***Wake County***

***Alcoholic Beverage Control Board***

**Fiscal Year 2023-2024 Grant Application**

The Wake County Alcoholic Beverage Control (ABC) Board has set a goal of providing supplemental funding (per North Carolina General Statute 18B-805(H)) to qualifying Wake County organizations and government agencies for programs and services involved in the treatment, research, and/or education of alcoholism or substance abuse.

**WHO QUALIFIES?**

Grants will be made only to non-profit, tax exempt, charitable, or government organizations. Such organizations must be exempt under Section 501(c)(3) of the Federal Internal Revenue code or are government entities such as the State of North Carolina, Wake County, or municipalities within Wake County.

**WHAT ARE THE CRITERIA?**

* Funding is only available for the programs and services of treatment and/or education of alcoholism or substance abuse per NC General Statute 18B-805(H).
* When considering the total amount of budgeted grant monies that Wake County Alcoholic Beverage Control will distribute, the following weighted ratio will be used:
	+ Treatment 70% of total Wake County ABC grant funding
	+ Education 30% of total Wake County ABC grant funding
* Funding is restricted to programs and services for only Wake County residents.
* Grant applications can be for one-time or re-occurring programs and services.
* Funding should go to operations and not capital projects such as new facilities.
* Applicants are encouraged to seek a supplemental and/or matching funding at least equal to or more than the requested grant. Matching support must be received within the same fiscal year as approved funding by Wake County ABC. Documentation verifying such funds may be requested.

**WHAT IS THE TIME LINE FOR THE GRANT PROCESS?**

1. *Application submittal:* Grant applications must be submitted into Wake County ABC offices between (Monday) July 3 at 8:00 am and (Friday) September 1 at 5:00pm.
2. *Site Visits:* Before the application is considered by the Wake County ABC Board, site or virtual visits will be periodically conducted to verify compliance with the grant criteria.
3. *Wake County ABC Board consideration:* Applicants will be notified by the Wake County ABC General Manager regarding when their application will be considered by the Board. The Board will not consider all grants at one meeting rather they are heard at various regularly scheduled meetings throughout the calendar year.
4. *Notification of consideration:* Applicants will be notified in writing of funding approval or denial within two (2) weeks after the Board considers the submittal. If funding is approved, it will be distributed within 30 days.

**HOW DO I MAKE AN APPLICATION?**

Please submit ten (10) complete copies of all materials to the address listed below. No submittal will be considered unless the completed application (pages 2-7) and all required documentation is provided with the number of copies requested. Please direct any questions to Wake County ABC’s General Manager at 919.832.2726.

**Wake County ABC Board**

**Attn: General Manager**

**1212 Wicker Drive**

**Raleigh, NC 27604**

***Wake County Alcoholic Beverage Control***

***Fiscal Year 2032-2024 Grant Applications***

**PLEASE TYPE IN, PRINT, AND SUBMIT THE FOLLOWING INFORMATION IN THE SPACES PROVIDED.**

**SECTION A: ORGANIZATIONAL INFORMATION**

|  |
| --- |
| Organization’s name:  |
| Organization’s physical address:  |
| City / State / Zip:  |
| Organization’s mailing address (if different):  |
| City / State / Zip:  |
| Organization’s website address:  |
| Organization’s Facebook handle (if have a page):  |
| Organization’s Twitter handle (if have a page):  |
|  |
| Contact person’s name:  |
| Contact person’s title:  |
| Contact person’s phone number:  |
| Contact person’s email address:  |
|  |
| Give a brief summary of what your organization does (in 100 words or less):*(type here)* |

**SECTION B: GRANT INFORMATION**

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| Amount of grant funds requested from Wake County ABC: $ |
| Total budget amount of your organization: $ |
|  |
| What type of work is your organization requesting funds for? (check/click on the box for all that apply)  [ ] Treatment [ ]  Education |
| Number of people your organization will serve through this grant:  |
| What percentage of people that you totally serve are dealing with alcohol or substance abuse?:  |
| Population/demographic that your project is designed to serve through this grant: (check/click on the box for all that apply)  [ ] Men [ ]  Women [ ]  Children |
| Is your organization based in Wake County and do you plan for expenditures to remain in Wake County? [ ]  Yes [ ]  No |
|  |
| ***TREATMENT****If you have designated that your organization provides treatment, please answer the following questions below. If you have not designated such, simply leave the questions blank* |
| Explain how your organization provides treatment for alcohol and substance abuse: (in 200 words or less)*(type here)* |
| Explain how you set benchmarks and evaluate your successes/failures involving treatment: (in 400 words or less)*(type here)* |
|  |
| ***EDUCATION****If you have designated that your organization provides education, please answer the following questions below. If you have not designated such, simply leave the questions blank* |
| Explain how your organization educates people on alcohol and substance abuse: (in 200 words or less)*(type here)* |
| Explain how you set benchmarks and evaluate your successes/failures involving education: (in 400 words or less)*(type here)* |
|  |
| List the services of which your organization provides which are conducted through your staff: *(type here)* |
| List the services of which your organization provides which are contracted out through another organization:*(type here)* |
| Does your organization provide grant funds to any other organization? If yes, please provide list of who has been funded.*(type here)* |

**SECTION C: BUDGET INFORMATION**

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| --- |
| *Please include included the following supplemental information labeling each with the corresponding designated attachment letter (i.e. A, B, C…) as listed below.* * Attachment A: Current or forecasted budgets for your entire organization (please note all revenue and expenditure line items)
* Attachment B: Current or forecasted budgets for this specific grant project (include costs of printed materials, digital content, staffing, etc.)
* Attachment C: List of partnering agencies from which your organization is also receiving money from
* Attachment D: List of your organization’s staff members involved in this grant project, their titles, and their salaries
* Attachment E: List of the current Board of Directors including their responsibilities
* Attachment F: List of facilities that your organization manages and operates from
* Attachment G: Most recent financial audit report. The Board will not consider a grant request unless such a report has been completed within the last twelve calendar months.
* Attachment H: IRS documentation verifying tax exempt status if you are not a governmental agency
* Attachment I: Letter of support from individuals, partnering agencies, or those you serve (three will suffice)
 |

By signing below, I acknowledge that on behalf of our organization, all answers and supplemental materials, as part of this application, are honest and truthful to the best of my knowledge. I understand that at any point in time, Wake County Alcoholic Beverage Control may ask for additional information and request meetings to discuss this grant request. I understand that if funding is approved and distributed, a report on the grant project’s progress (revenues, expenditures, benchmarks, etc.) may be requested by Wake County Alcoholic Beverage Control. I understand that any part of this application found to be false (whether with intent or without) may exclude my organization for consideration of current or future funding.

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Printed Name

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Signature Date

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