

2026 Grant Application Instructions (Pages 1-5) Drug-Free Noble County (DFNC)

Please submit "1" master copy of the Grant Application (Pages 6-10 below) ONLY, in person, to the address below, no later than, Wednesday, October 15, 2025, 3:00pm. If mailing application & copies, it must be postmarked no later than Tuesday, October 14, 2025. Late applications will be disqualified.

Drug-Free Noble County, Inc.
2090 N SR 9, Suite E
Albion, IN 46701

The Noble County Commissioners have designated Drug-Free Noble County as the Local Coordinating Council (LCC) to review potential grants and award these grants from the Noble County Alcohol and Drug Countermeasures Fund. The grants will be available for the 2026 fiscal year (January 1-December 31, 2026).

The dollars from this fund must be distributed as follows:

1. At least 25% for prevention and education,
2. At least 25% for intervention and treatment,
3. At least 25% for judicial and law enforcement,
4. 25% supplemental fund for flexible distribution in the above categories or DFNC administrative costs.

To comply with guidelines set forth by the Governor's Commission for a Drug Free Indiana, members of DFNC have identified 3 Problem Statements and Goals which affect Noble County. Agencies or programs targeting these issues are eligible to apply for funding. **Each grant request must comply with the Indiana Code 5-2-11 definition of prevention, criminal justice services and activities, and intervention. The grant request must also meet at least one Problem Statement & Goal identified on the next pages. Grant requests that do not meet these requirements will not be considered for funding. Priority for funding will be given to evidence-based programs. In addition, your program/project should also be consistent with the "Seven Strategies for Community Change."** Please review the definitions, problem statements and objectives, and seven strategies to determine the eligibility of your request.

According to Indiana Code 5-2-11 the three program areas of the Countermeasures Fund are defined as the following:

- 1) **"Prevention"** is defined as the anticipatory process that prepares and supports an individual and programs with the creation and reinforcement of healthy behaviors and lifestyles.
- 2) **"Criminal justice services and activities"** means programs that assist:
 - (1) law enforcement agencies;
 - (2) courts;
 - (3) correctional facilities;
 - (4) programs that offer probation services; and
 - (5) community corrections programs;with individuals who have alcohol or drug addictions and who are suspected of having committed a felony or misdemeanor, have been charged with a felony or misdemeanor, or have been convicted of a felony or misdemeanor.
- 3) **"Intervention"** means:
 - (1) activities performed to identify persons in need of addiction treatment services; and
 - (2) referring persons to or enrolling persons in addiction treatment programs

Each year the Local Coordinating Council for a Drug Free Noble County completes and submits to the Indiana Governor’s Commission for a Drug Free Indiana a Comprehensive Plan which outline problem statements that our community has identified. Our funding will be awarded to those agencies whose programs target populations and identify programming that addresses one of the problem statements in our Comprehensive Plan.

Problem Statements	What can be done (action)?
<p>1. ATOD use & abuse by youth and adults is a problem in Noble County</p>	<p>1. Support the law enforcement needs and activities to reduce access to alcohol for youth, detect impaired drivers, and other efforts to reduce alcohol and drug problems in the county</p> <p>2. Support alternative activities for youth</p> <p>3. Support public and social service agencies that work with youth to identify and reduce risk factors that contribute to ATOD use in youth</p>
<p>2. Community understanding of addiction and the use of ATOD's is a problem in Noble County</p>	<p>1. Support local educational forums to be held on issues related to ATOD</p> <p>2. Support drug testing efforts for identification of drug use in Noble County</p> <p>3. Raise Mental Health Awareness and its relation to substance abuse</p>
<p>3. Access to effective intervention and prevention resources continues to be a problem in Noble County</p>	<p>1. Support programs & organizations that provide treatment and recovery services in Noble County</p> <p>2. Support prevention education programs provided through schools and other community organizations</p> <p>3. Support programs that delay or prevent the first use of ATOD</p>

Problem Statement #1

Goal 1

DFNC will see a 1% reduction in the NE IN regional 10th grade vaping rate of 13.3% by 12/2026 as measured by the Indiana Youth Survey.

Goal 2

DFNC will increase the number of adults in Noble County obtaining treatment & recovery services by 5% by 12/2026 measured by local treatment center and recovery homes year-end annual service numbers.

Problem Statement #2

Goal 1

DFNC will increase understanding of IN laws related to underage alcohol use by 5% by 6/2026 as measured by annual responses to related questions in the Noble County Community Survey utilizing 2018 survey as baseline data.

Goal 2

DFNC will increase annual ATOD's education/ messaging reach to diverse community members by continuing PAW (Parents at Work) outreach programs and hosting 2 Community Education opportunities by 6/2026.

Problem Statement #3

Goal 1

DFNC will partner with NC Thrive by Five to develop and pilot an ATOD's & trauma involved education & awareness program for early childhood education and childcare staff/providers in Noble County by 6/2026 that can be replicated by NE IN Early childhood Coalition.

Goal 2

100% of Noble County K-12 public school districts and 50% of Noble County K-12 private/alternative schools will participate in effective prevention/education programs at one or more grade levels as measured by school and partner program data by 6/2026.

