



Partners for a Drug Free Cass County
Grant Application Form 2024-2025

Please Note: This application must be fully completed and received via hard copy (hand delivery, email, or mail) by the Coordinator, Nikki Malott **no later than 3:00pm on March 1, 2024.**

Organization: _____ **Date:** _____

Contact Person: _____ **Phone:** _____

Address: _____ **Email:** _____

Name of designated representative of your organization: _____

Funds to be distributed to _____
(for check writing purposes)

Name of Project: _____ **Amount Requested:** _____

Type of Project: Please check one:
 Education/Prevention
 Intervention/Treatment
 Law Enforcement/Criminal Justice

Project is to address which of the following Problem Statements:
 Cass County continues to have a problem with use, misuse, and abuse of alcohol.
 Cass County continues to have a problem with use of marijuana.
 Cass County has had a steady rise with opioid misuse and abuse.

PROJECT SUMMARY: _____ **Total Number to be served:** _____
Target Population: (check all that apply)
 Pre-school Elementary Middle School High School
 College Young Adults Parents Older Adults
 Senior Citizens Other (specify): _____

Briefly Describe the Project: (Attach additional pages if necessary)

Why is this program needed? Please provide supportive data/statistics to document need.

**How does this project support the mission of Partners for a Drug Free Cass County?
Please be specific.**

Which S.M.A.R.T goals does this project address? Please indicate below

Problem Statement #1
Goal 1 Support programming with a focus on risks of ATOD use/abuse in order to lower the monthly use, as reported on the INYS.
Goal 2 Provide educational presence, distribution of resources, and continue community surveys throughout our community. Participate in at least 2 events per year.
Problem Statement #2
Goal 1 To increase awareness of risk to both juvenile and adult population in the next three years as indicated by annual community surveys conducted by the LCC and partners.
Goal 2 Provide educational presence, distribution of resources, and continue community surveys throughout our community, by participating in at least 2 events per year. Partner with and support youth and family programs/initiatives that prevent use/misuse of substances.
Problem Statement #3
Goal 1 Collect and track data for Cass County as it becomes more available. Request data and adjust goals as needed. Work closely with partners on programs/initiatives in the community.
Goal 2 Participate/ be available for school programs/clubs such as S.A.D.D. groups in local high schools and participate in school programming for elementary school. Increase or maintain school participation each year.

Additional details on SMART Goals?

Describe your expected outcome(s). As a result of this project, what do you expect to happen? Please specify in measurable terms?

How will you measure success? What measuring tools (i.e., pre and post surveys, arrest records, etc.) will you be using to document the success of this project?

Itemized budget (attach if necessary)

I, the undersigned, have reviewed the 2024-2025 Grant Guidelines and agree to the following:

_____ Attendance requirement, by myself or designee, of a minimum of 6 meetings and participation in 2 hours at a projects/event in order to be eligible for future funding.

_____ report updates from your organization (Reporting Form or other method) to the Coordinator including an accounting of the monies received and amount spent.

Signature

Date