

ERIE COUNTY DRUG AND ALCOHOL COALITION GRANT GUIDELINES

PURPOSE

The Erie County Drug and Alcohol Coalition Grant Program has been initiated to support the Coalitions' commitment to reduce substance abuse in Erie County; educate the community about prevention, intervention and treatment; and to promote a linked network between agencies and individuals.

The goals of the program are:

- To address public attitudes and perceptions –among children and adults – toward the use of illegal drugs and alcohol.
- To prevent substance abuse by encouraging interaction, collaboration and cooperation among community groups, parents, educators, students, businesses and law enforcement agencies.
- To help develop and expand community groups and grassroots organizations dedicated to fighting drug and alcohol abuse.
- To facilitate drug and alcohol training and education for the community.

DURATION OF GRANT

Grant project periods for the Erie County Drug and Alcohol Coalition Grant Program must occur during the current fiscal year in which the applicant is applying for funding. The Fiscal Year runs July 1st through June 30th.

Grant applications must be received and approved before a project can commence.

ELIGIBILITY

The activity, to be eligible for funding, must be in concert with the purpose of the program and mission of the Coalition.

The applicant must be a private, non-profit organization pursuant to 26 U.S.C. § 501 (c)(3) or (4), or other Erie County service agency. No applicant may act as a pass-through entity in order to provide assistance to another recipient.

Parent groups committed to changing the attitudes and perceptions of the public toward the misuse of drugs and alcohol are eligible for grants.

ERIE COUNTY DRUG AND ALCOHOL COALITION

GRANT APPLICATION

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| Project Title | Federal ID or Social Security Number |
| Name of Organization | Project Director or Organization Contact |
| Address of Organization | |
| Official Title of Director | Email Address of Organization Official |
| Phone # of Organization Ext. _____ | Project Contact and Email Ext. _____ Email: _____ |
| Funds Amount Requested \$ _____ | Duration of Project a. Starting Date _____ b. Completion Date _____ |

GRANT APPLICATION SPECIFICS

- 1. Goals or objectives of project:**
- 2. Organization's vision and mission statements:**
- 3. Targeted problem and/or need:**
- 4. Planned approach to address problem or need:**
- 5. How will this grant reduce substance use in Erie County? And/or how does it educate the community about prevention, intervention and treatment?**
- 6. Is this onetime event or project? Or, does it involve multiple dates?**
- 7. Does this project involve more than one agency/group? If yes, please list:**
- 8. Describe how funds will be utilized:**
- 9. Please list any other pertinent information:**

GRANT ASSURANCES

The applicant assures and certifies with respect to the grant that:

1. Applicant possesses legal authority to apply for the grant and a motion, resolution or similar action has been duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of an application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.
2. Applicant will comply with all federal and Commonwealth laws in that no person shall, on the grounds of race, color, sex, national origin, religion or disability be excluded from participation in, be denied benefits of, or otherwise subjected to discrimination under the program for which the applicant is requesting a grant from the Erie County Drug and Alcohol Coalition.
3. Upon request, the applicant will give to the Erie County Drug and Alcohol Coalition access to and the right to examine all records, books and documents related to the grant.
4. If the grant funds are used in a manner other than as set forth in this application or the assurances certified to in this document are determined to be false, the applicant and the members of its governing body agree to repay the full amount of the grant to the Erie County Drug and Alcohol Coalition.

Signature _____ Date _____

Title: