by a principal individual or his/her designee is expected.
2. All individuals or agencies/organizations receiving Pulaski County Drug Free Community Grant Funds agree to submit Interim Report (due July 1) and Final Project Report (due December 1) to the Pulaski County Drug Free Council as well as any other requested statistics per request.
3. All individuals or agencies/organizations receiving Pulaski County Drug Free Community Fund Grant Funds agree to utilize the award for the applied purpose. Failure to do so without prior approval by the Pulaski County Drug Free Council will result in mandatory forfeiture of the entire grant award, and repayment thereof to the Drug Free Community Fund by the receiving individual or agency/organization.
4. All individuals or agency/organizations receiving Pulaski County Drug Free Community Grant Funds will maintain record of use of the awarded funds, including receipts, billing statements, invoices and other pertinent documentation. Copies of all relevant documentation will be supplied to the Pulaski County Drug Free Council with the Final Project Report – due December 1.
5. All individuals or agency/organizations receiving Pulaski County Drug Free Community Grant Funds will return any portion of the grant award not used during the calendar year in which the award was made.

By signing this document, I/we agree to all the terms set forth herein. I/We understand that failure to comply with any of these terms may result in the forfeiture of current funding and/or jeopardize future funding opportunities through the Pulaski County Drug Free Council.

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Name of Agency                            Name of Representative

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Representative’s Signature                        Date

**Pulaski County Drug Free Council**

**Drug Free Community Fund Grant**

**Interim Report Form**

DUE JULY 1ST (after the grant reception)

Name of Project:

Applying Agency: (Name, Address, Telephone, Fax and E-mail)

Provide a brief update of your project status and plans:

Name of person submitting Report:

Contact information:

**Pulaski County Drug Free Council**

**Drug Free Community Fund Grant**

**Final Report Form**

DUE DECEMBER 1ST - after the grant reception

Name of Project:

Applying Agency: (Name, Address, Telephone, Fax and E-mail)

Provide record of use of the awarded funds for the project: (including receipts, billing statements, invoices and/or other pertinent documentation)

Provide a summary of the project: (include number of people reached, general remarks of people, outcomes, overall impact and any other items you warrant)

Name of person submitting Report:

Contact information:

Problem Statement #1:

Goals:

Objectives:

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Problem Statement #

Goals:

Objectives:

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Problem Statement #

Goals:

Objectives: