

**FISCAL YEAR 2010-2011  
SUBSTANCE ABUSE MINI-GRANT  
APPLICATION**

**ISSUED BY**

**KENTUCKY AGENCY FOR SUBSTANCE ABUSE POLICY  
(KY-ASAP)  
BUTLER/LOGAN/SIMPSON LOCAL BOARD**

**Funded By  
Commonwealth of Kentucky  
Office of Drug Control Policy**

**The Butler, Logan, Simpson (B-L-S) KY-ASAP Board** is a comprehensive group of individuals from Butler, Logan, and Simpson Counties representing the County Judge Executive's Office, Community Mental Health Center, Health Department, Family Resource and Youth Services Center, School, Department of Community-Based Services, Law Enforcement, youth, etc. in the tri-county area. The Board's mission is to develop a long-term strategy that is designed to reduce the occurrence of youth and adult alcohol, tobacco and other drug use and addiction by the implementation of prevention, intervention and treatment strategies.

### **B-L-S KY-ASAP MINI-GRANTS**

#### **Purpose:**

To provide grants for the implementation of prevention, intervention and treatment strategies for communities as part of an overall plan to reduce the occurrence of youth and adult alcohol, tobacco and other drug use and addiction.

#### **Eligibility:**

Eligible candidates include any community organization/group throughout Butler, Logan, and Simpson Counties wanting to implement an activity, program or training that falls within the goals and objectives of the Board's Strategic Plan. Membership and active participation in the B-L-S KY-ASAP Board and collaboration with community groups is strongly encouraged.

#### **Availability of Funds:**

The number of grant applications funded will be determined by the available dollars and the quality of applications.

#### **Criteria**

All proposal **MUST** meet the goals and objectives of the Board's Strategic Plan.

- > To reduce the incidence of adolescent usage of alcohol, tobacco and inhalants in Butler, Logan and Simpson Counties
- > To reduce the incidence of adult usage of alcohol, tobacco and methamphetamine in the B-L-S local board area.
- > Increase the availability of cessation programs in the B-L-S area.
- > Increase community awareness, support and involvement of ATOD issues and services.
- > Provide support to local law enforcement agencies so that they can adequately perform their duties to enforce community drug laws.

All programs awarded this mini-grant are required to make every attempt to assure that the activity, program, or training is appropriate for the targeted population. All proposals

are to include an explanation of how the program will process the activity with the target population and how the program will be evaluated.

### **Review Process**

To apply for a Mini-Grant, please complete the attached application. The original and four copies of the application must be mailed to: Teresa Hendricks, Logan County Health Department, 151 S. Franklin St. Russellville, Ky. 42276. **(Please do not fax or email applications)** The B-L-S KY-ASAP Board will review these applications and recommendations will be made for approval with final approval from the state office of Ky- ASAP in Frankfort, Ky. Receipt of proposed materials from the Board or the submission of an application to the Board confers no rights upon the proposer nor does it obligate the Board in any manner. To be considered for funding, projects or activities **MUST** specify which objective number(s) addressed and specifically how the project addresses the objective(s). Please think about how your proposed activity will impact the related goals and objectives. For more information on the strategic plan, you can contact Teresa Hendricks, B-L-S KY-ASAP Coordinator, at 270-726-8341 ext. 217.

### **Guidelines for Expenditures**

- **Please itemize budget expenses**
- **Incentives will only be approved for 10% of total grant application**
- **Only \$500.00 will be awarded for approved Onetime events. (ex: Project Graduation, Project Prom)**
- **Ky-ASAP funds cannot be used for Housing and/or rental fees, or domestic needs such as food, clothing, toiletries, etc.**

## Mini-Grant Application

All applications must be submitted on the appropriate application forms. (Additional pages may be attached if necessary) Applicants should retain a copy for their own files. Applications will be reviewed prior to B-L-S KY-ASAP Board meetings. Please allow **up to 60** days for review. Mail the original and four (4) copies to:

Teresa Hendricks  
Logan County Health Department  
151 S. Franklin St.  
Russellville, Ky. 42276

1. Name of Organization: \_\_\_\_\_
2. Name & Title of Contact: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Have you received a B-L-S KY-ASAP Mini-Grant previously? \_\_\_\_\_
3. Name of proposed project, program, or training.  
\_\_\_\_\_
4. If proposal is a program, is it Science-Based? Y \_\_\_\_\_ N \_\_\_\_\_
5. Briefly describe your project, program, or training.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Project Date: \_\_\_\_\_ Location: \_\_\_\_\_
7. Estimated Number of Consumers to be Served: \_\_\_\_\_
8. Estimated Number of Volunteers to be Utilized: \_\_\_\_\_
9. Total Project Budget: \_\_\_\_\_

10. B-L-S Local Board Fund Request: \_\_\_\_\_

11. List the items and prices of how grant funds will be used, please itemize budget.

		Price	Item
1.	\$		
2.	\$		
3.	\$		
4.	\$		

12. Signature of Person Responsible: \_\_\_\_\_ Date: \_\_\_\_\_

**Check all that apply:**

**GOAL I: To reduce /prevent the incidence of adolescent usage of ATOD (Alcohol, Tobacco and other drugs) in Butler, Logan and Simpson Counties.**

**OBJECTIVES:**

- \_\_\_ 1. Initiate and/or sustain evidence-based programs.
- \_\_\_ 2. Establish and/or maintain teen support group services (i.e. AA, NA, or Alateen)
- \_\_\_ 3. Provide public education related to the consequences of selling and distribution of alcohol and tobacco to minors. (i.e. PSA, paid publication)
- \_\_\_ 4. Educate retailers and public on common household items that can be used as inhalants. (i.e. distribute educational materials to retailers, public presentations)
- \_\_\_ 5. Provide alcohol and tobacco vendor training programs.
- \_\_\_ 6. Implement tobacco cessation classes in the school district
- \_\_\_ 7. Other (please be very specific and detailed)

**GOAL II: To reduce /prevent the incidence of adult usage of ATOD (Alcohol, Tobacco and Other Drugs) in the B-L-S local board area.**

**OBJECTIVES:**

- \_\_\_ 1. Educate adults about the effects of ATOD (Alcohol, Tobacco and Other Drugs) through forums/workshops
- \_\_\_ 2. Increase the number of retailers who limit the sell and promote proper storage of ingredients for the manufacturing of methamphetamine.
- \_\_\_ 3. Programs that address usage of ATOD (Alcohol, Tobacco and Other Drugs) by women of childbearing age.
- \_\_\_ 4. Make alcohol vendors aware of and provide responsible beverage server trainings.
- \_\_\_ 5. Implement adult tobacco cessation classes
- \_\_\_ 6. Other (Please be very specific and detailed)

**GOAL III: Increase community awareness, support and involvement of ATOD issues and services.**

**OBJECTIVES:**

- \_\_\_ 1. Develop and distribute a comprehensive ATOD community resource guide.
- \_\_\_ 2. Develop/obtain public service announcements to be released by media outlets informing the public of the financial, health, and environmental impact of ATOD usage
- \_\_\_ 3. Increase community support by partnering with organizations, agencies, and faith communities to provide a monthly listing of ATOD activities to local newspapers.
- \_\_\_ 4. Increase community and individual awareness of the ATOD problem through the implementation of community awareness programs
- \_\_\_ 5. Develop and strengthen local ATOD leadership and coalitions through the provision of education and training opportunities
- \_\_\_ 6. Other ( Please be very specific and detailed)

**GOAL IV: Develop a system to coordinate planning, funding, and evaluation of ATOD efforts.**

**OBJECTIVES:**

- \_\_\_ 1. Assist the B-L-S Board with coordination of planning, funding (both current and continuation), and evaluation
- \_\_\_ 2. Access and disseminate KIP Survey results in addition to the data that is provided free of charge
- \_\_\_ 3. Utilize the Community Readiness Instrument (CRI) regarding specific types of services, the amount of funding, and evaluation systems used for prevention and treatment efforts
- \_\_\_ 4. Identify and employ an effective evaluation tool that may be used across agencies to help determine the adequacy of available resources to meet existing needs, to help determine the success of reducing substance use and addressing identified goals and objectives, and to help assess the coordination and cooperation among partners
- \_\_\_ 5. Other (Be very specific and detailed)

**Goal V: Provide support to local law enforcement agencies so that they can adequately perform their duties to enforce community drug laws.**

**OBJECTIVES:**

- \_\_\_ 1. Support the efforts of the law enforcement agencies and/or drug task force to more effectively and efficiently enforce the community drug laws.
- \_\_\_ 2. Other (Be very specific and detailed)

**\*\*Additional information may be attached if needed to explain request\*\***

*To Be Completed by Board Staff:*

*Date Received:* \_\_\_\_\_

*Committee Review: Date* \_\_\_\_\_ *Recommendation* \_\_\_\_\_

*BLS Board Consideration: Date* \_\_\_\_\_ *Action* \_\_\_\_\_