

**ORANGE COUNTY ALCOHOLIC BEVERAGE CONTROL BOARD**  
**Grant Application Guidelines**  
**Grant Application Submission Date is the last day of March in submission year.**

If you have any questions, please contact:

**Board Secretary: Angel Neighbours 919-732-3432 ext.101, [angel077@mindspring.com](mailto:angel077@mindspring.com) or  
General Manager: Tony DuBois (919) 732-3432 ext 102, [ocabc@mindspring.com](mailto:ocabc@mindspring.com).**

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**GRANT ELIGIBILITY AND RESTRICTIONS:** Eligibility requirements and restrictions are as follows:

1. Grants will be made only to non-profit, tax-exempt, charitable organizations which are exempt under Section 501 (c) 3 of the Internal Revenue Code; or to governmental entities such as the State of North Carolina and its agencies, municipal corporations and political sub-divisions of the state.
  2. Funding is available for “the treatment of alcoholism or substance abuse, or for research or education on alcohol or substance abuse”, per Chapter 18B-805 (h) of the North Carolina General Statutes. These guidelines will be strictly enforced.
  3. Funding is restricted to programs that provide services primarily to Orange County, North Carolina residents.
  4. Grants will be made for a one-time project or an on-going project.
  5. All grant recipients will be required to adhere to a signed grant contract.
  6. Agencies that do not meet reporting and evaluation guidelines will be excluded from consideration for future funding.
  7. Entities must provide the Board a copy of their most recent audited financial statement done within the last 2 years.
  8. There are no maximum amounts set for Grant requests; however, the total amount to be disbursed will be based on the calculation for net income available for distributions.
  9. Grants payments will be made on a monthly basis to reimburse expenditures or pay invoices from subcontractors for services rendered, instead of a lump sum payment.
  10. All grant money must be spent or encumbered to the awarded project within the period as defined on the grant approval letter.
  11. Evaluation report forms must be submitted at the conclusion of the grant cycle (fiscal year ending June 30 – no later than August 15th). Failure to meet report deadlines will disqualify the organization from future ABC funding.
  12. Applicants will be notified in writing of project funding by letter mailed by July 15.
  13. Any funding limitations imposed by the Board will be noted in the grant approval letter.
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**ORGANIZATIONAL INFORMATION**

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Website Address: \_\_\_\_\_  
Contact Person and Title: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Name and Title of CEO / Director (if different from contact person)

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**Brief Statement about Organization History and Mission:**

**PROPOSAL INFORMATION:**

Please circle one:      New project                      On going project

Grant request amount: \$\_\_\_\_\_                      Total Project Budget: \$\_\_\_\_\_

**Brief Summary of Project:**

Names of collaborative Partners/Organizations:

Signature of CEO: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS:** Please use the following outline to complete your proposal; be thorough, but concise in your responses:

**SECTION A: General Document Guidelines**

1. Use 12 point font, single spaced for sections B-E
2. Overall length must not exceed 10 pages, excluding budget
3. Length of application does not include letters of support

**SECTION B: Case for Support**

1. What need/problem specific to the “treatment of alcoholism or substance abuse, or research or alcohol education on alcohol or substance abuse” will this project address?
2. How will the need/problem be addressed through this project?
3. What population is this project designed to serve?
4. How many individuals will be impacted through the use of the grant funds?
5. Why and how is this target population at risk to alcohol or substance abuse?
6. How will the identified target population benefit from this project?
7. What is the strategy to reach this target population?
8. What other organizations will be involved in this project?

**SECTION C: Project Implementation/Management**

1. Provide a timeline to demonstrate how this project will be implemented. The timeline should include specific steps, key staff and volunteer involvement, as well as collaborative partner involvement in each step.
2. Provide names and qualifications of key staff/volunteers and collaborative partners.

**SECTION D: Evaluation** - What methods will you use to evaluate the project's impact on alcoholism and substance abuse and how will the impact be measured? Answer this question using the following outline:

1. Goals (what changes do you seek to create?).
2. Strategies to achieve goals (What will be done to facilitate changes).
3. Measurements of success (How will you define success?).
4. Measurement tool (What methods will be used to track and measure progress toward goals?).

**SECTION E: Project Sustainability**

1. If this is an ongoing project, how will the organization support this project in the future if it is to continue?
2. What additional resources are needed to support this project in the future if it is to continue?

**SECTION F: Budget** - It is imperative that you complete the attached budget form and include the narrative requested on the form along with the attached spreadsheet.

**SECTION G: Required Supporting Documents**

1. Budget for the organization (for the year affected by the grant request).
2. The most recent audited financial statement done within the last 2 years.
3. Copy of the original IRS determination letter indicating 501 (c)(3) tax exempt status and application modifications (1<sup>st</sup> year only).
4. Current Board of Directors (include occupation and/or community affiliations, board duties/responsibilities and compensation, if any).
5. Three letters of support

**APPLICATIONS SHOULD BE MAILED TO:**

Angel Neighbours, Board Secretary  
Orange County ABC Board  
601 Valley Forge Road Hillsborough, NC 27278

Applications are to include one (1) original and six (6) copies. Include attachments with the original application only.

Questions? Please contact: Angel Neighbours at 919-732-3432 ext 101,  
or e-mail inquiries to [angel077@mindspring.com](mailto:angel077@mindspring.com)