

**CITY OF AUGUSTA, KANSAS  
SPECIAL ALCOHOL AND DRUG  
GRANT PROGRAM**

The City of Augusta annually receives Alcohol Liquor Tax funds from the State of Kansas. By Statute, a portion of these funds are allocated to the City's Special Alcohol fund and designated to be used 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".

The City of Augusta will provide grants to non-profit organizations and agencies that are dedicated to providing alcohol and drug related services in our community as noted above. The total amount of funds available will vary from year to year. The maximum grant award will be \$5,000 for an individual organization or agency. Programs and/or services funded by the grant shall be based in Augusta and aimed towards the needs of this community first and the surrounding area second. The City of Augusta reserves the right to waive these requirements if it is in the best interests of the community.

A committee will review the applications and make a recommendation to the Augusta City Council for their final approval. Emphasis will be placed upon funding existing programs that have been proven successful in meeting the needs of the community and/or the establishment of new programs that fulfill areas of drug and/or alcohol treatment or education that are not being provided. This committee may request to interview each applicant to ask questions relating to the organization/agency, the application itself and proposed use of funds.

**Successful applicants will be required to provide a follow up assessment within 12 months of the receipt of the grant to insure that the funds were used as proposed in the application. Failure to provide this report may preclude the organization/agency from being eligible for future grants.**

Completed applications shall be returned to the City of Augusta by November 28, 2018. Questions regarding the application can be directed to the City Manager's office by calling (316) 775-4510.

**CITY OF AUGUSTA  
SPECIAL DRUG AND ALCOHOL  
GRANT APPLICATION**

ORGANIZATION/ AGENCY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE # \_\_\_\_\_ FAX # \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE # \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

BRIEF DESCRIPTION OF ORGANIZATION/ AGENCY AND THE SERVICES/  
PROGRAMS THAT ARE PROVIDED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2019 ANNUAL BUDGET \_\_\_\_\_ **PLEASE ATTACH BUDGET**

PRIMARY SOURCES OF FUNDING \_\_\_\_\_

ANNUAL AUDIT REQUIREMENT YES NO

BOARD OF DIRECTORS YES / NO IF YES, HOW MANY \_\_\_\_\_

HOW IS BOARD SELECTED AND BY WHOM: \_\_\_\_\_  
\_\_\_\_\_

GRANT REQUEST (\$) \_\_\_\_\_

WILL THESE GRANT FUNDS SUPPORT AN EXISTING PROGRAM \_\_\_\_\_  
OR BE USED TO START A NEW PROGRAM \_\_\_\_\_

DESCRIBE IN DETAIL HOW GRANT FUNDS ARE TO BE USED: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

WHY DO WE NEED THIS PROGRAM? \_\_\_\_\_

---

---

---

---

---

HOW MANY PERSONS WILL BENEFIT FROM THESE GRANT FUNDS? \_\_\_\_\_

HOW MANY AUGUSTA RESIDENTS HAVE RECEIVED SERVICES FROM THIS PROGRAM DURING THE PAST YEAR? \_\_\_\_\_

WHERE WILL THESE SERVICES BE BASED? \_\_\_\_\_

IF THIS PROGRAM IS BASED OUTSIDE OF AUGUSTA, HOW WILL THE CITIZENS OF AUGUSTA BE MADE AWARE OF THE SERVICES YOUR ORGANIZATION PROVIDES? \_\_\_\_\_

---

DOES THIS GRANT COVER ALL OF THE COSTS FOR THIS PROGRAM? \_\_\_\_\_

IF NOT, WHERE WILL THE BALANCE OF THE FUNDS COME FROM? \_\_\_\_\_

---

---

**IS DOCUMENTATION ATTACHED TO THIS APPLICATION SUPPORTING  
HOW FUNDS FROM A 2016 SPECIAL ALCOHOL GRANT WERE  
EXPENDED?**

\_\_\_\_\_ **YES** \_\_\_\_\_ **NO** \_\_\_\_\_ **N/A**

THIS APPLICATION WAS COMPLETED BY: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_