

DRUG-FREE COMMUNITIES

Service Grant Application

2008

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The DFC service grant is designed to empower community-based coalitions to increase the education and drug-free alternative activities in the neighborhoods of Newport News. These activities provided to youth where they live, help youth to be productive and develop healthy social skills to prevent Alcohol, Tobacco and Other Drug (ATOD) use. The opportunity to submit a proposal for the DFC service grant is available to Community Builders Network, Inc. member coalitions who plan to implement neighborhood-based activities for youth at high risk.

The Drug-Free Communities Grant was awarded to the City of Newport News by the White House Office of National Drug Control (ONDCP). The Hampton-Newport News Community Services Board (H-NNCSB) is the fiscal agent for the DFC Grant. Proposals for the DFC service grants are to be submitted to the H-NNCSB Prevention Services Department. The Grants Committee of the Community Builders Network, Inc. will aid the H-NNCSB in the service grant review and selection process.

PROPOSAL INFORMATION AND GUIDELINES:

- Organizations must be active members of the Community Builders Network, Inc.
- Funding will be for neighborhood-based prevention program/activity expenditures (excluding facility rental, salaries, stipends, utility bills, etc.) that occur between April 1, 2008 and September 30, 2008. All funds must be spent by September 30, 2008.
- Organizations may only submit one proposal request that does not exceed \$2,500.
- Services must include Newport News youth.
- The DFC service grant is not appropriate for projects that focus on reducing ATOD use in individuals who currently use or are experimental users of alcohol, tobacco, and/or other drugs.
- Proposals are due April 18, 2008. Applications after that date will not be considered. If your organization is awarded the grant, we will be able to reimburse your organization for approved expenditures on or after April 1, 2008.
- Awards are based on (but not limited to) the availability of funding, purpose & location of prevention program/activity, number of youth served & expected outcomes, and the number of proposals received.
- Organizations will be notified of the decision no later than April 25, 2008. If approved for funding, final reports will be due October 31, 2008.
- The Drug Free Communities Supported Activities/Programs Memorandum of Agreement states that, "Future funding for activities/programs will not be considered unless all required documents and conditions have been met." Organizations that did not turn all of their October, 2006 – September, 2007 grant paperwork in on time will not be considered for this year's DFC service grant. When these organizations turn in all of their paperwork from the previous grant, they will be able to apply for a DFC service grant during the October, 2008 – September, 2009 grant period.

COMPLETE THE ENTIRE PROPOSAL: Fill out the application clearly and completely. Remember-**all** sections of this application must be completed, including the budget worksheet.

WHERE TO RETURN COMPLETED PROPOSAL:

Mail, fax or drop off completed application to:
H-NN Community Services Board- Prevention Services Department
300 Medical Drive, 2nd Fl, Hampton, VA 23666
Phone: (757) 788-0010 Fax: (757) 788-0968



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PLEASE REFER TO THE PROPOSAL GUIDELINES BEFORE FILLING OUT THIS APPLICATION.

DATE : _____

NAME OF COALITION: _____

COALITION MAILING ADDRESS: _____
City State Zip

OFFICE PHONE #: _____ **COALITION E-MAIL:** _____

CONTACT PERSON: _____

CONTACT PERSON'S PHONE#: _____ **E-MAIL:** _____

IS YOUR ORGANIZATION A 501 (C) 3? (Y/N) _____

PROGRAM INFORMATION

TITLE OF PREVENTION PROGRAM / ACTIVITY: _____

PREVENTION PROGRAM / ACTIVITY LOCATION: _____

PREVENTION PROGRAM / ACTIVITY DATES: (Must occur between April 1, 2008 – September 30, 2008)

Start Date _____ **End Date** _____

Days of the Week _____ **Time(s):** _____

Will you be partnering with another organization on this project? (Y/N) _____

If yes, what organization? _____

What other funding sources have your organization secured for your prevention program/activity? _____

What was funded and how much? _____



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QUESTIONS (1-6)

Answer each of the following questions **completely**. Please attach the response on a separate sheet of paper. Each response should be **no shorter** than one paragraph. Type/ write your answers as clearly as possible.

- 1. Describe your prevention program/activity in detail. (Include program goals, timeline of events, activities and number of volunteers/staff- include number of youth and adults.)**

- 2. Describe the prevention program/activity's target audience. (Who will this program/activity benefit? Give the age range and number of youth expected to participate.)**

- 3. How will your prevention program/activity**
 - a) Make an improvement in preventing alcohol, tobacco, and other drug use in your community?**
 - b) Provide opportunities for youth participation in the community?**
 - c) Raise expectations for youth?**

- 4. Does your prevention program/activity reflect a youth-adult partnership? If so, describe how.**

- 5. Describe in detail, how you will know that your prevention program/activity is working.**

- 6. Submit your budget on the Budget Worksheet provided.**

Provide us with an updated membership application. Is there any additional information about your organization that we may need to know to better assess your needs? Include activities and other programs that your organization conducts. (This is for informational purposes only. Responding to this statement does not affect your chances of securing funding through the DFC Service Grant).



