

**WAKE COUNTY BOARD OF ALCOHOLIC CONTROL**  
**Grant Application Guidelines**  
**Grant Application Submission Dates:**  
**September 1<sup>st</sup> and February 1<sup>st</sup>**

If you have any questions, please contact Craig Pleasants at 919-832-2726 or e-mail inquiries to [cpleasants@wakeabc.com](mailto:cpleasants@wakeabc.com).

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**GRANT ELIGIBILITY AND RESTRICTIONS:**

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 subdivisions of the State.
2. Funding is only 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 adhered to.
3. Funding is restricted to programs that provide services primarily to Wake County residents.
4. Grants will be made for a one-time project or on-going project.
5. Agencies that do not meet reporting and evaluation guidelines will be excluded from consideration for future funding.
6. Grant recipients may be required to provide matching funds equal to the amount of the requested grant.
7. Grant payments will be made at the midpoint of the requested funds being matched and at the total of the requested funds being matched.
8. All grant money must be spent or encumbered to the awarded project prior to June 30 of the program year. An extension may be given upon request.
9. Evaluation Report Forms must be submitted at the conclusion of the grant cycle (no later than August 15<sup>th</sup>). Failure to meet the report deadlines will disqualify the organization from future ABC funding.
10. Applicants will be notified in writing of project funding.

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**ORGANIZATION INFORMATION**

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name & Title of CEO/Director (*if different from contact person*) \_\_\_\_\_

Brief Statement about Organization History and Mission:

## PROPOSAL INFORMATION

New Project       On-going Project

Grant Request Amount : \$ \_\_\_\_\_

Total Project Budget: \$ \_\_\_\_\_

Project Title: \_\_\_\_\_

Brief Summary of Project: (please use space provided)

Names of Collaborative Partners/Organizations:

Signature of CEO: \_\_\_\_\_ Date: \_\_\_\_\_

### **INSTRUCTIONS:**

Please use the following outline to complete your proposal. Be thorough, but succinct in your responses.

### **SECTION A: CASE FOR SUPPORT**

1. What need/problem specific to the "treatment of alcoholism or substance abuse, or research or 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. Why and how is this target population at risk to alcohol or substance abuse?
5. How will the identified target population benefit from this project?
6. What is the strategy to reach this target population?
7. What other organizations will be involved in this project?

### **SECTION B: 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 C: 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 change?)
3. Measurements of success (How will you define success?)
4. Measurement tools (What methods will be used to track and measure progress toward goals?)

## **SECTION D: BUDGET**

(See attached budget form). It is important that you provide a line-item budget accompanied by a budget narrative.

## **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 and what are your plans for procuring them?

## **SECTION F: REQUIRED SUPPORTING DOCUMENTS**

- ✓ Organization's previous and current annual budget
- ✓ Audited financial statement within the last two years
- ✓ A copy of the original IRS determination letter indicating 501 (c) (3) tax exempt status
- ✓ Current Board of Directors (include occupation and/or community affiliations, and board responsibilities)
- ✓ Letters of support (maximum of three)

**REMINDER: APPLICATIONS SHOULD BE MAILED TO:**

**Craig Pleasants  
Wake County Board of Alcoholic Control  
1212 Wicker Drive  
Raleigh, NC 27604**

**Applications are to include one (1) original and six (6) copies. Include attachments with the original application only.**

Questions? Please contact:

Craig Pleasants  
919-832-2726  
e-mail: [cpleasants@wakeabc.com](mailto:cpleasants@wakeabc.com)

## ABC Board Grant Application Funding Budget Form

Organization: \_\_\_\_\_

### Budget Item

<u>Name of Source</u>	<u>Amount</u>	<u>Total</u>	<u>Amount</u>
<i>Salary, Contractual, Consultant</i>			
_____	_____ #hrs/wk	_____ \$/hr	\$ _____
Staff Member	_____	\$ _____	\$ _____
_____	_____ #hrs/wk	_____ \$/hr	\$ _____
Staff Member	_____	\$ _____	\$ _____
_____	_____ #hrs/wk	_____ \$/hr	\$ _____
Staff Member	_____	\$ _____	\$ _____
_____	_____ #hrs/wk	_____ \$/hr	\$ _____
Staff Member	_____	\$ _____	\$ _____
<b>Total Salary, Contractual, Consultant Expenses</b>			<b>\$ _____</b>
_____	<b>\$ _____</b>	<b>\$ _____</b>	

### *Printing (brochures, flyers, handouts, etc.)*

Item _____	_____ #copies	_____ \$/copy	\$ _____
_____		\$ _____	\$ _____
Item _____	_____ #copies	_____ \$/copy	\$ _____
_____		\$ _____	\$ _____
<b>Total Printing Expenses</b>			<b>\$ _____</b>
_____	<b>\$ _____</b>	<b>\$ _____</b>	

### *Supplies (paper, notebooks, clip boards, pens, pencils, visual aids, etc.)*

Item _____	_____ quantity	_____ \$/unit	\$ _____
_____		\$ _____	\$ _____
Item _____	_____ quantity	_____ \$/unit	\$ _____
_____		\$ _____	\$ _____
Item _____	_____ quantity	_____ \$/unit	\$ _____
_____		\$ _____	\$ _____
Item _____	_____ quantity	_____ \$/unit	\$ _____
_____		\$ _____	\$ _____
<b>Total Supplies Expenses</b>			<b>\$ _____</b>
_____	<b>\$ _____</b>	<b>\$ _____</b>	

**Postage**

Item _____	_____ quantity	_____ \$/each	\$ _____
_____	_____	_____	\$ _____
Item _____	_____ quantity	_____ \$/each	\$ _____
_____	_____	_____	\$ _____
<b>Total Postage Expenses</b>			<b>\$ _____</b>
_____	\$ _____	\$ _____	

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**Technology** (software, telecommunication equipment, etc.)

Item _____	_____ quantity	_____ \$/each	\$ _____
_____	_____	_____	\$ _____
Item _____	_____ quantity	_____ \$/each	\$ _____
_____	_____	_____	\$ _____
<b>Total Technology Expenses</b>			<b>\$ _____</b>
_____	\$ _____	\$ _____	

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**Educational Materials** (videos, books, pamphlets, etc.)

Item _____	_____ quantity	_____ \$/each	\$ _____
_____	_____	_____	\$ _____
Item _____	_____ quantity	_____ \$/each	\$ _____
_____	_____	_____	\$ _____
Item _____	_____ quantity	_____ \$/each	\$ _____
_____	_____	_____	\$ _____
Item _____	_____ quantity	_____ \$/each	\$ _____
_____	_____	_____	\$ _____
<b>Total Technology Expenses</b>			<b>\$ _____</b>
_____	\$ _____	\$ _____	

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**Conferences/Meetings**

_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Name of Conference	#Staff Attending	Registration Fee	
<b>Total Conferences/Meetings Expenses</b>			<b>\$ _____</b>
_____	\$ _____	\$ _____	

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**Client/Patient Per Diem**

_____ #client/patients	_____ #days	_____ \$/day	\$ _____
_____	_____	_____	\$ _____
_____ #client/patients	_____ #days	_____ \$/day	\$ _____
_____	_____	_____	\$ _____
<b>Total Client/Patient Per Diem Expenses</b>			<b>\$ _____</b>
_____	\$ _____	\$ _____	

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*Other (please specify)*

_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
<i>Total Other Expenses</i>	\$ _____	\$ _____	\$ _____

PROJECT

SOURCE

TOTAL: \$ \_\_\_\_\_

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

OTH