



## City of Lawrence

### 2021 Application for Special Alcohol Funding

#### APPLICATION INFORMATION

**General Information:** The State of Kansas has created an Alcoholic Liquor Fund and Charter Ordinance No. 33 describes how those moneys are to be distributed for the City of Lawrence. Pursuant to K.S.A. 79-41a04, the City shall credit 1/3 of the deposit to the General Fund, 1/3 to the Special Recreation Fund, and 1/3 to the Special Alcohol Fund. The City Commission considers requests for the allocation of 1/3 that goes to the Special Alcohol Fund to help support agencies that provide programming in accordance with Charter Ordinance No. 33 (summarized below).

Expenditures in the Special Alcohol Fund shall be used for programs, services, equipment, personnel, and capital as the governing body determines is in the best interest of the public to address one or more of the following:

- a) Prevention of alcoholism and drug abuse, including but not limited to education, counseling, public information efforts and related activities; or
- b) Alcohol and drug detoxification efforts and related activities; or
- c) 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; or
- d) Law enforcement, prosecution, court activities and programs, or portions thereof, related to apprehending, prosecuting, adjudicating or monitoring individuals who are alcoholics or drug abusers or are in danger of becoming alcoholics or drug abusers, including individuals who are or may be charged with violating laws related to alcohol or drug use; or
- e) Education, counseling, public information efforts, and related and associated activities related to preventing drug abuse and alcohol abuse, including but not limited to efforts to encourage healthy youth and family development and related efforts which include as a partial element drug abuse and alcohol abuse education, counseling, or public information efforts; or
- f) Programs, activities, or efforts related to preventing or intervening in drug abuse and alcohol abuse, including programs, activities, or efforts for which drug abuse and alcohol abuse prevention or intervention comprises a partial element of the complete program, activity or effort; or
- g) Any program, activity, or effort, or a portion thereof, that the governing body determines seeks to discourage, prevent, intervene, or address issues related to alcohol or drug abuse.

**Applications will be reviewed by the Special Alcohol Funding Advisory Board.** Following their review, the Board will make a recommendation for funding to the City Commission. Recommendations will be based on available resources, the need demonstrated through the agency's application, the stated objectives of the agency's program, past performance by the agency in adhering to funding guidelines (as appropriate), and the ability to measure progress toward the programs objectives.

**Other Information.** Collaboration and/or coordination between agencies is highly recommended and multi-agency proposals to address an identified community need is encouraged. All programs must have goals with measurable outcomes.

**Reporting Requirements.** All recipients of Special Alcohol Funding will be required to submit an annual report to the City of Lawrence outlining how the funds were used and whether the stated objectives were met by February 15, 2022.

**Distribution of Funds.** Funds will be distributed in two equal disbursements and in accordance with the Kansas Cash-Basis Law of 1933, codified as amended at K.S.A. 10-1101 *et seq.* The first distribution is to occur no earlier than April 1 of the grant year and the second distribution is to occur no earlier than October 1 of the grant year.

**SECTION 1. APPLICANT INFORMATION**

Legal Name of Agency: \_\_\_\_\_

Name of Program for Which Funding is Requested: \_\_\_\_\_

Primary Contact Information (must be available by phone on December 11, 2020 from 8:30 to 12:30. Contacts are also welcomed to attend the meeting to provide a brief overview of the submitted application)

Contact Name and Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) and Title(s) of person(s) responsible for program supervision and/or financial administration of program.

	Name	Title	Responsibilities (Supervision, Financial, etc.)
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

Please outline the amount of funds being requested for each category in 2021

Category	2021 Requested Amount	% of Total
Prevention	\$ _____	_____
Detoxification	\$ _____	_____
Intervention	\$ _____	_____
Law Enforcement	\$ _____	_____
Education	\$ _____	_____
Other	\$ _____	_____
<b>Total</b>	\$ _____	_____

If your agency received funding from the City in 2020, please fill out the chart below.

Amount of Funding	Funding Source (i.e. General Fund, Special Alcohol, CDBG, Housing Trust Funds)	Program/Purpose
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Total projected operating budget for your agency in 2021: \$ \_\_\_\_\_

**SECTION 2. SPECIAL ALCOHOL FUND INFORMATION**

- A. How is the proposed program consistent with City [Charter Ordinance 33](#)? Please cite specific subsections of City Charter Ordinance 33 and explain how it aligns with your program.

