



C I T Y   O F   P H I L A D E L P H I A

OFFICE OF THE MANAGING DIRECTOR

PEDRO A. RAMOS, ESQUIRE  
Managing Director

1401 John F. Kennedy Blvd.  
Room 1430  
Philadelphia, PA 19102-1683

April 22, 2006

Attached is this year's copy of the FY07 Mayor's Anti-Drug Initiative application. This grant has been designated by Mayor John F. Street to support the work of those community based and faith based institutions which provide their invaluable services to residents of the City of Philadelphia, in their efforts to prevent and/or intervene in the use and/or sale of illegal drugs throughout our City.

To be eligible for this year's funding, please complete the attached application and submit it to my office no later than May 26, 2006. Applications may be either, mailed to my office; sent electronically or faxed. The correct address information is listed on the application.

To insure the success of your application please be sure to answer all of the questions. You may also include any information, either statistical or anecdotal, which will depict the efforts of your organization's activities.

If you have any questions, please call me at 215-686-9000 or by email at [Frankie.Hughes@phila.gov](mailto:Frankie.Hughes@phila.gov)

Sincerely,

*Frankie Hughes*

Frankie Hughes  
Deputy Managing Director



# Mayor's Anti-Drug Initiative Grant Application

c/o Frankie Hughes, Deputy Managing Director

1401 JF Kennedy Blvd., Room 1430

Philadelphia, PA 19102-1683

215-686-9000/01 215-686-3494 (fax)

Frankie.Hughes@phila.gov

Date Received: \_\_\_\_\_

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

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

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

\_\_\_\_\_ Zip \_\_\_\_\_

\*\*Phone #: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Email Address: \_\_\_\_\_ \*\*501c3 # \_\_\_\_\_

Name/Type of Program(s) Requiring Funding: \_\_\_\_\_

\_\_\_\_\_

Is this a new program? If not, how many years has it existed? \_\_\_\_\_

Type of Program: (Please select one that best describes your program)

Programmatic Grants - Year round non-profit programs, where services are provided on a daily basis (at least five days per week). You must also serve at least 25 clients, and be located in a public facility. Programs should have activities and/or services where the needs of the community have been assessed and goals and objectives are met by delivery of these services.

Grant Range \$3,000 - \$10,000.00

Projects/Seasonal Activities - Activities and/or services, which are provided on a seasonal schedule. (i.e. sports leagues, drill teams, etc.)

Grant Range - \$1,000 - \$5,000.00

Events - Organizational Event or activity whose primary focus must be an anti-drug curriculum. Grant Range - to \$1,000

(select one only!!!!)

Please answer the following questions to help us determine funding: Please attach the answers on separate sheets to your application.

**Mission Statement:** What is your organization's Mission Statement?

**Project Description:** Please provide a detailed description of your organization and the project for which you are seeking funding. Your response must include, but not be limited to the following information:

1. **Description of the your organization**
2. **Detailed description of the project for which you are seeking funding.**
3. **Scheduling: Location of the activities; days and hours of operation for this project**
4. **Type of facilities to be used; duration of the project, (year round, after-school, summer, etc.)**
5. **How many residents do you plan to serve?**
6. **What services and/or activities will be provided? Be specific!!**
7. **What resources and staff will be needed for the operation of this project? Please be specific. Where possible, provide names and resumes.**
8. **What outcomes will result from this work? What behavior will be impacted? How will it be impacted? What change are you expecting?**

**Project Justification:**

Needs Assessment - **How did you determine that the particular services and/or activities provided through this program are necessary to the residents you hope to serve. Please indicate what information was used to determine your decision.**

Resource Inventory – **Please identify the resources your organization will use to facilitate this project. Include funding.**

Sustainability – **How will this project be sustained?? (Year 2 and 3)**

Indicator Information – **Please identify what measurements will be used to indicate success.**

Evaluation-**Please, identify the goals of this project. How have you determined that this activity will prevent, intervene or treat the use or the sale of drugs? Please explain using the measurement tools described above.**

Marketing Plan – **How will this project be marketed.**

You must show how this project will prevent or intervene in either the use of sale of drugs. **Please provide any data or information which shows this.**

**Budget Information:** Please attach the total organizational budget AND project request. This information should include all sources of income, revenues and expenses. Please include sources of funding, including fees, grants and other in-kind resources. (Incomplete submissions will be disqualified.)

**Budget Request** - Please itemize each item or activity you have requested funding. ***Be Specific!!!!*** Please include the use of this item, how it is necessary for your program. The quantity you are requesting and how many clients

and projects designated for its use. ***(You must indicate the necessity of item/ service for your project, or it will not be considered.)***

Workshop Requirement - As a requirement for this grant, all groups must present at least three workshops throughout the year with an Anti-Drug, (both use and sale) message. Please indicate anticipated days and times workshops will be scheduled and how workshop will be documented. (i.e sign-in sheets, pictures, etc.)

Civic Project: All programs must host a scheduled civic activity. Please provide detailed information as to when activity is scheduled, where it will be held, and how many members you anticipate will participate. Documentation of event will be necessary.

### **Attachments:**

1. Names, titles and addresses for Board of Directors
2. Copy of Non-Profit status for you or your fiduciary agent.
3. Organizational Budget
4. Workshop and Civic Project Information – include locations, resumes or bios of speakers and number of participants anticipated for each.
5. Please identify how program will be marketed.
6. Please provide a Logic Model which will describe the activities of the project you have requested funding.
7. For any requests for scheduled trips, please attach the curriculum for which this trip is being used as a support tool.

Grant Exclusions: *Some items are excluded from this grant. These items include, but are not limited to:*

All personnel costs are excluded, which includes supports services, equipment and/or supplies.

Costs associated with travel to amusements parks are ineligible.

Costs or services related to banquets or celebrations are ineligible.

Groups who discriminate on the basis of race, gender, creed, origin or sexual orientation are not eligible to receive this grant.

Gifts, stipends, and scholarships to participants and staff are ineligible.

For previous grantees only!

1. Evaluation of previous activities in which you received funding. Include an analysis of all documentation gathered.
2. Receipts for approved expenditures from previous grant. **NO EXCEPTIONS!!!**
3. Program schedule for upcoming year.
4. Documentation of scheduled workshops and, where applicable, civic projects.

**Grant Request – Budget Request Sheet**  
**Equipment Needed**

<b>Equipment – Please list item(s) and purpose.</b> <i>(Please note: All request over \$500 must include three bids based on the required specifications for the equipment).</i>	<b>Total Cost per Item</b>	<b>Number of items requested</b>	<b>Total Amount Requested</b>

**Supplies Needed**

<b>Supplies – Please list item(s) and purpose.</b> <i>(Please note: Office supplies are not eligible)</i>	<b>Total Cost per Item</b>	<b>Number of items requested</b>	<b>Total Amount Requested</b>

**Service Needs**

<b>Consultant/ Service – Please list service, and benefit or purpose.</b> <i>(Please note, all consultant request must be accompanied by credentials, experience and/or education of the consultant.)</i>	<b>Hourly Rate</b>	<b>Number of Hours Needed</b>	<b>Amount Requested</b>
<b>Name of Consultant:</b>			
<b>Name of Consultant:</b>			
<b>Name of Consultant</b>			
<b>Name of Consultant</b>			

## Trip and Transportation

Destination:	# of travelers	Admission fee for each	Mode of transportation	Amount Requested
Purpose of trip: <i>(You must attach the curriculum for which this trip supports)</i>				

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