

**City of Topeka and Shawnee County
Special Alcohol-Drug Funds
2024 Grant Application**

(Submit original with attachments and 5 copies without attachments for City of Topeka and an original with attachments and 5 copies without attachments for Shawnee County applications—all 3-hole punched and NOT STAPLED) by 5:00 pm, July 12, 2023, to Division of Housing Services (DHS), 620 SE Madison St., 1st Floor, Unit 8, Topeka, KS 66607, Attn. Christina Petree.

Please submit an electronic version for each application w/out attachments to clpetree@topeka.org.

Put an X on the ____ space to the left,
Indicating either City or County funding

____ City Alcohol-Drug Funds
____ County Alcohol-Drug Funds

Agency Data

Agency: _____ Contact: _____

Address: _____ City/State/Zip: _____

Phone: _____ Fax # _____

Contact Email(s): _____

Agency Director: _____ Agency FEIN # _____

Program Description

Program Name: _____

Provide a brief overview of the proposed program.

Program Qualifications: *"Moneys in the special alcohol and drug programs fund shall be expended only for the purchase, establishment, maintenance or expansion of services or programs whose **principal purpose** is alcoholism and drug abuse prevention and education, alcohol and drug detoxification, intervention in alcohol and drug abuse or treatment of persons who are alcoholics or drug abusers or are in danger of becoming alcoholics or drug abusers. (Kansas Liquor Drink Tax Act and Regulations, K.S.A. Chapter 79, Article 41a and K.A.R Agency 92, Article 24)*

Does this program meet the "principal purpose" criteria for funding as stated above in the Kansas Liquor Drink Tax Act and Regulations (K.S.A. Chapter 79, Article 41a and K.A.R. Agency 92, Article 24)? ☐ Yes ☐ No

If yes, describe how this program meets "**principal purpose**" criteria.

Is this program an evidence or research-based program? ☐ Yes ☐ No

If yes, please list the citations and its location where the evidence or research-base for this program may be found; e.g., websites or other references and how this program replicates this evidence/research-based program with fidelity.

Please check the appropriate type of services proposed for funding by 2024 Special Alcohol Drug Funds (see page 3 of the RFP for Prevention Types of Service definitions):

Prevention:

Universal ☐
Selective ☐
Indicated ☐

Treatment:

Intervention ☐
Crisis Intervention ☐
Screening, brief Intervention and Referral ☐
Alcohol and Drug Assessment and Referral ☐
Acute Detoxification/social detoxification ☐
Inpatient Treatment ☐
Intermediate Treatment ☐
Outpatient Treatment ☐
Peer Mentoring Support ☐
Reintegration Treatment ☐
Case Management ☐

Program Funding History and Current Request

	Prior Year - 2022	Current Year - 2023	Requested Year - 2024
City Alcohol-Drug Funds			
County Alcohol-Drug Funds			
Other (name of funding source)			
Other (name of funding source)			
Other (name of funding source)			
Other (name of funding source)			
Program Total			

Program Narratives

1. Program Need – Describe the community **or population** needs that this proposal addresses and how it is relative to what you are trying to accomplish.

2. Program Outputs - Describe the products and program/project services that address identified need; e.g., such as number of trainings, educational events, classes taught, educational materials developed and disseminated, social marketing campaigns developed and implemented, participants or clients served, and program/project completion, and program/project follow-up. A program's/project's outputs should produce outcomes for participants or clients, and may include community outcomes; e.g., social indicators/social determinants.

2a) Describe the program's PROJECTED (2022) and ACTUAL (2022) OUTPUTS in the table below:

Program OUTPUTS

Projected Outputs 2022	Actual Outputs 2022

2b) if you were unable to achieve project outputs in 2022, please explain here.

3. **Program Outcomes** –Benefits for participants during or after their involvement with a program, project, or activities. Outcomes are measurable, population, client and/or community-based results which demonstrate changes in knowledge, skills, attitudes, behaviors, conditions, policies or practices.

3a) Describe the program's **PROJECTED (2022)** and **ACTUAL (2022) OUTCOMES** in the table below.

Program OUTCOMES

Projected Outcomes 2022	Actual Outcomes 2022

3b) If you were unable to achieve projected outcomes in 2022, please explain here:

4. **Outcome Measurement Method** – Describe the data source and data collection method you will be using to assess output and outcome attainment.

5. Please provide projected outputs and outcomes for 2024 in the following chart. Output 1 should directly relate to Outcome 1, Output 2 to Outcome 2, etc... Insert an "a", "b" and so on if there is more than one output for a certain outcome or the reverse. Please be concise.

