

WAKE COUNTY BOARD OF ALCOHOLIC CONTROL
Grant Application Guidelines
Grant Application Submission Dates:

Applications will be accepted from July 1st through September 1st

If you have any questions, please contact Joel Keith at 919-832-2726 or email inquiries to jkeith@wakeabc.com

GRANT ELIGIBILITY AND RESTRICTIONS:

1. Grants will be made only to non-profit, tax-exempt, charitable organizations which are exempt under Section 501 (c) (3) of the Internal Revenue Code or to governmental entities such as the State of North Carolina and its agencies, municipal corporations, and political subdivisions of the State.
2. Funding is only available for the treatment of alcoholism or substance abuse, or for research or education on alcohol or substance abuse, per Chapter 18B-805 (h) of the North Carolina General Statutes. These guidelines will be strictly adhered to.
3. Funding is restricted to programs that provide services primarily to Wake County residents.
4. Grants will be made for a one-time project or on-going project.
5. Agencies that do not meet reporting and evaluation guidelines will be excluded from consideration for future funding.
6. Grant recipients may be required to provide matching funds equal to the amount of the requested grant.
7. Grant payments will be made at the midpoint of the requested funds being matched and at the total of the requested funds being matched.
8. All grant money must be spent or encumbered to the awarded project prior to June 30 of the program year. An extension may be given upon request.
9. Evaluation Report Forms must be submitted at the conclusion of the grant cycle (no later than August 15th). Failure to meet the report deadlines will disqualify the organization from future ABC funding.
10. Applicants will be notified in writing of project funding.

ORGANIZATION INFORMATION

Organization Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Website address: _____

Contact Person and Title: _____

Telephone Number: _____ Fax Number: _____

E-mail: _____

Name & Title of CEO/Director (*if different from contact person*) _____

Brief Statement about Organization History and Mission:

PROPOSAL INFORMATION

New Project On-going Project

Grant Request Amount : \$ _____

Total Project Budget: \$ _____

Project Title: _____

Brief Summary of Project: (please use space provided)

Names of Collaborative Partners/Organizations:

Signature of CEO: _____ Date: _____

INSTRUCTIONS:

Please use the following outline to complete your proposal. Be thorough, but succinct in your responses.

SECTION A: CASE FOR SUPPORT

1. What need/problem specific to the "treatment of alcoholism or substance abuse, or research or education on alcohol or substance abuse" will this project address?
2. How will the need/problem be addressed through this project?
3. What population is this project designed to serve?
4. Why and how is this target population at risk to alcohol or substance abuse?
5. How will the identified target population benefit from this project?
6. What is the strategy to reach this target population?
7. What other organizations will be involved in this project?

SECTION B: PROJECT IMPLEMENTATION/MANAGEMENT

1. Provide a timeline to demonstrate how this project will be implemented. The timeline should include specific steps, key staff and volunteer involvement, as well as collaborative partner involvement in each step.
2. Provide names and qualifications of key staff/volunteers and collaborative partners

SECTION C: EVALUATION

What methods will you use to evaluate the project's impact on alcoholism and substance abuse and how will the impact be measured? Answer this question using the following outline:

1. Goals (What changes do you seek to create?)
2. Strategies to achieve goals (What will be done to facilitate change?)
3. Measurements of success (How will you define success?)
4. Measurement tools (What methods will be used to track and measure progress toward goals?)

SECTION D: BUDGET

(See attached budget form). It is important that you provide a line-item budget accompanied by a budget narrative.

SECTION E: PROJECT SUSTAINABILITY

1. If this is an ongoing project, how will the organization support this project in the future if it is to continue?
2. What additional resources are needed to support this project and what are your plans for procuring them?

SECTION F: REQUIRED SUPPORTING DOCUMENTS

- ✓ Organization's previous and current annual budget
- ✓ Audited financial statement within the last two years
- ✓ A copy of the original IRS determination letter indicating 501 (c) (3) tax exempt status
- ✓ Current Board of Directors (include occupation and/or community affiliations, and board responsibilities)
- ✓ Letters of support (maximum of three)

REMINDER: APPLICATIONS SHOULD BE MAILED TO:

Joel Keith
Wake County Board of Alcoholic Control
1212 Wicker Drive
Raleigh, NC 27604

Applications are to include one (1) original and six (6) copies. Include attachments with the original application only.

