



Application for Special Alcohol Funding January 1, 2017 – December 31, 2017

I. Agency Information and Requested and Historical Funding

Agency Name: _____
 Name of program (if applicable): _____
 Contact Person: _____
 Address: _____
 Phone: _____ - _____ - _____ ext. _____
 Email: _____ @ _____ . _____

Name(s) and Title(s) of person(s) responsible for program supervision and/or financial administration.

Name	Title	Responsibilities (Supervision, Financial, etc.)
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

Requests for the following categories and amounts:

2017 Amount	2017 % of Total	2016 funding allocated (if applicable)
Prevention: \$ _____	_____ %	Prevention: \$ _____
Education: \$ _____	_____ %	Education: \$ _____
Treatment: \$ _____	_____ %	Treatment: \$ _____
Intervention: \$ _____	_____ %	Intervention: \$ _____

Total requested: \$ _____ **Total 2016 Funding:** \$ _____

Total Projected Operating Budget for Agency for next year: \$ _____
 Total Operating Budget for Agency for current year (if applicable): \$ _____

This proposal was considered and approved for submission at the _____
 (agency name) Board of Directors meeting on _____ (date).

The signatures below attest that the information in this application is accurate and that, unless otherwise explicitly described in this application, no other source of city or community funding will be used to support the programming for which Special Alcohol Funding is being requested.

Executive Director (PRINT)

Board Chair, President, or Other Official (PRINT)

Signature

Date

Signature

Date

Source and Intended Use of Funds Being Allocated

The Special Alcohol Fund Advisory Committee operates under the guidelines established by Kansas State Statute 79-41a04 and City of Manhattan Resolution No. 070709-B. The Committee solicits and evaluates proposals for the use of the portion of the Local Alcoholic Liquor Fund that is returned to the city by the state to fund programs whose principle purposes are alcoholism and drug abuse prevention and education, alcohol and drug detoxification, intervention in alcohol or drug abuse, or treatment of persons who are alcoholics or drug abusers or in danger of becoming abusers (State Statute). Each application must show proof of a demonstrable link between the problems being addressed and alcohol and drug related issues. (Manhattan Resolution) "It is the Governing Body's wish that the majority [of funds] will be used to reach young people" (Resolution No. 070709-B).

****Please Read the Entire Application Before Beginning!***

II. Agency Overview

1. Overall Mission of Applying Agency or Program

a. What specific problems will be addressed by monies from the Special Alcohol Funds?

b. What specific services will the City's Special Alcohol Funds be used to support?

2. What geographical area does the agency serve? (If the area extends beyond Manhattan, explain the rationale for the funding being sought from the City)

3. How many **unduplicated** individuals **25 years old or younger** have been served by your agency?

	From Manhattan	Riley County (not Manhattan)	Other
2016 (so far)	_____	_____	_____
2015	_____	_____	_____
2014	_____	_____	_____

4. How many **unduplicated** individuals **of all ages** have been served by your agency?

	From Manhattan	Riley County (not Manhattan)	Other
2016 (so far)	_____	_____	_____
2015	_____	_____	_____
2014	_____	_____	_____

Agency Structure and Resources

5a. List all staff positions that would be funded, in whole or part, through Special Alcohol Funds. Include titles, salary (total and % from funds) and % of time assigned to funded programming:

	Title	Salary	% from funds	% of time (Estimate is ok)
a.	_____	_____	_____%	_____%
b.	_____	_____	_____%	_____%
c.	_____	_____	_____%	_____%
d.	_____	_____	_____%	_____%
e.	_____	_____	_____%	_____%
f.	_____	_____	_____%	_____%
g.	_____	_____	_____%	_____%
h.	_____	_____	_____%	_____%

5b. For each staff position listed on the previous page, please list below the title and what category each position primarily serves (you may enter more than one category; please separate with a comma):

Title	Category Served (Prevention, Intervention, Treatment, and/or Education)
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____
h. _____	_____

