



**REQUEST FOR PROPOSALS
2010 DRUG-FREE COMMUNITIES FUND**

THE LAKE COUNTY DRUG FREE ALLIANCE
The Governor's Commission for a Drug-Free Indiana

Responses, questions or concerns can be directed to:

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The 2010 Drug Free Community Fund (DFCF) Application

Applications are due on or before **January 29, 2010** at the above address.

These funds can only be used to carry out recommended actions contained in Lake County's Comprehensive Drug Free Communities Plan approved by the Governor's Commission for a Drug-Free Indiana

**PLEASE FOLLOW THE DIRECTIONS OF THIS APPLICATION
CAREFULLY TO INCREASE FUNDING POTENTIAL FOR YOUR
REQUESTED PROPOSAL.**

I. COVER SHEET (Please use this form to create a one-page cover sheet.)

Organization Name: _____

Tax exempt status of agency or your sponsoring organization: _____

Tax I.D. # _____

Year organization was founded: _____ Date of application: _____

Address: _____

Telephone number: _____

Director: _____

Contact Person and title (if not director): _____

Grant request amount: _____

INDICATE THE PROBLEM STATEMENT(S) & OBJECTIVE(S) THIS PROJECT BEST ADDRESSES _____

Please Check Type of Program

Prevention/Education Treatment/Intervention Justice/Law Enforcement

How many (unduplicated) persons will the project serve **during the funding period?**

_____ 0-5 years old _____ Elementary Age _____ Middle School _____ High School

_____ College students _____ Adults (under 65) _____ Adults (65 and over)

PLEASE INDICATE ANY SPECIFIC POPULATIONS YOU WILL BE SERVING.

_____ *(i.e. Hispanics, Parents, Indigent, etc.)*



Prevention • Treatment • Law Enforcement

Project title: _____

Total project budget: _____ Total organizational budget: _____

Starting date of fiscal year: _____

Summarize the organization's mission (2-3 sentences): _____

Summary of project or grant request (2-3 sentences): _____



II. NARRATIVE (maximum of five pages)

A. Introduction and Background of Organization (Incorporating the following points :)

1. Briefly describe your organization's history and major accomplishments.
2. Describe your organization's management and capacity.
3. Describe your current programs and activities.
4. Who is your constituency (be specific about demographics such as race, class, gender, ethnicity, age, sexual orientation and people with disabilities)? How are they involved in your work and how do they benefit from this program and/or your organization?
5. If you are a grassroots group, describe your community group and community. If you are a state, regional or national organization, describe your work with local groups.

B. Describe Your Request (Incorporating the following points :)

1. **DFA Problem Statements:** Which of the five (5) problem statements or needs does your Proposal address?
2. If other than general operating support, describe the program for which you seek funding, why you decided to pursue this project and whether it is new or ongoing.
3. What are the goals, objectives and activities/strategies involved in your request? Describe your specific activities/strategies using a timeline over the course of this request.
4. How does this project relate to the recommended actions of the DFA's Comprehensive Community Plan (CCP)?
5. List the projected outputs and outcomes of this project and the methods on measuring the process.

III. ATTACHMENTS/REQUIREMENTS

A. Evaluation

1. Briefly describe your plan for evaluating the success of the project or for your organization's work. (If a DFCF grant is awarded, two written evaluation reports will be required from grant recipients in regards to their program and how the funds are used. The evaluation results will be kept on record by the Drug Free Alliance.)

B. Organizational Structure/Administration

1. Who will be involved in carrying out the plans outlined in this request? What is their title and range of responsibilities in the organization? Describe the qualifications of key individuals involved in the project.

C. Other Supporting Material

1. Letters of support (no more than 3)
2. A copy of your organization's 501-3C Status.



□ 3. Describe your plans for future funding and sustainability.

IV. BUDGET

(Please use this form to explain proposed project expenditures)

Describe proposed budget Include all In-Kind Contributions in this Section

	DFCF \$	other \$ (Please identify sources)
Personnel Salary (Treatment Only)	\$ _____	_____
Contract Services	\$ _____	_____
Travel/Per Diem	\$ _____	_____
Equipment (Only for Law Enforcement)	\$ _____	_____
Other (specify)	\$ _____	_____
Total Project Budget	\$ _____	_____

Note: Drug Community Funds can not be used for facility rent, office supplies and *equipment.

*** (Only for Law Enforcement)**

V. Budget Narrative

This is for requested funds only. Do not include In-Kind Contributions in this Section.

- A. Salaries/ Personnel Benefits** (Please be sure to include direct service, administrative and support staff) **Note: No salaries will be paid with the exception of in the area of Treatment.**
- B. Contracted Services**
- C. Travel** (Please provide the specific formulas used for estimates and reimbursements)
- D. Equipment (Only for Law Enforcement)**
- E. Other** (Be as specific as possible)
- F. Total Budget Amount**



Application Process and Guidelines for applicants

The Lake County Drug Free Alliance (DFA) published this Request for Proposal (RFP) in local newspapers in October and November of 2009 inviting related organizations to submit applications for funding of programs consistent to the Alliance's mission and addressing the 5 problem statements. Any not for profit organization, or organization partnering with a not for profit may apply. The DFA receives proposals and three Sub Committees review each application individually. The Sub-Committees then determine which applications best fulfill requirements. The recommendations of the Sub Committees are forwarded to an independent reviewer. The independent reviewer then reviews the applications and the recommendations of the three Sub-Committees and forwards funding recommendations to the Executive Board of Directors of the Lake County Drug Free Alliance for final authorization as required by Indiana law governing this process. The allocation amounts are determined by merits of the project, DFA community goals and objectives, need, program model, number of applicants, past performance, clarity, comparison to similar proposals and indication of self-reliance (sustainability) in maintaining the program. **Please note that submission of a grant application, even one that meets all grant requirements, does not guarantee receipt of an award.** With the sole exception of the area of treatment, no salaries may be paid with DFA Funds. In addition, grant awards higher than \$10,000.00 may be made in two disbursements.

