

**MEDINA COUNTY
DRUG ABUSE COMMISSION
2017 GRANT APPLICATION OUTLINE**

- Full Proposal - Submit original, along with 5 hard copies (or 1 hard copy & 1 computer disc), 8 1/2 x 11 typed, 3-hole drilled, secured with a clip.
- Clearly identify original as such.
- Identify each section and subsection in **bold** as outlined below.
- Forms are provided and may be copied as needed.
- Font: Times New Roman or Arial, 12PT.
- Margins: 1-inch top, bottom, and sides.
- Number all pages at upper right corner.

DO NOT STAPLE, BIND OR USE COVERS nor submit NON-PRESCRIBED ATTACHMENTS.

Section I. MCDAC Application Cover Sheet*

Section II. MCDAC Application Summary*

Section III. Background & History of Organization (Limited to two pages)

Section IV. Project Plan Narrative (A. thru F. limited to five pages)

- A. General Description of Project**
- B. Problem Statement**
- C. Needs Statement**
- D. Target Population(s)**
- E. Project Goals & Objectives**
- F. Project Evaluation & Outcome Measurements**
- G. Program Logic Model (complete attached form)**
- H. Project Staff Documentation (if applicable)**
 - **Position Job Description & Responsibilities**
 - **Staff's Credentials**
- I. Project Timeline - Grant Activity**
 - **When will it begin and end?**
 - **When will activities, reports, purchases, training, etc., occur.**
- J. Letters of Support and/or Letters of Collaboration.**

Applications may be deemed unacceptable for review if they are incomplete, improperly formatted, or longer than the specified page limit.

*Enclosed MCDAC forms must be utilized for sections I, II, and V.

Section V. Project Budget (Limited to three pages plus five MCDAC forms)*

A. BUDGET & BUDGET NARRATIVE

All items in the budget must have a complete and detailed explanation in the Budget Narrative (1-3 pages) explaining how figures were computed as well as how each line item supports the project goals and objectives. Adequate detail must be provided to enable the MCDAC Board to identify the purpose for which you are requesting funds.

1. PROJECT BUDGET SUMMARY
2. ADMINISTRATIVE AND PROGRAM COST COMPARISON

B. PERSONNEL BUDGET

Annual Salary Calculation - 8 hours per day, 40 hours per week, 173.33 hour per month or 2,080 hour per year. Position Equivalents: Full-time = 1.0; half time = .50; Indicate % of time spent in position per funding source.

Benefits - MCDAC does not pay any portion of the employee's share of benefit costs, sick leave, vacation pay, etc., benefits shall accrue at the same rate and in accordance with the same policies used by the Grantee for its other regular employees. All employee benefits are to be based on the employer's share only.

- **PERS/STRS** - Total wage dollar amount is eligible at the current rate. Use State of Ohio formula for determining costs.
- **FICA** - Use base wage amount to calculate amount payable. Use State of Ohio formula for determining costs.
- **Pensions** - Allowable expense if it is an established private pension plan for implementing agency of the project. Use State of Ohio formula for determining costs.
- **Health Insurance** - MCDAC funds will not pay for individual private policies. Refers only to the employer's share of an established group policy. Use State of Ohio formula for determining costs.
- **BWC** - Rate can be obtained from the Industrial Commission of Ohio. Applicable rate per \$100 of payroll and covers all regular employees. Use State of Ohio formula for determining costs.
- **Unemployment Insurance** - An allowable expense to the project only if the implementing agency is a contributing agency, or has applied to the Ohio Bureau of Employment Services for a contribution rate. This rate is then applied up to \$8,000 per person on their payroll. Agencies on a reimbursement basis for employment compensation do not qualify for unemployment compensation in the project budget. Use State of Ohio formula for determining cost.

NOTE: REPORTING AND PAYMENT OF EMPLOYEE BENEFITS TO THE APPROPRIATE AGENCIES SHOWN ON PROJECT BUDGETS IS THE SOLE RESPONSIBILITY OF THE GRANTEE AND IT'S IMPLEMENTING AGENCY.

C. PURCHASED SERVICES & CONTRACTUAL FEES

Include all expenses associated with education, project-related travel expenses, dues and fees, maintenance, repair, rent, leases, telephone utilities and other utilities and other related expenses. Contractual fees include speakers, consultants, trainers, speaker's expenses, and other personnel services rendered by agreement or contract.

D. SUPPLIES & MATERIALS

Include consumable items; instructional supplies, teaching aids, workbooks, printing, postage, copies, office supplies and other related expenses. *Supplies & Materials shall be purchased and reported at time of semi-annual report (postage, copies, & office supplies are excluded).*

E. OTHER

Include any needed expenditure, which does not fit into any other category listed.

F. COLLABORATIVE FUNDING

What portion of expenses will be contributed by your organization, Are other contributions assured? Difference between cash and in-kind support? List other potential funding sources, amount and status (Committed, Pending, or Denied).

G. FUTURE FUNDING PLAN

List all sources of anticipated and current funding relative to this project.

