

KY-ASAP Scott County Board Mini Grant Application-FY27

Introduction: The mission of the Kentucky Agency for Substance Abuse Policy (KY-ASAP) is to develop a long-term strategy that is designed to reduce the incidence of youth and adult smoking and tobacco addictions, promote resistance to smoking, reduce incidence of substance abuse, and promote effective treatment of substance abuse throughout the Commonwealth of Kentucky.

The KY-ASAP Scott County Board is seeking applications for funding for programs and activities that will address alcohol and substance abuse in Scott County. Traditional grant projects address substance abuse prevention, treatment, and law enforcement. Harm Reduction grant projects address use of substances and reducing the risk of substance abuse that is already occurring in the community. Priority is given to projects addressing opioid abuse.

An interim progress report is due by the earlier of 15 days following completion of the project or by January 31 of the fiscal year whichever is sooner. A final progress report due by the earlier of 15 days from the conclusion of the project or by July 15 following the end of the fiscal year (June 30) whichever is sooner.

Application budgets are subject to final approval by the State KY-ASAP office and **MUST NOT** include requests for the following items (except where noted:)

- a. Inflatable items,
- b. Rock walls,
- c. Multiple applications for the same event,
- d. Any single event in excess of \$500,
- e. Bullet proof vests,
- f. Bullet proof vests for canines,
- g. Building renovations,
- h. Park renovations,
- i. Toiletry items are only eligible when purchased as a part of a research-based program, such as the Drug Endangered Children Program,
- j. laptops or other electronic equipment, for other agencies,
- k. Home drug testing kits,
- l. Must have buy-in of school system prior to purchase of "cigarette busters",
- m. Travel is limited to in-state only,
- n. Champions start-up funding,
- o. Furniture,
- p. Landscaping,
- q. Weapons,
- r. Vehicles, and
- s. 10% of award limited to commodity items, such as but not limited to, t-shirts, bracelets, cozies, lanyards, balloons, pencils, and pens.

Screening Criteria: Applications will be screened based on the following criteria: completion of application, statement of goals and objects and measures, KY-ASAP budget limitations, and prior year compliance with KY-ASAP reporting requirements, if applicable.

How to Apply: Applications should be completed online using the following QR Code or link (To Be Inserted Later.) Please share the google form with the following email addresses: (To Be Determined Later) Please contact (TBD) with questions.

KY-ASAP Scott County Board

Mini Grant Application-Please type in the form and send in this format

Due date: Ongoing. Applications submitted 10 days prior to the next meeting will be presented at that meeting.

Check one: ☐ Traditional ☐ Harm Reduction

Applicant and Program Information

(Please provide the requested information in the white space underneath each grey box.)

| |
|--|
| Name of Applicant: |
| |
| Contact Name and Title: |
| |
| Street Address: |
| |
| Phone and email address: |
| |
| Fax |
| |
| Project Title |
| |
| Have you received ASAP funding before? (Yes/No) |
| |
| Strategy Addressed (Law Enforcement, Prevention or Treatment) |
| |
| Project Summary |
| |
| Mission Statement or Purpose of Group |
| |
| What problem are you trying to address with the requested funding? |
| |
| Please cite specific data and source information indicating that this is a problem (examples include but are not limited to survey data, police reports, media reports.) |
| |
| Describe any collaborative partners and their roles. If they provide any monetary or in-kind support please indicate that including the amount of that support |
| |
| Where and when will this program take place? |
| |
| Expected number of participants |
| |
| How will you evaluate the impact of this program? Be sure to include measurable objectives Example: Program Participants will demonstrate increase knowledge of the dangers of under-aged alcohol consumption as measured by a pre- and post- survey. |
| |

Budget:

NOTE: This will be part of the online form

| Item | Requested Amount | In-Kind Match |
|--------------------|------------------|---------------|
| Personnel | | |
| Supplies/Materials | | |
| Travel | | |
| Food | | |
| Fees | | |
| Other | | |
| Total | | |
| | | |
| | | |

Budget Narrative:

Please explain the purpose of each item listed above. For any personnel costs describe those in terms of hours of work, rate of pay, and anticipated activities.

Personnel:**Supplies/Materials:****Travel:****Food:****Fees:****Other (be as specific as possible):****Match Description:**

Applicant agrees to the following:

1. To provide documentation that the program was completed (sign in sheets, newspaper clippings, press releases, announcements in newsletters, etc.)
2. To submit an interim progress report by January 31, if requested, and a final progress report by the earlier of 15 days following program completion or July 5th, each report summarizing number of participants, measurable outcomes achieved, satisfaction surveys completed, etc. The progress report should address how the need stated in the application was addressed by this program and answer who, what, when, where, how, how many, etc. as applicable to the project. Applicant agrees to procure from program participants any release of information that may be required to fulfill this requirement. (Participant names are not subject to disclosure by the grantee.)
3. To provide copies of invoices, itemized receipts, etc., for all expenditures using ASAP funds. Reimbursement for expenses will not be made without appropriate documentation.
4. To present to the Board at a regularly scheduled meeting a report on the project to the membership upon request.

Typed/Printed Name: _____

Signature: _____

Office use only

| |
|----------------------|
| Date Received: _____ |
| Date Reviewed: _____ |
| Disposition: _____ |