

**PROJECT SUMMARY FACE SHEET – Equipment Only
2018-2019 FUNDING CYCLE**

Project Title: _____

Objective (utilize at least one from the list on Form 4): _____

Applicant Agency: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Federal Identification Number: _____		
Project Contact Person: _____		Phone #: _____
Fax #: _____	E-mail address: _____	

Amount Requested from Drug Free Indiana Fund: \$ _____

Total Project Budget: _____ **Project length (months):** _____

Signature of Authorized Official: _____

Name and Title of Authorized Official: _____

Date: _____

**FORM 3: DRUG & ALCOHOL CONSORTIUM
PROGRAM PROPOSAL**

2018 – 2019 Outcomes, Indicators, and Targets

Please provide below the program's outcomes, indicators, instruments and targets that will be used to measure the program's success in 2018-2019.

Objective:

Time Frame: July 1, 2018 – June 30, 2019

Indicator¹:

Data Source²:

Target %³:

Estimated # of Participants:

Current Status:

Objective:

Time Frame: July 1, 2018 – June 30, 2019

Indicator¹:

Data Source²:

Target %³: 70%

Estimated # of Participants:

Current Status:

Objective:

Time Frame: July 1, 2018 – June 30, 2019

Indicator¹:

Data Source²:

Target %³:

Estimated # of Participants:

Current Status:

¹ Age of onset, Past 30 Day Usage, Perception of Harm, Peer/Parent Disapproval, Recidivism Rates, Successful Completion of Program Rates, Number of Arrests, Drug Screen Results, Pre/Post Tests, etc.

² Where you obtained your information (i.e. arrest records, survey name, type of test, etc.)

³ The percentage of participants that you intend to attain the outcome (70% means 70% of the participants achieved the goal).

**FORM 4: DRUG & ALCOHOL CONSORTIUM
OBJECTIVE SELECTION**

Problem Statement #1: The use and abuse of alcohol, marijuana and prescription drugs by youth continues to be a problem.

Problem Statement #2: The use and abuse of alcohol, marijuana and prescription drugs by adults continues to be a problem in Allen County.

Objectives:

1. Promote and support organizations that use evidence-based prevention programs for children/youth, especially high risk children/youth and children of substance abusers, to prevent or reduce underage alcohol or drug use or exposure.
2. Support organizations and programs that incorporate collaboration.
3. Provide information and build skills in parents and youth through training and other education in decreasing risk factors and increasing protective factors regarding ATOD use and promote environmental initiatives that decrease underage drinking and drug use: Reduction of access to prescription drugs, marijuana and alcohol (especially "training" drinks); Increased restrictions on youth-focused alcohol advertising; Educating the general public to secure prescription drugs and alcohol to reduce youth access.
4. Support efforts to increase social event monitoring and enforcement.
5. Support law enforcement with training and equipment to address alcohol and/or drug-related criminal activity.
6. Support school-based alcohol identification, prevention and intervention.
7. Support the development of a continuum of care for youth and their families through treatment centers, recovery homes, and local organizations that aid in reducing barriers to access treatment, especially early intervention.
8. Support the development of youth advocates and peer educators.
9. Build the coalition using the SPF model by strengthening participation, dialogue and activities with shared tasks across the community.
10. Support services to underserved populations through treatment centers, recovery homes, and local organizations that aid in reducing barriers to access treatment.
11. Educate adults on safe alcohol consumption practices.
12. Develop and expand relationships with health care providers to determine the impacts of alcohol abuse.
13. Support requests from prevention, law enforcement and treatment professionals to receive DAC-funded evidence-based training/staff development.
14. Assist in the promotion of a minimum of two unwanted prescription take-back days annually and continue to promote the four permanent drop-off locations for unwanted prescriptions.

FORM 5: DRUG & ALCOHOL CONSORTIUM PARTICIPATION – Page 1

Allen County Quiz Bowl for 4th - 7th graders – year(s) participated? _____

Northeast Indiana Regional Quiz Bowl – year(s) participated? _____

Red Ribbon Month (October) Activities:

Participate in poster contest with youth

Other _____

DAC Annual Meeting – year(s) attended? _____

All DAC Meeting/Training – year(s) attended? _____

Northeast Indiana Regional Training – year(s) attended? _____

Northeast Indiana Regional Annual Meeting – year(s) attended? _____

Submission of data for. . .

Comprehensive plan – what data? _____ what year(s)? _____

Allen County Strategic Plan – what data? _____ what year(s)? _____

Epidemiological Study – what data? _____ what year(s)? _____

Federal Progress Reports – what data? _____ what year(s)? _____

Evidence-based Prevention Training – date attended? _____

Alcohol Awareness Month activities (April) – what activity/ies & date(s)? _____

 Recovery Month activities (September) – what activity/ies & date(s)? _____

 School-based NAND Committees' activities - what activity/ies & date(s)? _____

 University Based Drug Task Force – year(s) attended? _____ activities? _____

 Community Speaker – Topic(s)? _____ Date(s)? _____

Location(s)/Event(s)? _____

Other _____

FORM 5: DRUG & ALCOHOL CONSORTIUM PARTICIPATION – Page 2

How many monthly DAC meetings has your organization attended in the last 12 months?

Names of the representatives attending?

Check which committee(s):

- Higher Education
- Intervention
- Justice
- Prevention



**Drug and Alcohol Consortium of Allen County
Equipment Assessment/Request Form**

DUE: March 29, 2018

Department _____ Date of Request _____

My department is currently the recipient of a DAC grant for the following program (or N/A): _____

My department is currently the recipient of grants from the following other organization/s (or N/A): _____

My department currently has (list number of **working** units):

Hand Held Radar ___ In-Car Radar ___ In-Car Video ___ Portable Breath Test ___ GPS units ___ Other (specify) ___

My department currently needs:

Hand Held Radar ___ In-Car Radar ___ In-Car Video ___ Portable Breath Test ___ GPS units ___ Other (specify) ___

My department spent these dollars from sources other than DAC in the last 3 years on the following categories:

Hand Held Radar ___ In-Car Radar ___ In-Car Video ___ Portable Breath Test ___ GPS units ___ Other (specify) ___

Please attach departmental equipment or fleet supply plans covering this equipment's expected life.

Please complete the number for each category in your department:

FT sworn officers _____ FT sworn officers working traffic patrol _____ Cars used for traffic patrol _____

Reserve officers working traffic patrol _____ Motorcycles for traffic patrol _____

Please complete the following for the equipment your department is requesting:

Type	Make	Model No.	No. of Units	Replacement or in Addition	Cost Per Unit	Expected Life
					\$	
					\$	
					\$	
				Total Request	\$	

1) Any proposed matching funds:

2) Please list other sources that you have requested to fund the listed equipment:

Please attach a separate sheet indicating justification, including a vendor quote, for this request. If this requirement is not met, the request will automatically be denied.

Signature of person completing this form _____ Date _____

Signature of Sheriff/Chief _____ Date _____

Printed name of Sheriff/Chief: _____ Phone Number: _____

RETURN TO: Jerri Lerch, DAC Executive Director, 532 W Jefferson Blvd, Fort Wayne IN 46802

This form is due to DAC no later than NOON on March 29, 2018.