



**SUPPORTING ADDICTION  
FREE ENVIRONMENTS**  
For Lake County. For life.

The coalition against **substance use, abuse & misuse**

# Supporting Addiction Free Environments (SAFE)

## 2018-2019 Grant Application

### Abstract

Coalition members seeking grant dollars for 2018-2019 grant cycle must complete this application and turn it in  
By April 30, 2018.

Dollars will be funded for programs given between July 1, 2018 and June 30, 2019.

219-757-1835

[Amanda.morrison@geminus.org](mailto:Amanda.morrison@geminus.org)

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Organization Name

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Category





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## GRANT PROPOSAL APPLICATION

*Dollars awarded for this proposal application must be spent between July 1, 2018 and June 30, 2019. Any monies remaining on June 30, 2019 must be refunded to Supporting Addiction Free Environments.*

### Agency/Organization Information Requesting Funds

Group/Agency seeking grant dollars

Contact Name

Address

City/State/Zip

Phone/Fax/Email

Liaison to Council (if different from above)

Phone/Fax/Email of Liaison to Coalition

### Accounting Information

Name of person responsible for accounting of funds

Title

Phone/fax/email

Does your agency have annual audits?  Yes  No

If no, are you able to setup a separate account to ensure funds are not commingled?  Yes  No





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## Grant Application Contact Information

Grant Contact Name

Title

Phone/Fax/Email

## Signatures

Person responsible for Agency/Organization:

----- Date:-----

Person responsible for Accounting of Funds:

----- Date:-----

Person responsible for Grant Application:

----- Date:-----

Supporting Addiction Free Environments Liaison:

----- Date:-----

## Official Use Only

Date Received: -----

Received By: -----

Signature: -----





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## Project Information

Project Name

Category of Program:  Education  Treatment  Law Enforcement

Check the Problem Statement(s) & corresponding objectives the proposed project will address:

**#1: There has been an increase in alcohol-induced deaths among adults in Lake County, for which Lake County already ranks 2nd highest in the State.**

**PS #1 Objectives**

- Support and fund training and/or equipment for officers in Lake County.
- Support youth prevention programs that educate on the dangers of underage and excessive drinking.
- Support educational and treatment programs that address impaired driving and substance use.
- Support treatment providers that treat and educate in alcohol and substance use.
- Support programs that decrease barriers and address service gaps to the access of treatment for youth and adults.

**#2: Lake County Youth are higher than the state average for use of Alcohol, Marijuana, Prescription Drugs and Heroin.**

**PS #2 Objectives**

- Support drug and teen courts as an alternative to incarceration.
- Support education and prevention programs for adolescents.
- Increase parental knowledge and training of the signs of drug abuse and how to identify environmental health risks associated with drug use.
- Support youth substance abuse treatment programs across the county.
- Increase the number of individuals that are trained in Evidence-Based programming to build the capacity of community members that can run prevention programs in schools and youth-serving organizations.
- Collaborate with local organizations to implement environmental strategies and social media campaigns across the county to educate the community, especially youth, about the dangers of alcohol, tobacco, and other drug use.
- Support the collaboration of Drug Free Community Efforts and increase the programs throughout the entire county.

**#3: There has been an increase in illicit drug use (and dependence) among adults in Lake County.**

**PS #3 Objectives**

- Support the implementation of effective, outcome-based and culturally competent treatment programs that show a measurable difference.





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- Support and increase access for adolescents and adults to treatment and aftercare services for substance abuse addictions.
- Support education and training for treatment, prevention, and law enforcement providers.
- Fund community education projects that support understanding of social alcohol and drug abuse among adults and how to cope with external and environmental factors leading to abuse.
- Support and fund training and/or equipment for officers in Lake County.
- Support programs that decrease barriers and address service gaps to the access of treatment for youth and adults.
- Support environmental strategies that work to decrease illicit drug use.
- Partner and collaborate with other coalitions to promote media campaigns against prescription drug and opiate use.
- Support police departments in implementing treatment plans for individuals that have overdosed.

Amount requested in your grant application \$

Total amount of the project \$

Is this application for equipment?  Yes  No Continuation of awarded grant?  Yes  No





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**Section 1 - Project Title & Projected Numbers Served - (Section 1 & 2 = Maximum 8 pages, make sure your project narrative does not go beyond page 12):**

Grant/Project Title:	
Number of persons <i>projected</i> to be served during the grant cycle (July 1, 2018 - June 30, 2019):	
Amount of SAFE Requesting:	
Cost per person served:	

**Section 2 - Project Narrative:**

1. Describe the goal of your project and provide a detailed timeline to accomplish this project from implementation to completion. Is the program being utilized in the project evidence-based and listed on the NREPP or OJJDP model program site? If it is evidence-based and not listed on these sites, please show where it is listed. (10 points)  
*[This field has unlimited input and will expand as needed to an additional page(s).]*





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**2. Provide data to demonstrate community need for the project. (10 points)**

*[This field has unlimited input and will expand as needed to an additional page(s).]*

**3. What problem statement(s) and objective(s) will your project address and how does the project work to address the SAFE mission statement? (25 points):**

*[This field has unlimited input and will expand as needed to an additional page(s).]*

**4. What target population will be addressed by this project and how many will be served? Please be specific. (5 points)**

*[This field has unlimited input and will expand as needed to an additional page(s).]*





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**5. What are the primary activities or services that will be provided and how they apply to ATOD prevention, treatment, and law enforcement? Who will be responsible for the project's implementation? Please provide the name and title of those implementing the project. (25 points):**

*[This field has unlimited input and will expand as needed to an additional page(s).]*

**6. What measurable outcomes will be accomplished by the project? How will you evaluate or measure the success of your project? (20 points):**

*[This field has unlimited input and will expand as needed to an additional page(s).]*

**7. How will this program/project be sustained after SAFE funding ends? Can the project run with partial funds? (5 points):**

*[This field has unlimited input and will expand as needed to an additional page(s).]*







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*page(s).]*

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## Budget/Budget Summary

*Provide Program Title*

### A. Personnel:

Position	Name	Annual Salary/Rate	Level of Effort	Cost
			TOTAL	

**JUSTIFICATION:**

### B. Fringe Benefits

Component	Rate	Wage	Cost
		TOTAL	

**JUSTIFICATION:**

### D. Equipment: Law Enforcement Only

Item(s)	Rate	Cost
	TOTAL	

**JUSTIFICATION:**

### E. Office Supplies

Item(s)	Rate	Cost
	TOTAL	







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## BUDGET SUMMARY & CERTIFICATION

PROJECT TITLE:

<i>Expense Category</i>	SAFE Funds	Other Funds	In-Kind	Total
Personnel	\$	\$	\$	\$
Fringe/Benefits	\$	\$	\$	\$
Equipment (Law Enforcement Only)	\$	\$	\$	\$
Office Supplies	\$	\$	\$	\$
Program Materials/Supplies	\$	\$	\$	\$
Other Expenses	\$	\$	\$	\$
<b>TOTAL EXPENSES</b>	\$	\$	\$	\$

The undersigned hereby: Certifies that the information included in this application is accurate and correct; affirms awareness and support of the above project and this request for funding from the SAFE; agrees to ensure that progress reports are submitted as required by the SAFE; and commits our agency to participate in the SAFE general and committee meetings as scheduled.

Signature

Title

Date

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