List all program outputs & outcomes that this program intends to accomplish this program year, 2024.

OUTPUT(S)

#1

#2

#3

#4

OUTCOME(S)

#1

#2

#3

#4

6. Duplication – Please discuss whether this service is duplicated by another agency, and if so, address why this duplication is justified based on community need. Please refer to the scoring sheet in the RFP page 10.

7. Collaboration and/or Contractual Partnerships – Please list units of government and or community organizations with which this program collaborates and give examples of how this program works with these organizations to deliver the services efficiently and effectively. Please refer to the scoring sheet in the RFP page 11.

8. What donated goods and/or volunteer services do you receive that add value to this program?

9. Name the funding streams for this program which demonstrates future sustainability. Please refer to the scoring sheet in the RFP page 11.

10. Program Budget Detail

Please refer to the scoring sheet in the RFP page 11.

(Detail for program only; not entire agency)	2022 Actual	2023 Projected	2024 Proposed	Foot- Notes
Revenue for Program				
Fee for Service				
City				
County				
State				
City SADP Funds				
County SADP Funds				
Federal				
United Way				
Donations				
Special Events				
Misc. Grants				
Other:				
TOTAL REVENUE				
Expenditures for this Program	2022 Actual	2023 Projected	2024 Proposed	Foot- Notes
Salaries				
Employee Health & Retirement Benefits, Taxes				
Audit and Contractual Services				
Supplies				
Office				
Other (Specify)				
Telephone				
Postage and Shipping				
Occupancy				
Rent of Space				
Utilities				
Site Maintenance/Repair				
Outside Printing, Art Work, etc.				
Local Transportation				
Conferences, Workshops, etc.				
Subscriptions & Reference Publications				
Direct Assistance to Clients				
Insurance/Bonding				
Organization Dues/Memberships				
Equipment & Other Fixed Assets				
Equipment Maintenance, Repair and Rental				
Other (Specify)				
TOTAL PROGRAM EXPENDITURES				
TOTAL AGENCY BUDGET				
PROGRAM PERCENTAGE OF TOTAL AGENCY BUDGET	%	%	%	

11a) Your agency's total revenue for 2021, \$ _____ and 2022, \$ _____**11a)** Your agency's total expenses for 2021, \$ _____ and 2022, \$ _____

12a) Program Beneficiary Statistics 2022

1. Unduplicated count of program beneficiaries	# of Individuals	
2. Age Group		
0-6 years		
7-12 years		
13-18 years		
19-25 years		
26-59 years		
60 + years		
3. Sex		
Male		
Female		
Transgender		
4. Racial Background		Ethnicity
		Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native & White		
Asian & White		
Black/African American & White		
American Indian/Alaskan Native & Black African American		
Asian/Pacific Islander		
Other Multiracial		
5. Location of Residence		
City Limits of Topeka		
Shawnee County		
Other Counties		

12b) Number of persons served:

2022 Actual _____ **2023 Projected** _____ **2024 Proposed** _____

Agency Responsibility – Mission & Board Control

What is your agency's mission statement?

Board Composition: (Scoring criteria: Organization leadership maintains community-based representation) Please refer to the scoring sheet in the RFP page 11.

- 5 At least 15% is made of racial or ethnic minorities, is less than 70% of one gender, meets regularly over 65% attendance and has a balance and healthy mix of needed skills and resources
- 3 Three of four criteria have been met
- 0 Less than three criteria have been met

1. How is the Board representative of the community and of people served by your agency?

2. Indicate the number of Board Members in each of the following categories:

Gender	Number	Percentage
Men		
Women		
Transgender		
Total		
Shawnee County Residents		

Racial/Ethnic Composition	Total	Hispanic	Percentage
White			
Black/African American			
Asian			
American Indian/Alaskan Native			
Native Hawaiian/Other Pacific Islander			
American Indian/Alaskan Native & White			
Asian & White			
Black/African American & White			
American Indian/Alaskan Native & Black/African American			
Asian/Pacific Islander			
Other Multiracial			
Total			
Persons with Disabilities			

3. Average percentage of Board Membership attending meetings in the past 12 months: _____
4. How frequently does your Board meet? _____
5. Has the program had an internal evaluation or conversation with others, such as funders or stakeholders to assess cost-effectiveness and/or whether the program needs to be changed to meet the current needs of the community? If yes, please describe.

Agency History & Capacity Please refer to the scoring sheet in the RFP page 11.

