

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 or
General Manager: Tony DuBois (919) 732-3432 ext 102, ocabc@mindspring.com.

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)

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 (1st 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

Orange County ABC Board Grant Application Funding Form

Organization: _____

For each budget line item, breakdown the information on a spreadsheet. Also, for each line item provide the total budgeted amount for the line item.

1. **Salaries, Wages, Contractual, and Consultant:** Provide names, titles, services rendered, hours worked per week, amount paid per hour worked, etc.
2. **Printing** (brochures, flyers, handouts, etc): For each different item, provide item name, number of copies, cost per copy.
3. **Supplies** (paper, notebooks, clip boards, pens, pencils, visual aids, etc): Provide a detailed list of supplies to be used (such as item numbers, quantities and cost of each unit).
4. **Postage:** Provide a detailed list of items mailed, quantities, cost each, etc.
5. **Technology** (Software, telecommunications equipment, etc): Provide a detailed list of items to be purchased (name, description, quantities, cost each, etc).
6. **Educational Materials** (videos, books, pamphlets, etc): Provide a detailed list of items to be purchased (name, description, quantities, cost each, etc).
7. **Conferences/Meetings:** Provide the name and sponsor of each conference the organization plans to attend, the number of staff attending, registration fees, etc.
8. **Travel, Lodging, Subsistence and Entertainment:** Provide detailed information such as destination, estimated cost for travel, lodging, food and entertainment, etc.
9. **Client/Patient per Diem:** Provide number of clients/patients for each activity, number of days and cost per day.
10. **Other expenses:**
 - a. Provide separate line items with detailed information to support totals for each line item.
 - b. Provide the total budgeted amount for "Other Expenses".
11. **Total Project Expense** (sum of items above).

Please attach a detailed budget narrative to explain each line item above and how it is linked to the project being submitted for funding.

Orange County ABC Board Grant Final Evaluation Form

Important – please read carefully.

Evaluation form due dates:

1. Fiscal year projects (July 1 – June 30), please complete and return the Final Evaluation Form before August 15th.
2. For other projects, please complete and return the Final Evaluation Form one month prior to your request for future funding.

Form completion: The use of this form is not required; however, we request that you follow the format below.

Date: _____

Organization's Name: _____

Executive Director: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Evaluation form contact person: _____

Phone: _____ Fax: _____ E-mail: _____

PROGRAM INFORMATION:

Section A – Project Title: _____

Section B – Project Review: Refer to the original application and briefly restate the purpose of the grant (goals and objectives) relating to “alcohol and substance abuse”, the process you used to meet the goals and objectives relating to “alcohol and substance abuse”.

Section C – Specific Project Results:

Please list each goal; how each goal was measured, and the percentage accomplished satisfactorily for each goal.

Goal A -

➤ Name: _____

➤ How measured/benchmarks:

➤ Amount accomplished satisfactorily: _____%

Goal B –

- Name: _____
- How measured/benchmarks:
- Amount accomplished satisfactorily: _____%

Goal C -

- Name: _____
- How measured/benchmarks:
- Amount accomplished satisfactorily: _____%

1. Explain how you measured the effectiveness of your activities against your goals and objectives. (Please include copies of feedback forms filled out by participants or examples of forms used).
2. Were you satisfied with the outcomes of your endeavors? Why or why not?
3. Please provide examples of supporting materials used in sessions – lesson plans, agendas, etc.
4. Please provide a brief profile of the people served (or target audience) through this ABC grant – (for example, ages, background, etc. specific to “alcohol and substance abuse”, etc.).
5. If possible, provide a “human interest story” that illustrates the success of the project directly addressing “alcohol and substance abuse”. If possible, attach supporting material – news items, letters of support, photographs, etc.
6. What was the project’s most notable success?

Section D – Specific Implementation:

1. Did you encounter any challenges, setbacks or delays in meeting your project’s objectives? How were they addressed? Please give specific examples. (e.g. initially the tutors found our curriculum difficult to use. We learned to involve them in future curriculum activities.)
2. Did you collaborate with any other organizations? Please elaborate on the processes and challenges of collaboration with your partners.
3. Did the grant monies result in new collaborative effects?
4. Describe any significant organizational and/or staff changes (such as turnover) during the grant period that directly impacted the delivery of services for this project.

Section E – Project Finances:

1. Provide a financial statement showing budgeted vs actual revenue and expenses for the funded project. Include a detailed, complete accounting of how ABC funds were used.
2. Provide the organization’s Federal Form 990 – “Return of Organization Exempt From Income Tax”, if applicable. If not applicable, please explain why.

Section F – Lessons Learned:

1. What has your organization learned from the evaluation and how are you using this information as you continue this or other programs?
2. What has changed for the participants/community as a result of your project’s activities?

Section G – Additional Comments/Information/Suggestions, etc.: