**Hendricks County Health Partnership – LCC/SATF**

**Grant Application Form 2024**

Applications must be submitted by email, using this supplied Grant Application form, to the Coordinator ***at least 4 weeks prior to the February Partnership Meeting (as-in, by the January Partnership Meeting) or at least 4 weeks prior to the October Partnership meeting (as-in, by the September Partnership Meeting)***. Any grant application received after this deadline will not be considered by the LCC-SATF Executive Board (aka Substance Use Special Interest Subcommittee).

\***NOTE:** Applicants or a Proxy must have attended a minimum of 75% of Partnership meetings in the previous 12 month period prior to grant application month to be eligible to apply.

Each grant application will be reviewed and discussed by the SATF Executive Board via email to determine eligibility and quality. Applicants may be asked follow-up questions by the SATF Executive Board regarding their application prior to the application being voted on and recommended for approval to the Partnership. *If your application is approved, applicants or a Proxy are required to attend the February or October Partnership meeting in order to present their approved proposal to the Partnership*.

**Organization:**

**Date of Submission:**

**Contact Person:**

**Phone:**

**Address:**

**Email:**

**Funds to be distributed to:**

**(for check writing purposes)**

**Name of Project: ­­­­­­­­­­­­**

**Amount Requested:**

**PROJECT SUMMARY:**

**Category of Project:**

* Education/Prevention/Youth
* Intervention/Treatment/Recovery
* Law Enforcement/Criminal Justice

**Target Population:**

(Highlight all that apply)

* Pre-school
* Elementary
* Middle School
* High School
* College
* Young Adults
* Adults and/or Parents
* Senior Citizens
* Other (specify):

**Briefly describe the project in your own words, focusing on why this project would be a benefit to Hendricks County**:

**How does this project/program adhere to the Partnership’s Mission and the “Comprehensive Community Plan approved by the Governor’s Commission for a Drug Free Indiana”? Please be specific.**

**Please show quantitative and/or qualitative proof that the proposed project/program is evidence-based. (If project or program is listed on a national evidence-based registry, please attach the registration document.)**

**Describe how you will measure the success of expected outcomes/benefits of this project/program. Please include an explanation of how these expected outcomes will benefit the specified target population listed above.**

**Clearly indicate your agency’s financial need for this project. Please include an explanation of the other funding sources that have been researched and/or utilized.**

**Clearly indicate your financial sustainability plan for the project/program, including an explanation of how the project will be sustained without Partnership funds in the future.**

**Please fill out this proposed itemized budget for your project/program (edit this table as necessary):**

|  |  |  |
| --- | --- | --- |
| **Item Name** | **Description** | **Amount** |
| Personnel/Wages |  | $ |
| Marketing & Outreach |  | $ |
| Supplies or Materials |  | $ |
| Event Rental Space |  | $ |
| Event Operations (Speakers, food, etc.) |  | $ |
| (Other) |  | $ |
| (Other) |  | $ |
| (Other) |  | $ |
| **TOTAL AMOUNT REQUESTED** | $ |

**If your grant application is approved:**

1. Funded Applicants or a Proxy must continue to attend a minimum of 75% of Partnership meetings in the 12 month period following grant approval, as well as participate in at least 1 community event related to the mission of the Partnership. A funded organization that fails to comply with these requirements will be placed on probation and prohibited from reapplying for funding until two years (24 months) after original grant approval.
2. All grantees are required to submit an Outcome Report no later than 12 months following a project/program’s implementation, documenting the results of the project/program according to the grant application’s judgement criteria as listed in Article VII, Section 3. Grantees may include attachments as needed, on the form provided by the Partnership to document progress towards goals as outlined in the Comprehensive Community Plan.
3. Any material misrepresentation will result in forfeiture of rights to apply for funding up to 24 months from confirmation of infraction. It is expected that any funds disbursed related to the infraction will be returned to the Partnership within 30 days of written notice from the Partnership.
4. Any modifications to the use of the funding must be submitted as a revised grant application to the Partnership Coordinator and SATF Executive Board for re-approval before the grantee can change the original use of funding.
5. Any funds approved for disbursement must be utilized within 12 months of approval. Any remaining funds after the 12 month period must be returned to the general fund.

**Submission**

I, the undersigned, have reviewed the guidelines in this Grant Application and agree to the requirements listed above if my grant application is approved, including the attendance requirements and the outcome report requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date