



2026 DAC Mini Grant Application

See our website for full instructions on grant guidelines: www.dacac.org

* Required

1. Applicant Agency Name *

2. Address *

3. City, State, Zip *

4. Federal Identification Number *

5. Agency Mission *

6. Which of the following does your agency fall under? *

- ☐ 501(c)3 Nonprofit Status operating in Allen County, IN
- ☐ Incorporated entity doing business in Allen County, IN
- ☐ Governmental unit/agency/entity (ex: FWPD, ACJC, etc.)
- ☐ Non-incorporated organization teamed with a non-profit or governmental agency operating in Allen County, IN that has agreed to serve as applicant organization's fiscal and administrative agent

7. Primary Contact Name *

This does not have to be the signer, but should be who we will contact regarding the grant.

8. Primary Contact Phone Number *

9. Primary Contact Email *

10. Please name your project below: *

11. Choose the area of funding that best fits your project: *

- ☐ Trauma-Informed Trainings
- ☐ Prevention and Education of Substance Use Disorder
- ☐ Services for People Involved with the Justice System

12. Describe the core features of your program. *

Including: the delivery strategy, frequency and duration of the program, the materials you will need to deliver the program, your agency's time investment in programming for this project, etc.

13. Is your program/project evidence-based? *

Your program may be peer-reviewed, evidence-informed, evidence-based, or otherwise. If this program or project is listed in any national evidence-based registry lists, please provide the information for that here. If not, please describe how you know this will be an effective program or project.

14. Which of the following objectives do you anticipate your project will address, based on "best practices"? (You must choose at least one and write an outcome statement related to this/these objective(s) below.) *

Best practices are defined as "strategies, activities, or approaches, which have been shown through research and evaluation to be effective in the prevention and/or delay of substance use/abuse."

- ☐ Implement evidence-based substance use prevention programs with children/youth
- ☐ Provide community-based programming and education that assists in building skills in parents and/or youth to decrease risk factors and increase protective factors for safe alcohol use, substance use or underage drinking.
- ☐ Provide training for or development of peer support programming
- ☐ Provide services that aid in reducing barriers to treatment.
- ☐ Educate youth or adults on safe alcohol consumption practices.
- ☐ Provide staff development training regarding trauma-informed practice, prevention, ethical treatment or cultural competence in serving individuals with or at risk for alcohol or substance use concerns.
- ☐ Provide school-based programming that assists in building skills in parents and/or youth to decrease risk factors and increase protective factors for safe alcohol use, substance use or underage drinking.

15. Which problem statement(s) would you be aiming to address? *

This can be more than one but must be at least one.

- ☐ Youth are at low protection for School Rewards for Prosocial Involvement compared to their peers across the nation.
- ☐ Youth struggle with feelings of sadness, hopelessness, or suicidal ideation.
- ☐ Attention, emphasis, and media coverage is focused on antisocial behaviors and negative aspects of youth and their actions.
- ☐ Alcohol use and misuse is a problem within the county.
- ☐ Individuals within the county have a low perception of the risks of substance misuse.
- ☐ Individuals in the county report a higher than average favorable attitude towards substance use.
- ☐ Low protection indicates a higher risk for alcohol and other drug use, among other problem behaviors.
- ☐ Anti-social behavior increases community issues such as crime, delinquency, property damage, substance use, and teen pregnancy.

Revenge and community violence exacerbate anti-social behaviors and

16. Total Grant Request Dollar Amount (USD) Please note: The budget template we have provided is for your use only and is not required to submit with your application. *

17. Please note that this year, a completed budget template is required to be considered for funding. The budget template is available at www.dacac.org/minigrants

Please take a moment now to compete and submit this to Monique Johnson at monique@dacac.org. You will receive a reply confirming receipt within 3 business days.

Due to capacity limitations of DAC staff, we will not be able to follow-up to request this information if it is not

18. Anticipated Total Number Served *

19. Summarize any financial resources that will support this program beyond DAC's funding, including existing internal resources. *

20. Please describe any collaborative relationships other than DAC that support this project. *

21. How will you measure the success of this project? Please list at least two SMART outcome statements related to this project.

*SMART outcomes are (1) specific, (2) measurable, (3) achievable, (4) relevant, and (5) time-bound. **

Example Outcome Statement: DAC will reach 60 youth at the 4th, 5th, & 6th grade levels through Too Good For Drugs programming, which will run for 10 weeks, twice annually, with 80% of participation by youth in programming.

22. Choose target population that best fits your project: *

- ☐ Adults
- ☐ Youth
- ☐ Older Adults (50+)

24. The items below constitute requirements for all funded partners: *

You must check all requirements below to be eligible for funding.

- ☐ Attend at least **4 of 6** hybrid LCC bi-monthly meetings. (A schedule for these meetings can be found at www.dacac.org)
- ☐ Participate in community-wide data collection as requested, including success stories, if/when requested.
- ☐ Acknowledge the Drug and Alcohol Consortium of Allen County as a supporting organization in all media releases and printed materials related to this project.
- ☐ Complete and submit a midpoint progress report and final report.
- ☐ Maintain generally accepted accounting procedures to provide accurate and timely recording of project-related receipts, expenditures, and unspent funds.
- ☐ Be prepared for scheduled site visits to the program during the course of the grant period.

25. Enter the name and credentials of your organization's authorized representative (CEO/ED) in the text box below. *

- ☐ On probation

☐ History of justice involvement
This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

- ☐ Children of incarcerated parents



Microsoft Forms