

See our website for full instructions on grant guidelines: www.dacac.org

Require	d
1. Ap	plicant Agency Name *
2. Ad	dress *
3. City	y, State, Zip *
4. Fed	deral Identification Number *
5 A	
5. Ag	ency Mission *
6. Wh	ich of the following does your agency fall under? *
\bigcirc	501(c)3 Nonprofit Status operating in Allen County, IN
\circ	Incorporated entity doing business in Allen County, IN
\bigcirc	Governmental unit/agency/entity (ex: FWPD, ACJC, etc.)
\circ	Non-incorporated organization teamed with a non-profit or governmental agency operating in Allen County, IN that has agreed to serve as applicant organization's fiscal and administrative agent

7.	Primary Contact Name * This does not have to be the signer, but should be who we shall contact regarding the grant.
8.	Primary Contact Phone Number *
9.	Primary Contact Email *
10.	Name of Authorized Official (CEO/ED) *
11.	Please name your project below: *
12.	Choose the area of funding that best fits your project: *
	Trauma-Informed Trainings for Law Enforcement
	Prevention and Education of Substance Use Disorder
	Incentives for People Involved with the Justice System
13.	Describe the core features of your program. *
	Including: the delivery strategy, frequency and duration of the program, the materials you will need to deliver the program, your agency's time investment in programming for this project, etc.
14	Is your program/project evidence-based? *
.⊸.	Your program may be peer-reviewed, evidence-informed, evidence-based, or otherwise. If this program or project is listed in any national evidence-based registry lists, please provide the information for that here. If not, please describe how you know this will be an effective program or project.

15. Which of the following objectives do you anticipate your project will address, based on "best practices"? (You must choose at least one and write an outcome statement related to this/these objective(s) below.) *
Best practices are defined as "strategies, activities, or approaches, which have been shown through research and evaluation to be effective in the prevention and/or delay of substance use/abuse."
Implement evidence-based substance use prevention programs with children/youth
Provide community-based programming and education that assists in building skills in parents and/or youth to decrease risk factors and increase protective factors for safe alcohol use, substance use or underage drinking.
Provide training for or development of peer support programming
Provide services that aid in reducing barriers to treatment.
Educate youth or adults on safe alcohol consumption practices.
Provide staff development training regarding trauma-informed practice, prevention, ethical treatment or cultural competence in serving individuals with or at risk for alcohol or substance use concerns.
Provide school-based programming that assists in building skills in parents and/or youth to decrease risk factors and increase protective factors for safe alcohol use, substance use or underage drinking.
16. Which problem statement(s) would you be aiming to address? * This can be more than one but must be at least one.
Youth are at low protection for School Rewards for Prosocial Involvement compared to their peers across the nation.
Youth struggle with feelings of sadness, hopelessness, or suicidal ideation.
Attention, emphasis, and media coverage is focused on antisocial behaviors and negative aspects of youth and their actions.
Alcohol use and misuse is a problem within the county.
Individuals within the county have a low perception of the risks of substance misuse.
Individuals in the county report a higher than average favorable attitude towards substance use.
Low protection indicates a higher risk for alcohol and other drug use, among other problem behaviors.
Anti-social behavior increases community issues such as crime, delinquency, property damage, substance use, and teen pregnancy.
Poverty and community violence exacerbate anti-social behaviors, and decrease the presence of positive social norms that promote empathy, altruism, and civic responsibility.
17. Total Grant Request Dollar Amount (USD)Please note: The budget template we have provided is for your use only and is not required to submit with your application. *
19. Anticipated Total Number Served *
18. Anticipated Total Number Served *

including existing internal resources. *
20. Please describe any collaborative relationships other than DAC that support this project. *
21. How will you measure the success of this project? Please list at least two outcome statements related to this project. * Example Outcome Statement: DAC will reach 60 youth at the 4th, 5th, & 6th grade levels through Too Good For Drugs programming, which will run for 10 weeks, twice annually, with 80% of participation by youth in programming.
22. Choose target population that best fits your project: *
Adults
○ Youth
Older Adults (50+)

23.	Plea	se identify the following categories your clients fall into: *
		English as a second language
		Income below 100% FPL
		Income below 138% FPL
		Income at or below 150% FPL
		Unemployed
		Underemployed
		Unhoused
		Experiencing housing instability
		Parents
		Grandparents raising grandchildren
		Experiencing Substance Use Disorder
		In recovery
		On probation
		History of justice involvement
		Children of incarcerated parents
		Immigrant or refugee
		LGBTQIA+ individuals
		Other
24.	Plea	se check below indicating an understanding the following requirement: *
		Funding must include programming elements that address alcohol, prescription drug misuse, or illicit drug use in some way (prevention, intervention etc.)

awarded funding You must check all re			i be ilicidaed ili	your MOU, sho	aid you be
		w to be eligible for fu	nding.		
Attend regular www.dacac.org		gs as available/possib	le. (A schedule for t	these meetings can	be found at
Participate in co	ommunity-wide	data collection as requ	uested, including su	ccess stories, if/who	en requested.
1 1	-	ohol Consortium of Al elated to this project.	len County as a sup	pporting organization	on in all media
	submit a midpoii ss day of Februar	nt progress report (du y).	e the last business	day of August) and	final report (due on
	rally accepted accept	counting procedures to	o provide accurate	and timely recordin	g of project-related
Submit receipts	s for any approve	ed equipment purchas	es.		
Participate in co	ommunity-wide	data collection as requ	uested.		
Be prepared for auditing purpo		nscheduled site visits	to the program duri	ing the course of th	e grant period for
		neet any of the require available grant cycle.	ements, they will be	ineligible for fundi	ng for the remainder
By submitting an election legally binding equiv	ctronic signature, valent of a handw	ic signature as de , you are providing an ritten signature provic e until an official MOU	electronic mark, th	es not oblige the sign	gnor to the
27. How did we do o	•	t for Proposal forn			o Grantee).
	•	•		Doable	Easy-peasy
	your eligibility o	r score! We just want	to serve you well.	Doable	
This does not impact Format was	your eligibility o	r score! We just want	to serve you well.	Doable	
This does not impact Format was easy Questions were	your eligibility o	r score! We just want	to serve you well.	Doable	