

**CITIZENS AGAINST DRUG ABUSE (CADA)
Grant Application
2020**

Applicant Agency:

Project Title:

Address:

City:

State:

Zip Code:

Contact Person:

Phone #:

E-mail address:

Amount requested from CADA (Drug-Free Communities Fund): \$ **(Not to exceed \$1,500)**

Total Program Cost: \$

Estimated Program Duration (months):

Has this agency been funded previously? **yes** **no**

If your agency is approved for funding, the check should be made payable to:

Please identify the preferred mailing address for the check:

I, the undersigned, affirm that I am aware of and support the aforementioned proposal for funding of the program from the Local Drug-Free Communities Fund. I understand that I or another representative from my organization must attend **three** Citizens Against Drug Abuse (CADA) meetings within one year from receiving the grant. I understand that our organization will be responsible to present a verbal program report along with the completed Progress Report based on this funding cycle. Any unused funds must either be returned to CADA or approved by the CADA board for use into the next following year. My failure to meet these obligations could affect my future funding opportunities from CADA.

I agree to the above mentioned terms

Signature

Date

Title

Agency

1. Please place a checkmark in the box that represents which problem statement and objective is met by the grant application. You should select one problem statement then check the appropriate objectives under that problem statement that your grant fulfills.

Problem Statement 1: Alcohol, tobacco and other drug (ATOD) use among youth and adults in Wells County is problematic.

Objectives:

- Support community awareness programs on ATOD in Wells County
- Support means for early identification of juveniles at risk in Wells County of abusing ATOD
- Encourage programs that support post-intervention rehabilitation in Wells County

Problem Statement 2: There is a lack of affordable resources and an ongoing need for ATOD education, prevention and treatment services in Wells County.

Objectives:

- Support ATOD education, prevention and treatment programming currently available in Wells County
- Encourage and support new ATOD education, prevention and treatment programs in Wells County
- Seek and support options in Wells County to remove barriers to treatment

2. Please explain how your program will address outcome measurements.

Objective: *(which action you are addressing from question #1)*

Indicator: *(what you are going to measure)*

Time Frame: *(time frame you are going to measure)*

Data Source: *(who/what will collect information for you)*

Data Collection Method: *(how you are going to get information)*

Estimated # of Participants: *(anticipated number to be served)*

Objective:

Indicator:

Time Frame:

Data Source:

Data Collection Method:

Estimated # of Participants:

Program Budget

6. Please explain how the grant funds requested from CADA will be spent. Explain by providing a breakdown of expenses outlining specifically how you will use the money.

List individual items	List cost for each item \$\$
TOTAL	\$

(feel free to attach additional budget information if needed to further explain the program)

Total Requested Amount: \$ _____

If the request is more than CADA can fund in full, are additional funding sources available?

yes no

FOR OFFICE USE ONLY

prevention/education
 criminal justice
 intervention

2018 Board Attendance: # _____

Previous Program Report Completed:
 verbal
 written

Date Submitted: _____