6. Give the name(s) and title(s) of person(s) responsible for staff supervision and disbursing funds:

Name	Title
a. _____	_____
b. _____	_____

III. Objectives

Outcome Objectives:

These objectives are the changes related to drug and alcohol issues that will occur in individuals or groups as outcomes of the funded programming. Each objective should be:

- Ambitious – The outcome will be better than the status quo
- Achievable – The necessary resources are available
- Measurable – There is a defined way to measure the outcome

Directions:

- The application must include at least one (1) Outcome Objective and no more than four (4).**
- For each objective, specify the target group to include the age range of participants.**
- For each objective, identify the focus (Prevention, Education, Intervention, or Treatment).**
- Specify how each outcome objective will be measured.**

Process Objectives:

These objectives are the grant-funded programming and activities that serve to bring about the Outcome Objectives. Each objective should be verifiable.

(Process Objectives, continued)

Directions:

The application must include at least one (1) Process Objective and no more than eight (8).

Specify when, during the grant year, this activity will occur.

Specify who is responsible for the implementation of this programming/activity.

Specify how approved funds will be used in support of the programming/activity.

Specify how each Process Objective will be evaluated.

Proposed Outcome and Process Objectives

OUTCOME OBJECTIVE #1 (**required**):

- What is the target group?
- What is the focus?
- Why ambitious?
- Why achievable?
- How measured?

OUTCOME OBJECTIVE #2 (**optional**):

- What is the target group?
- What is the focus?
- Why ambitious?
- Why achievable?
- How measured?

OUTCOME OBJECTIVE #3 (**optional**):

- What is the target group?
- What is the focus?
- Why ambitious?
- Why achievable?
- How measured?

OUTCOME OBJECTIVE #4 (**optional**):

- What is the target group?
- What is the focus?
- Why ambitious?
- Why achievable?
- How measured?

Proposed Process Objectives

PROCESS OBJECTIVE #1 (**required**):

- When, during the grant year, will this activity occur?
- Who is responsible for the implementation of this programming/activity?
- How will approved funds be used in support of the programming/activity?
- How will this Process Objective be evaluated?

PROCESS OBJECTIVE #2 (**optional**):

- When, during the grant year, will this activity occur?
- Who is responsible for the implementation of this programming/activity?
- How will approved funds be used in support of the programming/activity?
- How will this Process Objective be evaluated?

PROCESS OBJECTIVE #3 (**optional**):

- When, during the grant year, will this activity occur?
- Who is responsible for the implementation of this programming/activity?
- How will approved funds be used in support of the programming/activity?
- How will this Process Objective be evaluated?

PROCESS OBJECTIVE #4 (optional):

- When, during the grant year, will this activity occur?
- Who is responsible for the implementation of this programming/activity?
- How will approved funds be used in support of the programming/activity?
- How will this Process Objective be evaluated?

PROCESS OBJECTIVE #5 (optional):

- When, during the grant year, will this activity occur?
- Who is responsible for the implementation of this programming/activity?
- How will approved funds be used in support of the programming/activity?
- How will this Process Objective be evaluated?

PROCESS OBJECTIVE #6 (optional):

- When, during the grant year, will this activity occur?
- Who is responsible for the implementation of this programming/activity?
- How will approved funds be used in support of the programming/activity?
- How will this Process Objective be evaluated?

PROCESS OBJECTIVE #7 (optional):

- When, during the grant year, will this activity occur?
- Who is responsible for the implementation of this programming/activity?
- How will approved funds be used in support of the programming/activity?
- How will this Process Objective be evaluated?

PROCESS OBJECTIVE #8 (optional):

- When, during the grant year, will this activity occur?
- Who is responsible for the implementation of this programming/activity?
- How will approved funds be used in support of the programming/activity?
- How will this Process Objective be evaluated?

IV. This space is available for any additional information that is pertinent to the application (attach additional pages if necessary)

V. Budget Form

Please complete the enclosed budget form showing, in detail, how the requested funding will be spent for the January 1, 2017 to December 31, 2017 fiscal year.

