



ALCOHOL AND OTHER DRUG ABUSE MINI-GRANT PROGRAM

FUNDING WILL BE USED TO ASSIST THE ALCOHOL AND OTHER DRUG ABUSE TREATMENT AND EDUCATION PROGRAMS

The application deadline is December 12, 2008. Applications can be downloaded from the St. Lucie On-Line County website or obtained from the Office of Management and Budget by calling: 772-462-1670. Please mail or fax your completed application to the following address:

**Office of Management and Budget
St. Lucie County Board of County Commissioners
2300 Virginia Ave.
Fort Pierce, FL 34982-5652
Fax: 772-462-2117**

RE: ALCOHOL AND DRUG ABUSE MINI-GRANT PROGRAM

This program is based on Florida Statute 893.165, which allows the counties to establish comprehensive alcohol and other drug abuse treatment or education programs and to create the Alcohol and Other Drug Abuse Trust Funds. The trust fund revenues come from assessments collected pursuant to Florida Statute 938.23. The purpose of the trust fund is to disburse assistance grants on an annual basis to alcohol and other drug abuse treatment or education programs meeting qualification standards established by the Department of Children and Family Services. St. Lucie County's program is based on Sec. 1-7-23 of the County Ordinances:

Monies deposited into the alcohol and other drug abuse trust fund shall be used to financially assist alcohol and other drug abuse treatment and education programs. In order to receive assistance grants from the alcohol and other drug abuse trust fund, county alcohol and other drug abuse treatment or education programs shall be selected as program recipients on the basis of selection procedures, which shall be developed by the county administrator. Such procedures shall include as a basis for selection the success of the program. Final approval shall be made by the board of county commissioners upon recommendation by the county administrator, and selections shall be made annually. (Ord. No. 89-03, Pt. A, 1-24-89; Ord. No. 95-45, Pt. C, 9-19-95)

County's procedures for this program are available upon request by contacting the Office of Management and Budget at: 772-462-1670.

**ST. LUCIE COUNTY
ALCOHOL AND OTHER DRUG ABUSE TRUST FUND
MINI-GRANT PROGRAM**

SECTION A. APPLICANT INFORMATION

Identify the agency or organization and official who is authorized to execute any grant related documents:

1. Applicant Name: _____
2. Address: _____
_____ e-mail: _____
3. Telephone number: _____
4. Authorized official: _____
5. Fiscal officer: _____
6. Program director: _____
7. Federal Identification Number: _____

SECTION B. PROGRAM INFORMATION

1. Program name: _____
2. Program type: _____
3. Total program budget (attach copy of proposed program budget): _____
4. Amount of grant funds requested: _____
5. List other committed (note with “*”) and/or potential funding sources for program and any matching requirements for such funds:

| Funding source: | Amount: |
|-----------------|---------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
6. Estimated number of individuals served: _____
7. Cost per participant: Amount of funds requested divided by estimated number of individuals served: _____

SECTION C. NARRATIVE INFORMATION:

On attached sheet(s), answer the following questions concisely as possible. Please limit total response to 500 words or less.

1. What type of program is proposed? What services will it provide to participants?
2. What procedures and guidelines will be used to select and monitor program participants?
3. What specific outcomes do you seek to achieve? Describe in measurable terms the outcomes sought.

SECTION D. CERTIFICATION:

I do hereby certify that all facts, figures and representation made in this application are true and correct. Furthermore, all applicable statutes, regulations and procedures for program compliance and fiscal control shall be implemented to insure proper accountability of any grant funds awarded. I further certify that the funds requested in this application shall not supplant funds that would otherwise be used for the purpose set forth in this application. The filing of this application has been authorized by the Grant Applicant and I have been duly authorized to act as the representative of the Grant Applicant in connection with this application.

| | | |
|---------------------------------|-------|---------------------------------|
| _____ | _____ | _____ |
| Authorized Official's Signature | Date | Type Authorized Official's Name |
| _____ | | _____ |
| Name of Grant Applicant | | |

**MUST BE RECEIVED NO LATER THAN 5:00 P.M., December 12, 2008.
MAIL, FAX, OR DELIVER SIX (6) COPIES TO:**

Office of Management and Budget
St. Lucie County Alcohol and Other Drug Abuse Trust Fund
Mini-Grant Program
2300 Virginia Avenue
Fort Pierce, Florida 34982
Fax: 772-462-2117
Phone: 772-462-1670

St. Lucie County
Board of County Commissioners
2008-2009 MINI-GRANT
ALCOHOL AND OTHER DRUG ABUSE
TREATMENT AND EDUCATION
PROGRAM

The St. Lucie County Board of County Commissioners is now accepting applications for The Alcohol and Other Drug Abuse Treatment and Education Mini-Grant Program for 2008-2009. Applications and additional information are available in the Press Releases section of the County website: <http://www.stlucieco.gov/>, or from the Office of Management & Budget, 2300 Virginia Ave., Fort Pierce, FL 34982 or by calling 772-462-1670.

Grant application deadline:
December 12, 2008