Problem Statement #1	Steps
<p>Goal 1 DFNC will see a 1% reduction in the NE IN regional 10th grade vaping rate of 13.3% by 12/2026 as measured by the Indiana Youth Survey.</p>	<ol style="list-style-type: none"> 1. Prevention/Education - Support alternative activities for youth 2. Intervention/Treatment - Support public and social service agencies that work with youth to identify and reduce risk factors that contribute to ATOD use in youth 3. Justice Services/Supports - Support law enforcement needs and activities to reduce access to alcohol for youth, detect impaired drivers, and other efforts to reduce alcohol and drug problems in the county
<p>Goal 2 DFNC will increase the number of adults in Noble County obtaining treatment & recovery services by 5% by 12/2026 measured by local treatment center and recovery homes year-end annual service numbers.</p>	<ol style="list-style-type: none"> 1. Prevention/Education - Support education initiatives that engage multiple sectors of the community 2. Intervention/Treatment - Support programs that encourage positive healthy family relationships 3. Justice Services/Supports - Support law enforcement programs/courts that work to reduce offender abuse of and/or addiction to ATOD thus decreasing related criminal activity...
Problem Statement #2	Steps
<p>Goal 1 DFNC will increase understanding of IN laws related to underage alcohol use by 5% by 6/2026 as measured by annual responses to related questions in the Noble County Community Survey utilizing 2018 survey as baseline data.</p>	<ol style="list-style-type: none"> 1. Prevention/Education -Support local educational forums to be held on issues related to ATOD 2. Intervention/Treatment - Support programs that mental health awareness 3. Justice Services/Supports - Support drug testing efforts for identification of drug use in Noble County
<p>Goal 2 DFNC will increase annual ATOD's education/messaging reach to diverse community members by continuing PAW (Parents at Work) outreach programs and hosting 2 Community Education opportunities by 6/2026.</p>	<ol style="list-style-type: none"> 1. Prevention/Education - Support prevention education programs provided through schools and other community organizations 2. Intervention/Treatment - Support programs & organizations that provide treatment and recovery services in Noble County 3. Justice Services/Supports - Support law enforcement programs/courts that work to reduce offender abuse of and/or addiction to ATOD thus decreasing related criminal activity
Problem Statement #3	Steps
<p>Goal 1 DFNC will partner with NC Thrive by Five to develop and pilot an ATOD's & trauma involved education & awareness program for early childhood education and childcare staff/providers in Noble County by 6/2026 that can be replicated by NE IN Early childhood Coalition.</p>	<ol style="list-style-type: none"> 1. Prevention/Education - Support local educational forums to be held on issues related to ATOD 2. Intervention/Treatment - Support programs & organizations that provide treatment and recovery services in Noble County 3. Justice Services/Supports - Support law enforcement programs/courts that work to reduce offender abuse of and/or addiction to ATOD thus decreasing related criminal activity.
<p>Goal 2 100% of Noble County K-12 public school districts and 50% of Noble County K-12 private/alternative schools will participate in effective prevention/education programs at one or more grade levels as measured by school and partner program data by 6/2026.</p>	<ol style="list-style-type: none"> 1. Prevention/Education - support prevention/education programs provided through the schools & community partners 2. Intervention/Treatment - support programs & organizations that provide treatment and recovery services in Noble County 3. Justice Services/Supports - support school resource officers' efforts in public schools

CADCA's National Coalition Institute

Defining the Seven Strategies for Community Change

1. Providing Information – Educational presentations, workshops or seminars or other presentations of data (e.g., public announcements, brochures, dissemination, billboards, community meetings, forums, web-based communication).
2. Enhancing Skills – Workshops, seminars or other activities designed to increase the skills of participants, members and staff needed to achieve population level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats, curricula development).
3. Providing Support – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
4. Enhancing Access/Reducing Barriers- Improving systems and processes to increase the ease, ability and opportunity to utilize those systems and services (e.g., assuring healthcare, childcare, transportation, housing, justice, education, safety, special needs, cultural and language sensitivity).
5. Changing Consequences (Incentives/Disincentives) – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, taxes, citations, fines, revocations/loss of privileges).
6. Physical Design – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, outlet density).
7. Modifying/Changing Policies – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions, systems change within government, communities and organizations).

Drug-Free Noble County Application for Funding (Pages 6-10)

2026 FUNDING CYCLE

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Drug-Free Noble County, Inc., 2090 N SR 9, Suite E, Albion, IN 46701

Applicant Agency: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Tax ID Number (if available): _____

Contact Person: _____ **Phone:** _____

Fax #: _____ **E-mail address:** _____

Program Title: _____

Type of Program: Mark the one (1) domain under which your program/project best fits. (Defined by the nature of the program itself, not the agency doing the program)

Prevention/Education () Treatment/Recovery () Justice/Law Enforcement ()

Related Problem Statement(s) _____ #1 _____ #2 _____ #3

Goal(s): _____

(See previous pages to identify Problem Statements and Goals.)

