

**MEDINA COUNTY  
DRUG ABUSE COMMISSION  
2018 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**

**2018 MCDAC APPLICATION  
COVER SECTION I**

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

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

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

<b>List each Project Location Address, Contact Person, Title and Phone Number:</b>	
<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 7/1/18 through Ending Date of 6/30/19.**

**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**

**PROGRAM LOGIC MODEL**

Agency \_\_\_\_\_

Date: \_\_\_\_\_

INPUTS	ACTIVITIES	OUTPUTS	OUTCOMES		
			SHORT-TERM	INTERMEDIATE	LONG-TERM
What we invest	What we do	Products of our activities	What are the short-term results	What are the intermediate results	What is the ultimate impact



**MCDAC APPLICATION  
PROJECT BUDGET SUMMARY  
SECTION V (A-1)**

*FUNDING CYCLE: from 7-1-18 through 6-30-19*

**TOTAL PROJECT COST** \$ \_\_\_\_\_

**MCDAC REQUESTED AMOUNT** \$ \_\_\_\_\_

	<b>TOTAL PROJECT COST</b>	<b>MCDAC REQUESTED AMOUNT</b>	<b>OTHER SOURCE AMOUNT</b>
<b>Salary</b>	\$	\$	\$
<b>Benefits</b>			
<b>Purchased Services</b>			
<b>Contractual Fees</b>			
<b>Rent</b>			
<b>Equipment Lease</b>			
<b>Utilities</b>			
<b>Printing</b>			
<b>Training</b>			
<b>Office Supplies</b>			
<b>Materials</b>			
<b>Other</b>			
<b>Totals</b>	\$	\$	\$

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

**Fiscal Officer** \_\_\_\_\_

**Date** \_\_\_\_\_

**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					
<b>MCDAC PROJECT TOTAL COST &amp; %</b>	<b>\$</b>	<b>25% or less</b>	<b>\$</b>	<b>75% or more</b>	<b>\$</b>

*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 7-1-18 through 6-30-19*

<b>POSITION</b>	<b>NAME/VACANT</b>	<b>Total Hours #</b>	<b>X</b>	<b>Hourly Rate \$</b>	<b>Total = Wages \$</b>
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<b>Employer's Share of Monthly Rate Fringe Benefits</b>	<b>or % Rate</b>	<b>Eligible Wage Amount or # of Months</b>	<b>X</b>	<b>Employer's Share of Fringes</b>
<b>PERS or STRS</b>	_____	X	_____	= _____
<b>Medicare</b>	_____ X	_____	=	_____
<b>FICA</b>	_____ X	_____	=	_____
<b>Other Pension (Name)</b>	_____ X	_____	=	_____
<b>Health Insurance</b>	_____ X	_____	=	_____
<b>BWC</b>	_____ X	_____	=	_____
<b>Unemployment</b>	_____	X	_____	= _____
<b>Other</b>	_____ X	_____	=	_____

**Subtotal Fringes** = \$ \_\_\_\_\_

**Subtotal Salary** + \$ \_\_\_\_\_

**Personnel Total** = \$ \_\_\_\_\_

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

*FUNDING CYCLE: from 7-1-18 through 6-30-19*

**PURCHASED SERVICES**

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

**CONTRACTUAL FEES**

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

**RENT**

Name of Landlord	Monthly Fee	x	# of Months	=	Expense	
_____	_____		_____		_____	
					<b>Subtotal</b>	<b>\$_____</b>

**TRAINING**

Description of Service	=	Expense
_____		_____
_____		_____
		<b>Subtotal</b>
		<b>\$_____</b>

**EQUIPMENT LEASE**

Item Description	Purpose	=	Expense
_____	_____		_____
_____	_____		_____
			<b>Subtotal</b>
			<b>\$_____</b>

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

**PRINTING**

Item Description	Unit Cost	x	# Printed	= Expense
_____	_____		_____	_____
			<b>Subtotal</b>	<b>\$ _____</b>

**UTILITIES**

Item Description	Monthly Cost	x	Time	= Expense
_____	_____		_____	_____
_____	_____		_____	_____
			<b>Subtotal</b>	<b>\$ _____</b>

**MATERIALS**

Item Description	# of Items	x	\$ Per Item	= Expense
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
			<b>Subtotal</b>	<b>\$ _____</b>

**SUPPLIES**

Item Description	# of Items	x	\$ Per Item	= Expense
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
			<b>Subtotal</b>	<b>\$ _____</b>

**OTHER**

Item Description	Unit Cost	x	#	= Expense
_____	_____		_____	_____
_____	_____		_____	_____
			<b>Subtotal</b>	<b>\$ _____</b>

**Non-Personnel Total = \$ \_\_\_\_\_**