

* GRANT * APPLICATION *

Mini Grant Application 2021

Fill out the following pages with necessary information, then you will review your answers before hitting the submit button. A docu-sign is also required for this application from the executive director/president of the board for your organization. If you have any issues, please contact Megan Broeker at drugfreewaynecountypartnership@gmail.com

I have reviewed the CCP and understand my grant application must align with the goals and objectives listed in the CCP. *

YES

NO

Organization Information

Full Legal Name of Organization *

Organization Website: *

Name and title of person applying for this grant *

Phone Number *

Area Code

Phone Number

Email Address: *

Organization President / Executive Director *

Is your organization a 501c3? *

YES

NO

Year Established *

Fiscal sponsor name

Fiscal sponsor address

Organizational Vision Statement: *

Organizational Mission Statement *

Brief 3-5 Sentence Description of Organization *

Population Served/Impacted: *

Does your organization have a policy regarding racial equity, including a policy against racial discrimination? Is it posted publicly? *

YES

NO

If you do not have this policy, do you plan to create one? What is the timeline for the policy to be posted publicly? *

Please take the time to look over the Community Comprehensive Plan (CCP) before answering the next questions. This is a reminder that your program has to relate to at least one of our problem statements, smart goals, and objectives.

Prevention

IC 5-2-11-1.8 "Prevention"

As used in this chapter, "prevention" means the anticipatory process that prepares and supports an individual and programs with the creation and reinforcement of healthy behaviors and lifestyles.

Criminal Justice Services and Activities

Justice/Law Enforcement

IC 5-2-11-0.5 "Criminal justice services and activities" As used in this chapter, "criminal justice services and activities"

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 addictions 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.

Intervention/Treatment

IC 5-2-11-1.3 "Intervention"

As used in this chapter, "intervention" means:

(1) activities performed to identify persons in need of addiction treatment services; and

(2) referring persons to or enrolling persons in addiction treatment programs.

Program Classification (please check the ONE category your program operates within.) *

Justice/Law Enforcement

Prevention/Education

Treatment

Problem Statements from state and local data

- Problem Statement #1: Adults & youth in Wayne County are using illicit hard

drugs specifically opioids and stimulants.

- Problem Statement #2: Adults and youth in Wayne County are misusing alcohol.
- Problem Statement #3: Adults and youth in Wayne County are using marijuana.

Select which problem statement(s) your organization's program will be focusing on: *

Problem Statement #1

Problem Statement #2

Problem Statement #3

Explain how your organization will target adults in Wayne County are using opioids and heroin. *

Explain how your organization will target adults and youth in Wayne County are misusing alcohol. *

Explain how your organization will target youth and adults in Wayne County are using marijuana. *

PROBLEM STATEMENT 1: SMART GOAL #1: Increase the number of adults seeking treatment for opioid and stimulant addiction by 3% by 2022. SMART
GOAL #2: Reduce overdose rate by 3% by 2022.

Objective 1: Support agencies engaged in the treatment of opioids and stimulants addiction through funding or promotion of evidence-based practices.

Objective 2: Support law enforcement/justice efforts to increase awareness of treatment options.

Objective 3: Support agencies engaged in the prevention of opioids and stimulants use through funding or promotion of evidence-based practices.

Objective 4: Support agencies engaged in the treatment of heroin and opiate addiction through funding or promotion of evidence-based practices.

Objective 5: Support law enforcement/justice efforts to reduce access to heroin and opiates.

Objective 6: Support agencies engaged in the prevention of heroin and opiate use through funding or promotion of evidence-based practices/treatment.

Please identify the objectives you checked (ex-objective 1 and objective 3) and explain how your project fulfills the objective:

PROBLEM STATEMENT 2: SMART GOAL #1: Increase the number of individuals entering into treatment for alcohol misuse/addiction by 2% by 2022. SMART GOAL #2: Offer 4 community events centered around reducing alcohol use by 2022, reaching a minimum of 15 individuals at each event.

Objective 1: Support agencies engaged in the evidence-based treatment of alcohol misuse..

Objective 2: Promote evidenced based awareness treatment activities in Wayne County.

Objective 3: Provide opportunities for support for those identified as adults (18 and older) that have misused alcohol; i.e. provide funding, treatment, or other support for individuals and/or families.

Objective 4: Support agencies engaged in the evidence-based treatment of alcohol misuse to spread awareness, offer support, etc.

Objective 5: Support evidence-based awareness activities in Wayne County aimed at reducing alcohol use.

Objective 6: Promote community events aimed at reducing alcohol use.

Please identify the objectives you checked (ex-objective 1 and objective 3) and explain how your project fulfills the objective:

PROBLEM STATEMENT 3: SMART GOAL #1: Increase the numbers of individuals entering into treatment for marijuana use by 5% in 2022. SMART GOAL #2: Be

below the National average on the Indiana Youth Survey (INYS) for marijuana in 2022.

Objective 1: Support agencies engaged in the evidence-based treatment of marijuana use

Objective 2: Promote evidenced based awareness treatment activities in Wayne County.

Objective 3: Support agencies engaged in prevention and law enforcement/justice efforts for marijuana treatment.

Objective 4: Promote/support local alternative activities for youth aimed at reducing marijuana use.

Objective 5: Support agencies engaged in the treatment of marijuana..

Objective 6: Support efforts that increase awareness of the dangers of using marijuana.

Please identify the objectives you checked (ex-objective 1 and objective 3) and explain how your project fulfills the objective:

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Proposal Request

Program / Project Name *

Requested Amount *

Are you applying for other funding sources? *

YES

NO

What other funding sources are you seeking? *

Geographic Area Served *

Estimated Start Date/End Date *

How many unduplicated persons will this project serve? *

What are the expected outcomes of your project? Describe your impact and measure success. *

How will your program be publicized? *

How will your program/agency promote Drug Free Wayne County Partnership? *

What are your plans for sustainability? *

Any additional information regarding your program: *