H. FEDERAL TAX ID NUMBER

**2017 MCDAC APPLICATION
COVER SECTION I**

Implementing Agency Name:		
Contact Person:		
Contact Person's Title:		
Mailing Address:		
Telephone Number:	Fax Number:	e-mail:

Authorized Fiscal Officer:		
Fiscal Officer's Title:		
Mailing Address:		
Telephone Number:	Fax Number:	e-mail:
Total MCDAC Requested Amount of Funding: \$	Total Cost of Project: \$	

Project Director:	Project Title:
Project Director's Title:	
Mailing Address:	
Telephone Number:	Fax Number: e-mail:
Project Type: New, Expansion or Ongoing:	

List each Project Location Address, Contact Person, Title and Phone Number:	
<i>Application Prepared By:</i>	<i>Signature of Grant Writer: (Use Blue Ink Only)</i>
<i>Date Submitted to MCDAC:</i>	<i>Signature of MCDAC Executive Director:</i>

**MCDAC APPLICATION SUMMARY
SECTION II**

Project Title:

Applicant Name:

Grant Funding Cycle: Beginning Date of 7/1/17 through Ending Date of 6/30/18.

If Ongoing Project, Please list prior years and amount of funding received from MCDAC.

Total Cost of Proposed Project \$ _____

MCDAC Requested Amount \$ _____

Applicant Cost Share of Project \$ _____

Brief Summary of Project (limited to space provided below), MCDAC will use this section for media-related publications. MCDAC reserves the right to edit as needed.

**MCDAC APPLICATION
BACKGROUND & HISTORY OF ORGANIZATION
SECTION III**

**MCDAC APPLICATION
PROJECT PLAN NARRATIVE
SECTION IV**

**MCDAC APPLICATION
ADMINISTRATIVE AND PROGRAM COST COMPARISON
SECTION V (A-2)**

Indicate in the appropriate columns administrative costs, program costs and dollar amount & %

TOTAL MCDAC REQUEST \$	ADMINISTRATIVE COST	%	PROGRAM COST	%	TOTAL COST
Salary					
Benefits					
Purchased Services					
Contractual Fees					
Rent					
Equipment Lease					
Utilities					
Printing					
Training					
Office Supplies					
Materials					
Other					
MCDAC PROJECT TOTAL COST & %	\$	25% or less	\$	75% or more	\$

The above financial report reflects true and accurate information to the best of our knowledge and belief.

APPLICANT AGENCY
Fiscal Officer _____

Date _____

IMPLEMENTING AGENCY
Fiscal Officer _____

Date _____

**MCDAC APPLICATION
PERSONNEL BUDGET
SECTION V (B)**

FUNDING CYCLE: from 7-1-17 through 6-30-18

POSITION	NAME/VACANT	Total Hours #	X	Hourly Rate \$	Total = Wages \$
-----------------	--------------------	------------------------------	----------	-------------------------------	---------------------------------

Employer's Share of Monthly Rate Fringe Benefits	or % Rate	Eligible Wage Amount or # of Months	X	Employer's Share of Fringes
PERS or STRS	_____	X	_____	= _____
Medicare	_____ X	_____	=	_____
FICA	_____ X	_____	=	_____
Other Pension (Name)	_____ X	_____	=	_____
Health Insurance	_____ X	_____	=	_____
BWC	_____ X	_____	=	_____
Unemployment	_____	X	_____	= _____
Other	_____ X	_____	=	_____

Subtotal Fringes = \$ _____

Subtotal Salary + \$ _____

Personnel Total = \$ _____

**MCDAC APPLICATION
NON-PERSONNEL BUDGET
SECTION V (C-E)**

FUNDING CYCLE: from 7-1-17 through 6-30-18

PURCHASED SERVICES

Provider's Name	Service	Hourly Fee	x	# of Hours	=	Expense
_____	_____	_____		_____		_____
_____	_____	_____		_____		_____
_____	_____	_____		_____		_____
					Subtotal	\$_____

CONTRACTUAL FEES

Provider's Name	Service	Hourly Fee	x	# of Hours	=	Expense
_____	_____	_____		_____		_____
_____	_____	_____		_____		_____
_____	_____	_____		_____		_____
					Subtotal	\$_____

RENT

Name of Landlord	Monthly Fee	x	# of Months	=	Expense	
_____	_____		_____		_____	
					Subtotal	\$_____

TRAINING

Description of Service	=	Expense
_____		_____
_____		_____
		Subtotal
		\$_____

EQUIPMENT LEASE

Item Description	Purpose	=	Expense
_____	_____		_____
_____	_____		_____
			Subtotal
			\$_____

**MCDAC APPLICATION
NON-PERSONNEL BUDGET
(CONTINUED)**

PRINTING

Item Description	Unit Cost	x	# Printed	= Expense
			Subtotal	\$ _____

UTILITIES

Item Description	Monthly Cost	x	Time	= Expense
			Subtotal	\$ _____

MATERIALS

Item Description	# of Items	x	\$ Per Item	= Expense
			Subtotal	\$ _____

SUPPLIES

Item Description	# of Items	x	\$ Per Item	= Expense
			Subtotal	\$ _____

OTHER

Item Description	Unit Cost	x	#	= Expense
			Subtotal	\$ _____

Non-Personnel Total = \$ _____