Questions? Please contact:

Joel Keith
919-832-2726
jkeith@wakeabc.com

ABC Board Grant Application Funding Budget Form

Organization: _____

Budget Item

<u>Name of Source</u>	<u>Amount</u>	<u>Total</u>	<u>Amount</u>
<i>Salary, Contractual, Consultant</i>			
_____	_____ #hrs/wk	_____ \$/hr	\$ _____
Staff Member	_____	\$ _____	\$ _____
_____	_____ #hrs/wk	_____ \$/hr	\$ _____
Staff Member	_____	\$ _____	\$ _____
_____	_____ #hrs/wk	_____ \$/hr	\$ _____
Staff Member	_____	\$ _____	\$ _____
_____	_____ #hrs/wk	_____ \$/hr	\$ _____
Staff Member	_____	\$ _____	\$ _____
Total Salary, Contractual, Consultant Expenses			\$ _____
_____	\$ _____	\$ _____	

Printing (brochures, flyers, handouts, etc.)

Item _____	_____ #copies	_____ \$/copy	\$ _____
_____	_____	\$ _____	\$ _____
Item _____	_____ #copies	_____ \$/copy	\$ _____
_____	_____	\$ _____	\$ _____
Total Printing Expenses			\$ _____
_____	\$ _____	\$ _____	

Supplies (paper, notebooks, clip boards, pens, pencils, visual aids, etc.)

Item _____	_____ quantity	_____ \$/unit	\$ _____
_____	_____	\$ _____	\$ _____
Item _____	_____ quantity	_____ \$/unit	\$ _____
_____	_____	\$ _____	\$ _____
Item _____	_____ quantity	_____ \$/unit	\$ _____
_____	_____	\$ _____	\$ _____
Item _____	_____ quantity	_____ \$/unit	\$ _____
_____	_____	\$ _____	\$ _____
Total Supplies Expenses			\$ _____
_____	\$ _____	\$ _____	

Postage

Item _____ quantity _____ \$/each \$ _____
\$ _____ \$ _____

Item _____ quantity _____ \$/each \$ _____
\$ _____ \$ _____

Total Postage Expenses \$ _____
\$ _____ \$ _____

Technology (software, telecommunication equipment, etc.)

Item _____ quantity _____ \$/each \$ _____
\$ _____ \$ _____

Item _____ quantity _____ \$/each \$ _____
\$ _____ \$ _____

Total Technology Expenses \$ _____
\$ _____ \$ _____

Educational Materials (videos, books, pamphlets, etc.)

Item _____ quantity _____ \$/each \$ _____
\$ _____ \$ _____

Item _____ quantity _____ \$/each \$ _____
\$ _____ \$ _____

Item _____ quantity _____ \$/each \$ _____
\$ _____ \$ _____

Item _____ quantity _____ \$/each \$ _____
\$ _____ \$ _____

Total Technology Expenses \$ _____
\$ _____ \$ _____

Conferences/Meetings

_____ S _____ \$ _____
\$ _____ \$ _____

Name of Conference #Staff Attending Registration Fee

Total Conferences/Meetings Expenses \$ _____
\$ _____ \$ _____

Client/Patient Per Diem

_____ #client/patients _____ #days _____ \$/day \$ _____
\$ _____ \$ _____

_____ #client/patients _____ #days _____ \$/day \$ _____
\$ _____ \$ _____

Total Client/Patient Per Diem Expenses \$ _____
\$ _____ \$ _____

Other (please specify)

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<i>Total Other Expenses</i>	\$ _____	\$ _____	\$ _____

PROJECT

SOURCE

TOTAL: \$ _____

(Please attach a **detailed** budget narrative to explain each line item on the budget and how it is linked to the project being submitted for funding.)

OTH