1. How long has your agency been in existence?
2. Describe the training and/or years of experience your organization and/or its key staff have in the proposed program area.
3. How does your organization collect and make use of participant or client feedback regarding programs and services? Please refer to the scoring sheet in the RFP page 11.



City of Topeka

Neighborhood Relations

ADA Compliance Certification

Agency Name: _____

Address: _____

Grantee understands that federal and state laws prohibit discrimination in public accommodations and employment based solely on disability. Grantee understands that as a recipient of funds from the City of Topeka, they must be in compliance with Title II of the Americans with Disabilities Act and the implementing regulations 28 C.F.R. Part 35 relating to all of its facilities and programs. Grantee also understands that any subcontractors must also comply with the ADA provision. Grantee has completed a self-evaluation (maintained by the agency) and supplied with City with this certification of its compliance with the ADA. If at any time during the term of their contract the City determines that Grantee is not in compliance, thirty (30) days written notice of noncompliance will be provided. If after that notice the Grantee is not in compliance, the contract will terminate and no further funds will be disbursed.

The undersigned hereby certifies that the agency complies with the ADA as described above.

Agency Director (print) _____

Agency Director (signature) _____

Date: _____



City of Topeka

Neighborhood Relations

Resolution 7580 Certification

Organization or Individual Name: _____

Address: _____

I hereby certify that the following criteria have been met as is applicable to this organization, per the City of Topeka Resolution No. 7580.

Resolution No. 7580 states *"no grant, loan or financial assistance shall be authorized or made from funds administered by any City department to any person, firm, partnership, for-profit corporation, not-for-profit corporation, joint venture or other association of persons who owes any debt due to the City of Topeka or who owes any delinquent real estate taxes or personal property taxes or special assessments at the time of entering into a contract, the recipient of any grant or financial assistance shall meet the following additional conditions:*

1. *Be in good standing with the Kansas Secretary of State or be registered as a foreign corporation able to transact business in Kansas.*
2. *Have a certificate of insurance including liability insurance and fire and extended coverage, as applicable, and workers' compensation coverage for all covered employees.*

PLEASE CHECK ONE BOX FOR EACH LINE.

Yes	No	N/A	
			All debts owed to the City of Topeka have been paid by this organization or person.
			All real estate taxes, personal property taxes and special assessments have been paid by this organization or person.
			This organization is in good standing with the Kansas Secretary of State <i>please enclose a print out from the website www.kssos.org or a certified statement from the Executive Officer or Board President certifying status in good standing.</i>
			This organization is registered as a foreign corporation to conduct business in the state of Kansas. <i>Please enclose a copy of the registration.</i>
			This organization has a certificate of insurance, including liability insurance, fire and extended coverage, as applicable, as well as workers' compensation coverage for all covered employees. <i>Please enclose a copy of all insurance certificates.</i>

Agency Director –Print Name

Date

Agency Director – Signature

Phone Number

Attachments Checklist

The following attachments are MANDATORY unless otherwise indicated and **attached only to the original application. Multiple copies of the attachments are not required.** Failure to submit mandatory attachments may result in rejection of the application.

- _____ 1. Resolution 7580 Attachments
 - a. Certificate of good standing with the Kansas Secretary of State, or a certified statement from the Executive Officer or Board President certifying status in good standing.
 - b. Foreign corporation registration to conduct business in the State of Kansas (if applicable).
 - c. Certificate(s) of insurance, including liability insurance, fire and extended coverage, as applicable, as well as workers' compensation coverage for all covered employees.
- _____ 2. List of agencies current officers and members of the Board of Directors, including their places of employment, their positions on the Board and contact information.
- _____ 3. Agency's current organization chart, with an emphasis on the program for which funding is being requested.
- _____ 4. Annual Audit Report (agencies with at or above \$750,000 annually) – the audited financial report issued and prepared by a CPA. The audit report will include an audit letter, financial statements & notes to the financial statements. **(one copy per grant)**
- _____ 5. Agencies below \$750,000 annually; current financial statements, including income statement and balance sheet. These statements should be current, within 60 days from the date the application is submitted.

Certification

The undersigned certifies that all of the information contained in this application and all information provided in support of this application is true and accurate to the best of my knowledge. Representations made in the application will be the basis of the written agreement if funding is awarded and, as such, will be used to monitor performance. The Applicant understands and agrees that if false information is provided, or the applicant fails to provide any of the documentation necessary to support the information in this application, the City of Topeka will disqualify the application from consideration.

This certification must be signed by the individual duly authorized to execute the documents on behalf of the applicant:

Name: _____
(print)

Title: _____

Signature: _____

Date: _____