LOCAL COORDINATING COUNCIL APPLICATION FOR GRANT FUNDING

*The mission of the LCC shall be to improve the quality of life in Dearborn County by creating county-wide Awareness of alcohol, tobacco, and other drug (*AOD*) issues and reducing abuse of and dependency on These substances through prevention/education, treatment/intervention, and criminal justice.*

1. Date: _____

2. Name of Program:

_____

3. Name of Agency/Organization Submitting Proposal:

_____

4. Project Director: _____ 5. Title: _____

6. Address:

_____

7. Phone: _____ 8. Email: _____

9. Type of Agency: ____ Not for Profit ____ Government Agency ____ For Profit

10. Description of Organization:

_____

_____

_____

11. Type of Project:

___ Education/Prevention ___ Intervention Treatment ___ Criminal Justice

Education/Prevention – programs aimed at preventing alcohol abuse and other drug us in groups who are not currently using alcohol and/or other drugs.
Intervention/Treatment - programs focused on methods of intervention and/or treatment in groups of people using or abusing alcohol and/or other drugs or at a significant know risk of use.
Criminal Justice – programs addressing methods to increase efforts in law enforcement and/or criminal justice aimed at reducing alcohol and other drug use.

12. Amount of Funding Requested: _____ 13. Total Cost of Project: _____

14. Describe your project and the anticipated long-term outcomes regarding AOD? Use additional pages as needed to give the LCC a view of your project and its impact on alcohol, tobacco, and

other drug education/prevention, intervention/treatment, and criminal justice.

_____
_____
_____
_____
_____
_____

15. Itemized Budget: Please attach budget for your proposed project.

16. Do you anticipate funding from other sources for this project? (Y/N) _____
If yes, describe:
_____
_____

17. Who is your target population? _____

If funded, I understand that my organization is required to provide a completed form and if asked, receipts for the money spent to the Local Coordinating Council. I understand that failure to submit a completion report will jeopardize future funding. I understand that if all monies are not spent, I will return unspent funds. I also understand that if funded, a representative from our organization be required to attend no less than 6 regular meetings of the Dearborn County LCC. An attendance log will be kept of all attendees of regular meetings and reviewed as a part of the funding consideration.

Signature: _____ Date: _____

For Local Coordinating Council Use Only

Date application Received: Date reviewed by LCC: Approved: (Y/N) _____

Amount approved: Date paid: Received report: