



CARES Grant Applicant Number _____
[For office use only]

Monroe County CARES, Inc. 2013 Drug Free Communities Fund Application

A local coordinating council of the governor's commission for a drug free Indiana established to coordinate, support and promote local efforts to prevent and reduce harmful involvement with alcohol and other drugs.

**Grant Application Deadline: Applications must be sent electronically and post marked by
April 12, 2013. 5:00 PM***

Send completed grant application electronically and by mail to: llmeuser@me.com

Lisa Meuser
CARES Coordinator
P.O. Box 3312
Bloomington, IN 47402

***Format of grant cannot be altered in any way or it will not be accepted**

** All grants must target preventing and reducing harmful involvement with alcohol, tobacco, and other drugs (ATOD)*

** Out of fairness to all applicants, applications submitted past the deadline will not be considered.*

** A CARES grant help session is offered March 13, 2013, 12pm-2pm.*

** If funded your agency must complete mid and year-end CARES reports by the deadline date.*

** It is mandatory that a representative from your agency will have attended the 2013 February community meeting (February 21) or the 2013 technical assistance meeting (mentioned above).*

** Technical services are available throughout the funding year by an assigned program liaison.*

** The CARES Drug Free Communities Fund Application is worth a score value of 100%*

**If you have any questions please contact the Monroe County CARES coordinator: llmeuser@me.com
Visit our website at: www.monroecountycares.org**

Application Information:

Organization Name:

Grant/Program Name:

Contact Person:

Phone Number: _

FAX Number (optional):

Email Address:

Mailing Address

Amount of funding Requested:

This program is: New _____ Existing _____



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Prior CARES funding received by your Agency (indicate previous amount or *none*):

	Amount	Program
2010		
2011		
2012		

1. Program Strategy (30%): Please address the following in a clear and concise manner. Your answers must be in the section of the chart provided otherwise you will receive point deductions. If your program chooses to target more than one CARES Problem Statement, please see footnote below.¹

a. Problem Statement(s): Indicate which CARES Problem Statement and CARES Objective your program will address. Problem statements are listed on the last page of this application. Please cut and paste your choice.

b. Project Goal (5%): A broad statement of your program’s purpose, often using words such as “to decrease”, “to increase”, or “to maintain”. *Example: “to decrease tobacco use ”*

¹ If your program targets more than one CARES Problem Statement, copy and paste only the info below to another sheet. Be sure to avoid pasting in the correlating instructions and section number '1' as this will misalign your application. (If using multiple charts, the score will be averaged between them.)



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c. Objectives (10%): Measurable, specific steps you will take to reach the goal(s) listed above. *Example: To hold 5 tobacco-education programs.*

d. Performance Indicators (15%): Helps an organization define and measure progress toward the CARES Mission. Provide quantifiable measurements your program will use to reflect progress towards preventing and reducing harmful involvement with alcohol, tobacco, and other drugs. *Example: ___% of participants who attended the sessions reported a ___% decrease in tobacco use as evidenced by pre-test/post-test responses.*



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2. **Supportive Program Data (25%):** Not to exceed two single-spaced, typed pages. Provide documented evidence, *quantitatively*, that your program's ATOD component(s) is effective and addresses the needs of the community as reflected in the CARES Problem Statement(s) and CARES Objective(s). ***Please follow the format and respond to each section (a-i) individually.***

a. Identify your program's specific Alcohol, Tobacco, and Other Drugs (ATOD) components and activities.

b. Identify the ATOD percentage **of the program for which you are seeking funding.**



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c. Provide data that shows program need in Monroe County, local data preferred. Must include source of data.

d. Describe relevant training, certification, and qualifications of any personnel involved in program delivery.



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e. Cite a research reference or documentation that your program is evidence-based or is an effective strategy.

f. Percent of program clients/participants served who are from Monroe County.



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g. Where, when and how often the program will be held.

h. Transportation support (if any).

i. Program collaboration that may exist with other agencies or community members.



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3. **Program Evaluation (10%):** Not to exceed one single-spaced, typed page. Please provide a detailed description of the tools or processes your program uses or will use to measure the performance indicators that meet the CARES Problem Statement(s) and CARES Objective(s). Describe how you are collecting and evaluating this program data as noted in Section 1. Indicators are usually *quantitative* measures but may also be *qualitative* observations. (For example: surveys, attendance, post-tests, changes in arrests/prosecutions, relapses, etc.).



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- 4. Justify Program Impact (10%):** Not to exceed one, single-spaced, typed page. Please describe in detail, *qualitatively*, how your program and/or program components directly impact the CARES Mission and the Problem Statement(s) and Objective(s) you listed in Section 1.



