



Coalition for a Healthy Darke County

209 East Fourth Street, Greenville, Ohio 45331
Phone (937) 548-2102 | Fax (937) 548-5608
info@darkecountyohio.com
www.CoalitionDarkeCounty.com

2018-2019 Charitable Grant Application K-12 Substance Abuse Prevention Education

Name of Organization: _____

Nature of Organization: Social Educational
 Cultural Sports
 Human Service Other (specify) _____

Mission of Organization: _____

What does the organization contribute to the community?

What is the organization's structure? (Check all that apply)
 Governmental Unit Tax-Exempt 501c3 Other _____
 Local Board Local Manager

What was the organization's most recent fiscal year accounting period revenue? _____
What were the organization's most recent fiscal year accounting period expenses ? _____

Are operations reviewed? Yes No
If yes, by whom? Board of Directors CPA Audit/Financial Review

Total cost of the program for which funds are requested? \$ _____

Total dollar amount requested for grant? \$ _____

Total dollar amount requested from other funders? \$ _____

If other funding sources are sought, please specify who and how much. _____

Please describe specifically what the funds will be used for if your request is approved?

Coalition for a Healthy Darke County

How many persons would benefit from the program or project funded by this grant?

What benefits or changes for our community will occur because of your program or service? Please list short-term and long-term outcomes.

Date(s) of program to be funded? _____

Coalition Recognition

Briefly describe how the Coalition for a Healthy Darke County will be recognized if your organization receives grant funding?

Please specify your organization's contact person for this grant request.

Name: _____
Position/Title: _____
Address: _____
City, State, Zip Code: _____
Phone Number: _____
Email Address: _____

Please remit this charitable grant application no later than December 31, 2018**:

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**** Applications must be postmarked on or before December 31, 2018. Incomplete or late applications will not be considered.**

Please include a copy of the organization's 501 (c) (3) exemption letter from the Internal Revenue Service.

Approved funding will be a grant covering the period January 2019-June 2019. If awarded, funds will be dispersed beginning January 15, 2019.

Name of Applicant/Title (PRINT)

Signature of Applicant

Date

Coalition for a Healthy Darke County

Program Budget

Grant maximum is \$3,000. Below, please complete a budget for the program for which you are seeking funding. Please be as specific as possible in showing where grant funding will benefit your program. If you do not have a particular income or expense that is outlined below, please put a \$0 in the budget. If you have additional income or expenses than what is outlined below, please include in "other".

Name of Organization: _____

Program/Project to be funded: _____

Income	
Coalition grant request	\$
Funds requested from other funders	\$
Funds allotted to the program by your organization	\$
Other income	
•	\$
•	\$
TOTAL INCOME	\$
Expenses	
Portion of salary associated with the program	\$
Associated salary expenses (i.e. benefits, taxes)	\$
Program supplies (list examples below)	
•	\$
•	\$
•	\$
Copies	\$
Postage	\$
Equipment	\$
Food	\$
Books/Resource Materials	\$
Mileage/Travel	\$
Other (be specific below)	
•	\$
•	\$
•	\$
TOTAL EXPENSES	\$

Name of Applicant/Title (PRINT)

Signature of Applicant

Date

Coalition for a Healthy Darke County

2018-2019 Charitable Grant Application
K-12 Substance Abuse Prevention Education

Follow Up and Due Diligence**

Coalition Grant Program Outcomes/Goals/Data Collection & Reporting

*** This page must be completed and submitted to the Coalition for a Healthy Darke County within 30 days of your project/program completion.*

Coalition short-term goals/outcomes include providing substance abuse prevention education for K-12 with scientific fact, evidence-based and age appropriate information. Teaching children that they have choices at a young age and the importance and danger of decisions.

Coalition long-term goals/outcomes include changing the culture in Darke County regarding substance abuse. Our goal is to eventually have a community and workforce that is drug-free.

Data collection and reporting is a requirement of this grant. Please answer the following questions.

OUTCOME GOALS	OUTCOME MEASUREMENTS	DATA COLLECTION & REPORTING
1. Your project/program will provide substance abuse prevention education for K-12 with scientific fact, evidence-based and age appropriate information	What grade levels benefitted from your program/project? How many students?	
2. Students will understand the consequences and statistics of substance abuse and that they have choices regarding important and dangerous decisions	Did post project/program classroom discussion indicate an improved understanding about substance abuse?	Yes or No

Comments: _____

Name/Title (PRINT)

Signature

Date