



# Perry County Substance Abuse Committee

## **MINI GRANT APPLICATION**

Thank you for your interest in the Perry County Substance Abuse Committee. PCSAC seeks to fund a cross-section of projects that directly address the treatment, prevention, and reduction of alcohol, tobacco and other drug use or abuse in Perry County, Indiana. Mini grants of up to \$500 may be requested at any time from the PCSAC for timely projects or proposals that need funding prior to the yearly grant request period held each Spring. Mini Grant requests will be reviewed at monthly board meetings held the 1<sup>st</sup> Thursday of each month.

Proposed projects must address problems the areas of Prevention/Education, Law Enforcement/Justice or Treatment/Intervention. Grant funds should be used for program or services primarily for Perry County residents.

All grant recipients are asked to participate in the PCSAC Full Committee meetings which are held the first Thursday of every other month (January, March, May, July, September, November) at 3:30 p.m. at the Evangelical United Church of Christ, 802 10<sup>th</sup> Street, Tell City, Indiana.

All mini grant recipients are required to complete and submit a report within 30 days following the completion of their proposed project or proposal stating in detail how the monies were used.

Mini Grant applications may be submitted to the Perry County Substance Abuse Committee by mailing the application to the Perry County Substance Abuse Committee  
P.O. Box 442  
Tell City, Indiana 47586-0442



# PERRY COUNTY SUBSTANCE ABUSE COMMITTEE MINI GRANT APPLICATION

NAME OF APPLICANT OR APPLICANT AGENCY \_\_\_\_\_

\_\_\_ Public/Governmental \_\_\_ Private Nonprofit \_\_\_ Individual \_\_\_ Other \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

**PROJECT DESCRIPTION, GOALS AND EVALUATION:**

Briefly describe the proposed request including the following: The problem it will address; how the problem to be addressed relates to and addresses substance abuse in the area of prevention, treatment/intervention or law enforcement and project goals or objectives. Please include date of program if applicable. (attach an additional sheet if necessary)

Total Amount Requested \_\_\_\_\_

How Money will be budgeted (ie. Cost of items to be purchase, travel expenses or speaker fees). You may attach estimates or itemizations, etc.

_____	_____
_____	_____
_____	_____

The undersigned hereby: Certifies that the information included in this application is accurate and correct; agrees to ensure that a final grant report is submitted as required by the PCSAC and commits to participate as possible in the PCSAC bi-monthly meetings, held the first Thursday of every other month, should this grant application be approved.

\_\_\_\_\_  
Signature Title Date



# PERRY COUNTY SUBSTANCE ABUSE COMMITTEE MINI GRANT REPORT

**NAME OF GRANT RECIPIENT OR AGENCY**

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**DATE AND PURPOSE OF GRANT**

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**Describe program successes or outcomes. Please be sure to detail progress toward goals and objectives listed in your agency's grant application and number of persons served if applicable**

**Budget**

**Amount of Money Received** \_\_\_\_\_

**Please describe how money was spent:**

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**Signature**

**Title**

**Date**



