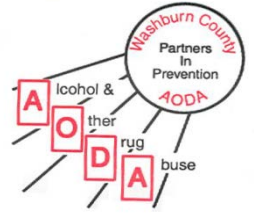


2019 Washburn County AODA Grant Guidelines

Washburn County Board of Supervisors has allocated \$7500 to the Washburn County Community Alliance for Prevention (CAP) to support existing and new programs for 2019. The Maximum amount available is \$1000 for a single Organization Grant Application, and \$1000 maximum per organization on a partnership application.



Examples of activities or events include but not limited to: Drug and Alcohol Free activities for adults and youth, AODA guest speakers and programs, educational materials, personnel training for AODA prevention, printed materials including posters, t-shirts, bracelets, etc.

Requirements for all applications:

1. Member(s) applying for a grant must attend the Grant Awards Meeting to present their idea to CAP; date, time and location to be determined.
2. Organizations must contribute at least 20% match of grant allotment.
3. Event must include a clear AODA message conveyed throughout the event.
4. Adult Supervision is required at all events designed for youth and should be addressed in the Grant Application.

Recommendations:

1. Grant applications should seek to reach as many people as possible.
2. Joint applications for larger grant awards may receive preference.
3. Coordinate speaker dates to reduce cost.
4. Youth participation in planning and developing grant and event.

What is NOT covered:

1. Funding for Political or other forms of advertising
2. Capital expenditures over \$250
3. Support for religious activities
4. Salaries/Wages of staff

[Application Deadline is February 28, 2019](#)

Submit requests by email/scan to:

Dgleason@co.washburn.wi.us

Darin Gleason- AODA Prevention Specialist
Washburn County Health & Human Services Department

Email or call with questions.

715-645-9032

2019 Washburn County AODA Grant Application

(fill in text)

Date:

Organization Name:

Contact:

Phone:

Email:

Has your organization received a grant in the past?: Yes:____When:_____ No:_____

- Prior grants awarded does not guarantee future approval. Must apply each year.

Please describe the proposed activity/program:

Goals planned to achieve:

Projected # of participants:	Adults:	Youth:
Projected participants from Washburn County:		

Organization Contribution: Staff time, money, space, etc. (Must be 20% of grant request)

Make Check Payable to:
Address:

AODA Committee use only

Approved for \$ Date Notified Date Check Mailed:

Denied Reason: Date Notified:

Committee member signature: Date:

Washburn County AODA Grant Application

Proposed Itemized Budget

- **Must include a minimum of 20% organizational contribution (In-kind/match).**
- **List Speakers, activities, educational materials, supplies, etc, with actual amount and amount Grant Funds applied for.**
- **Include additional spreadsheet if needed.**

<u>Item/Activity Description</u>	<u>Qty</u>	<u>Grant Amount Requested</u>	<u>Actual Cost</u>
1			
2			
3			
4			
5			
	<u>Total</u>		
<u>Matching Funds Description (Minimum 20%)</u>	<u>Qty</u>	<u>Organizational Contribution Planned (\$)</u>	<u>Actual Cost</u>
1			
2			
3			
<u>Comments:</u>	<u>Grand Budget Total</u>	\$	\$

Email Page 2 and 3 to:
Darin Gleason- Washburn County AODA Prevention Specialist
DGleason@co.washburn.wi.us
715-645-9032

Washburn County AODA Grant FINAL REPORT

- **Submit report within 90 days of completed event.**
- **Report MUST be returned within 90 days to be considered for future grants.**

Date of Event:

Organization Name:
Name of Event:
Describe event/program:
Describe any problems/issues:
How was a clear AODA message presented:
Actual # of Attendees: Actual % from Washburn Co.: 100%____ 75%____ 50%____ 25%_____
Organizational Contribution (minimum 20% of grant request): \$_____
Additional community/corporate contributions:
Total Expenses: \$ _____ **Final Report due within 90 days of completion of event
Additional Comments:

At completion of event and final reports, email page 4 and 5 to:

Darin Gleason
Washburn County AODA Prevention Specialist
DGleason@co.washburn.wi.us
715-645-9032

Washburn County AODA Grant FINAL REPORT

• FINAL Itemized Budget

- **Must include a minimum of 20% organizational contribution (In-kind/match).**
- **List Speakers, activities, educational materials, supplies, etc, with actual amount and amount of Grant Funds applied for.**
- **Include additional spreadsheet if needed.**

<u>Item/Activity Description</u>	<u>QTY</u>	<u>Grant Amount Received</u>	<u>Actual Cost</u>
1			
2			
3			
4			
5			
	<u>Total</u>	<u> </u>	<u> </u>
<u>Matching Funds (minimum 20%) Description</u>	<u>QTY</u>	<u>Organizational Contribution</u>	<u>Actual Cost</u>
1			
2			
3			
<u>Comments:</u>	<u>Grand Budget Total</u>	\$	\$

Email Page 4 and 5 to:
Darin Gleason- Washburn County AODA Prevention Specialist
DGleason@co.washburn.wi.us

715-645-9032