Guidelines for Applicants:

1. It is the intent that funds allocated through this request for proposal will only support program development, implementation and coordination of the proposed project. Review the attached Problem Statements and Recommended Actions in the DFA's Comprehensive Community Plan (CCP) for guidance.
2. **Three workshops for applicants are scheduled as follow:**
3. **The first workshop is from 9:30 am to 11:30 am on Tuesday, October 20, 2009 at the Lake County Visitor Center in Hammond, located at 7770 Corinne Drive, Hammond, Indiana 46324.**
4. **The second workshop is from 1:30 pm to 3:30 pm on Wednesday, November 18, 2009 at Ivy Tech Community College, 1440 E. 35th Ave, Gary, Indiana 46409.**
5. **The third and final grant workshop for this year is from 6-8 pm on Thursday, December 3, 2009 at the Lake County Drug Free Alliance headquarters located at 2450 West 93rd Avenue in Crown Point.**
6. **All applicants must attend at least one of these workshops. There are no exceptions to this requirement.**
7. **The original completed application along with 4 copies, are due Friday **January 29, 2010.**** Completed applications must be submitted to, or received by the Lake County Drug Free Alliance's Office located at 2450 West 93rd Avenue, in Crown Point, IN 46307 by 2 p.m. (CST) that day for consideration to be granted.
8. The original application should be marked "original" and 4 copies of the completed application(s) should be typed and each copy should be stapled.

9. The application should contain a cover sheet, a proposal narrative with a maximum of five-pages, a budget form and any attachments such as support letters.
10. Upon acceptance of award, your agency is committed to be an “**active participant**” in the Lake County Drug Free Alliance by attending 80 % of meetings and actively participating on a subcommittee and relevant SPF-SIG work group for the year funded or for the duration of the grant. The DFA reserves the right to determine work group relevance.
11. You must also agree to submit any required evaluation reports in a timely manner indicating all pertinent data related to the funded program(s).
12. The name and logo of the Drug Free Alliance must be included in all relevant and funded informational and promotional activities and materials and listed as one of your funding sources.

Please note the following timeline for the RFP applications:

• October 20 st , 2009	Mandatory Technical Assistance Meetings for applicants
• November 18 th , 2009	Mandatory Technical Assistance Meetings for applicants
• December 3 rd , 2009	Mandatory Technical Assistance Meetings for applicants
• January 29 th , 2010	Proposals Due at Lake County Drug Free Alliance Office
• February of 2010	Reviewing of Applications Takes Place by Sub-committees
• March of 2010	Independent Reviewer & Executive Board conduct Application Reviews
• April of 2010	Executive Board & Co-Chairs Approve Funding
• By May 30 th , 2010	DFA Disburses Allocated Funds

Proposals must be consistent with the Drug Free Alliance’s mission and the programs and must identifiably meet one, or more of the objectives outlined below in addition to addressing the attached Problem Statements and any DFA recommended actions:

Prevention/Education: Programs, activities, services or materials aimed at deterring individuals from the use or abuse of, or addiction to alcohol, tobacco and other drugs. Proven programs and approaches are preferred to strategies without measurable outcomes.

- Educational programs, to build skills through structured learning processes;
- Skill developing programs that build personal resistance to use and abuse;
- Community and professional mobilization that provide ongoing networking activities and technical assistance to community groups or agencies;
- Alternative programming that gives healthy alternatives to the use and abuse of alcohol and other drugs while at the same time discouraging this use; or
- Social policy and environmental change programs that establish or change written and unwritten community standards, norms, codes and attitudes.

Treatment/Intervention: Services for those who are identified as in need of recovery from problems associated with excessive or inappropriate use or addiction to alcohol and/or other drugs. Treatment providers are required by Indiana law to be certified by the Division of Mental Health and Addictions, according to Indiana Code 12-23. Services cover a spectrum of activities such as:

- Identification, intervention, referral and assessment,
- Continuum of treatment services ranging from the least restrictive care in outpatient programs or school or community-based intervention and treatment services, to the most restrictive, as in; in-patient, residential and supported living or halfway house settings.

Criminal Justice/Law Enforcement: Efforts that deal with the legal consequences of substance abuse. This should include:

- Law enforcement, prosecution, probation and judicial and correctional services. Examples of justice efforts include but are not limited to:
- Drug Courts;
- Victim impact panels;
- The purchase of equipment used for identifying or prosecuting alcohol and other drug-related offenses;
- Juvenile justice programs;
- Drug interdiction task force activities

Please note that funds may not be used for the purchase of weapons.

Also, please note that the mission and purpose of a program, classifies that program. For example, D.A.R.E. is provided by law enforcement, but is in actuality, a Prevention Program. Consequently, (DARE) would not qualify as a law enforcement program under Drug Free Alliance Guidelines.

STATEMENT OF EQUALITY

The Lake County Drug Free Alliance recognizes that alcohol; tobacco and other drugs affect every member of the community, regardless of age, race, religion, gender, ethnicity, sexual orientation, physical or mental ability, or financial status. While programs may be targeted toward specific sub-populations, our Comprehensive Community Plan is designed to encourage the community, through its many diverse organizations, to meet the needs of all individuals.