**SECTION 3. STATEMENT OF PROBLEM / NEED TO BE ADDRESSED BY PROGRAM**

- A. Provide a brief statement of the problem or need your agency proposes to address with the requested funding. How will your program make an impact to meet the need? The statement should include characteristics of the client population that will be served by this program. If possible, include statistical data to document this need.
- B. Please describe what demographic disparities exist, and how the program is designed to increase equity. Who would benefit from or be burdened by this program?

**SECTION 4. DESCRIPTION OF PROGRAM**

- A. Provide a brief description of the program services and activities using an evidence-based model. The description should describe as specifically as possible the interaction that will take place between the provider and the user of the service.

Outputs:

- B. How many unduplicated clients will be served? \_\_\_\_\_
- C. Please list any other output goals (i.e. # presentations delivered, # medications provided, etc.)

Outcomes:

- D. Please provide two to three specific program SMART objectives for 2021. Examples include, “75% of clients receiving job training will retain their job one year after being hired,” “increased fundraising efforts will result in a 15% increase in donations in 2021,” **Applicants will be expected to report their progress toward meeting these objectives in an annual report to the City.**
  - i.
  - ii.
  - iii.
- E. Please describe the priority population you are working with.
- F. What other agencies in the community are providing similar types of services, and how do you coordinate services?

**SECTION 5. PROGRAM BUDGET INFORMATION**

- A. Provide a detailed budget for the proposed program using the form below (you may attach a supporting document).

<b>Category</b>	<b>Requested Amount</b>	<b>Applicant Amount</b>	<b>Total Amount</b>	<b>Explanation</b>
Personnel				
Fees & Services				
Estimates/Bids				
Travel				
Marketing				
Cost of Materials				
Operating Expenses				
Other				
Grand Total				

- B. Provide a list of all anticipated sources of funding for the proposed program in 2021. The total proposed program budget and total proposed program revenue should match.

<b>Revenue Source</b>	<b>Anticipated Amount</b>	<b>Explanation/Status of Funding Request</b>
City of Lawrence (Special Alcohol Funding)		
City of Lawrence (Other Sources)*		
Douglas County		
United Way		
Other (please describe)		
Other (please describe)		
Grand Total		

\*Other sources could include General Funding, Housing Trust Funds, Transient Guest Tax Funds, CDBG, etc.

- C. What percent of the requested program costs are being requested from the City (include both Special Alcohol and Other)? \_\_\_%
- D. Will these funds be used to leverage other funds? If so, how?

## SECTION 6. SUPPLEMENTAL INFORMATION

Please attach your agency's most recent IRS Form 990, most recent financial audit, and most recent annual report if completed for your agency's board.

- A. If your agency has never filed an IRS Form 990, please select the check box.
- B. If your agency has never completed a financial audit, please select the check box.
- C. If your agency has never completed an annual report, please select the check box.

Based on the attached IRS Form 990, please answer the following questions:

- A. What is the total number of volunteers (estimate if necessary)? This is part I line 6 of the IRS Form 990.  
\_\_\_\_\_
- B. What are your agency's total liabilities? This is part I line 21 of the IRS from 990. \$ \_\_\_\_\_
- C. What are your agency's total assets? This is part I line 20 of the IRS Form 990. \$ \_\_\_\_\_
- D. What are your agency's total net assets or fund balances? This is part X line 33 of the IRS Form 990.  
\$ \_\_\_\_\_
- E. What are your agency's permanently restricted net assets? This is part X line 29 of the IRS Form 990.  
\$ \_\_\_\_\_
- F. What is your agency's land, building, or equipment fund? This is part X line 10c of the IRS Form 990.  
\$ \_\_\_\_\_
- G. What are your agency's total expenses? This is part I line 18 of the IRS Form 990. \$ \_\_\_\_\_

The signatures below attest that the information in this application is accurate and that, unless otherwise explicitly described in this application, no other source of City or community funding will be used to support the programming for which Special Alcohol Funds are being requested.

\_\_\_\_\_  
Agency Representative (PRINT)

*Eliza Harmon*  
\_\_\_\_\_  
Signature Date