5. Financial/Budget Projections (5%)

Budget Category	CARES Funds Requested	Other Funds Applied to Project	TOTAL
Personnel			
Activities			
Travel/Training			
Equip/Supplies			
Facility			
Other:			
TOTAL			

6. Budget Narrative (10%):

a. Will your program be able to implement the ATOD aspects of the program with partial funding?

b. What is total annual cost to run your program? Include in-kind support.

c. Provide a detailed description of the costs associated with implementing the ATOD components of your program.



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- 7. Timeline (5 %):** Detail a timeline for your ATOD component(s) and the activities of your program. Specify when these events will begin and end. **Include planning and evaluation in the timeline.**

- 8. End of the year report (5%):** This score is awarded from a 5-point scale that is based upon the end-of-the-year evaluation report that you previously submitted (2011-2012). **New Grantees need not reply and will not be penalized.**



Signature Component

The CARES grant application must be signed for consideration of funding. Electronic Signature is not required. Mail the signed CARES grant application (hard copy) postmarked April 13, 2013 to:

Lisa Meuser, CARES Coordinator
P.O. BOX 3312
BLOOMINGTON, IN 47402
llmeuser@me.com

Expenditure of Money for the Designated Program/Project

Monroe County CARES, Inc. and the Monroe County Commissioners allocate money from the Drug-Free Communities Fund based upon the information contained in this application. The recipient agency must apply in writing for modification of its grant award to Monroe County CARES, Inc. for (1) an intended change in the scope of the Program/Project, or (2) an expected inability to fully utilize all funds for the approved Program/Project during the grant year (August 1, 2012 – July 31, 2013). Monroe County CARES, Inc. will respond to the request for modification within 30 days. Extensions will not be granted beyond December 31, 2013.

If the recipient agency does not utilize the grant to fund the Program/Project for which it was awarded in the grant year, or any approved extension thereof, all unused money shall be returned to the County's Drug-Free Communities Fund for reallocation in the succeeding grant year.

The undersigned Chief Operating Officer affirms that s/he has reviewed the forgoing Grant Application, understands its content, states that the information contained in it is accurate, and is authorized to execute it on behalf of the Application Agency. Providing false information is grounds for disqualification. The applicant agrees to provide additional documentation upon request by the CARES board.

*Signature of Chief Operating Official
Applicant Agency*

Title

Date



Monroe County CARES, Inc. 2011 Problem Statements and Objectives

A local coordinating council of the governor's commission for a drug free Indiana established to coordinate, support and promote local efforts to prevent and reduce harmful involvement with alcohol and other drugs.

Problem Statement #1: Driving under the influence of any substance and other illicit activities, including violence, are linked to alcohol and other drug abuse.

Objectives

1. Provide funding for criminal justice agencies for training, equipment, and programming that could aid in the detection, apprehension, and conviction of individuals involved in illegal substance related activity.
2. Support efforts designed to address repeat offenders and decrease recidivism.
3. Establish education/training programs for the community, parents, bars, and retail stores with regard to illegal substances and their consumption, contributing to minors, underage purchases, use of fake identification to gain access to alcohol, and social-host-liability issues.
4. Support programs and enforcement to reduce over-consumption of alcohol among drinkers of majority.
5. Support the use of intervention tools to monitor offenders' substance use while under the supervision of the criminal justice system.

Problem Statement #2: Individual and families in distress or conflict with issues relating to substance abuse are in need of treatment services yet often experience barriers to treatment.

Objectives

1. Maintain or increase the availability and accessibility of current services for addiction treatment in the county.
2. Support the continuum of care in our community via recovery support services, family programs, early identification and intervention services.
3. Develop public forums and media strategies (articles in newspaper, radio, internet and TV coverage) about the effectiveness of treatment, options for addictions and treatment and the consequences of lack of treatment.
4. Advocate for additional sources of funding/programming to enhance and expand treatment access for Monroe County residents.
5. Promote an increased awareness of the issues relating to addictions and treatment services.

Problem Statement #3: Monroe County has a pervasive culture of alcohol, tobacco, and other drugs (ATOD) resulting in high social acceptance of use and abuse and high social access to ATOD.

Objectives

1. Support of campaigns that change social norms of acceptance including but not limited to: Normative education, host liability, underage purchases and consumption of ATOD.
2. Support evidence based ATOD prevention programs that target youth and young adults.
3. Support prevention and education initiatives that minimize the risks associated with consumption of ATOD.
4. Support prevention and education initiatives that increase protective factors associated with reducing or eliminating ATOD use and abuse.