Amount requested from DFNC: \$ _____

Total Program Budget: \$ _____ **Program length (months):** _____

Has this agency been funded previously? yes no

IMPLEMENTING AGENCY AGREEMENT

- * I, the undersigned, affirm that I am aware of and support the aforementioned proposal for funding of the program from the Local Drug-Free Communities Fund.
- * I understand that I or another representative from my organization must attend **5** Drug-Free Noble County Council meetings and **5** Committee meetings within the same year of receiving the grant.
- * I understand that our organization will be responsible to present a 5 to 10 minute oral program report and quarterly progress and expenditure written reports based on this funding cycle.
- * I agree to provide statistics and objective updates for the Comprehensive Community Plan.
- * I understand that someone from my agency must participate in a **minimum of two** DFNC-sponsored community events.
- * I understand that all grant funds must be used in the grant calendar year, any remaining funds must be returned.
- * I further understand that all literature and/or press releases regarding this program **ONLY** will acknowledge Drug-Free Noble County as a partner.

My failure to do any of the above-mentioned items could affect my future funding from DFNC.

Signature

Date

Title

Agency

GRANT APPLICATION

1. Please provide a program description including cooperative efforts within the community and core features of program.
2. Please describe the target population, including the expected number of Noble County residents directly served or impacted by the grant.
3. Please explain how your program will address the Problem Statement(s)/Goal(s) stated on the previous page. **Your program must target at least one Problem Statement/Goal to be eligible for funding.** If your program addresses more than one Problem Statement/Goal, please explain each separately.

4. Please explain in this section how your program will address outcome measurements. (Problem Statement/Goal, indicator, time frame, data source, etc.)

Questions to answer when completing this portion of the application:

Problem Statement/Goal: *(which action you are addressing from the first page of grant)*

Indicator: *(what you are going to measure)*

Time Frame: *(time frame you are going to measure)*

Data Source: *(who/what will collect information for you)*

Data Collection Method: *(how you are going to get information)*

Estimated # of Participants: *(anticipated number to serve)*

Problem Statement/Goal:

Indicator:

Time Frame:

Data Source:

Data Collection Method:

Estimated # of Participants:

Problem Statement/Goal:

Indicator:

Time Frame:

Data Source:

Data Collection Method:

Estimated # of Participants:

Problem Statement/Goal:

Indicator:

Time Frame:

Data Source:

Data Collection Method:

Estimated # of Participants:

Program Budget

5. Please explain how the grant money requested from Drug-Free Noble County will be spent. Explain by providing a breakdown of expenses outlining specifically how you will use the DFNC money.

Outline budget items for grant request below.

List individual items	List cost for each item \$\$

Total Requested Amount: \$

6. Please identify amount (\$) of any carry-over funds this agency/program has remaining from the previous grant period. \$ _____

7. If the request is more than DFNC can fund, do you have additional funding sources?
 yes no

List additional funding sources	List \$\$ amount

***Please attach additional budget information if you feel it would be helpful to further explain the program.*

CONFLICT OF INTEREST POLICY STATEMENT

Drug-Free Noble County officers and committee members are knowledgeable and active in the community in the areas of substance abuse prevention, education, law enforcement, justice and treatment. Thus, conflicts of interest and appearances of conflicts of interest are natural and expected. To ensure that evaluation of local grant requests and other decision-making processes are free from such conflicts and appearances of conflicts, DFNC, the Local Coordinating Council, requires full disclosure of all affiliations whenever an affiliation with an applicant for local drug-free communities fund exists. To this end, the following procedures shall be complied with:

1. Each officer and member serving on a grant review committee shall submit to the LCC a statement disclosing (1) all affiliations with organizations applying for Drug-Free Communities support and (2) any relationship by blood or marriage with an individual applicant for a direct grant. Each officer or member shall file this statement prior to any grant decision-making by the LCC. The form of the statement shall be determined and supplied by the LCC and it shall be the responsibility of each officer or member to keep his or her statement current. All statement shall be kept as part of the LCC records and shall be open to public inspection.
2. An affiliation is deemed to exist if an officer or member (or any member of his or her immediate family) is associated with an organization applying for funding as:
 - a. A director, trustee, officer or employee;
 - b. A fund raiser or financial advisor;
 - c. An independent contractor who has received fees or payments from the organization within the year preceding the filing of the affiliation or any amendment thereto;
 - d. A contributor of any position or interest that would preclude or appear to preclude fair and objective evaluation of any grant request.
3. Immediate family is defined as including the spouse and any child living at home.
4. Board members who declare a conflict of interest with a particular grant application are excused from the meeting room during the evaluation and discussion of that application.

CONFLICT OF INTEREST DISCLOSURE FORM

Your Name: _____

I have reviewed the Drug-Free Noble County *Conflict of Interest Policy Statement* and find that:

(Check one)

_____ I have no conflicts or appearances of conflict of interest.

_____ I have conflicts or appearances of conflict of interest as follows:

Name of Grant Applicant

Conflict

_____	_____
_____	_____
_____	_____
_____	_____

Signature: _____

Date: _____