

Pulaski County Drug Free Council (PCDFC)

Request for Proposal (RFP) for Drug  
Free Community Fund Awards  
2008

Applications must be postmarked by:  
Friday, November 2, 2007

Applications must be sent to:  
Mark Hamilton – Chairperson  
PCDFC  
P. O. Box 263  
Winamac, IN 46996  
219-567-2534

## 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 and Objectives listed in the Comprehensive Community Plan (copies available upon request). Projects must fall under one of the following categories: Prevention/Education; Treatment; Criminal Justice/Law Enforcement.

### Applicant requirements:

- ✓ All applicants must submit a complete proposal. **Incomplete proposals will not be considered.**

- ✓ All applicants must submit **5 copies of their grant application.**
- ✓ 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.
- Grant recipients will be required to attend 50% of the yearly PCDFC monthly meetings.
- 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.

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Drug Free Community Fund Grant Proposal  
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**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:**

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

Phone Number

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**DO NOT FILL OUT THIS SECTION**

**FOR PCDFC USE ONLY:**

Prevention/Education

Treatment/Intervention

Criminal Justice/Law Enforcement

# Project Proposal

*Please briefly complete the following*

- 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 you will use.
  
- 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:**