Coalition for a Drug-Free Newton County

Local Drug-Free Community Fund Mini-Grant Application – Fiscal Year 2027

Mini-Grant Overview

Mini-grants of up to $1,000 are available to support local programs that reduce the use and abuse of alcohol, tobacco, and other drugs in Newton County. Grants are awarded on a quarterly cycle. Organizations must demonstrate how funding will support their goals while aligning with the Coalition's mission to educate, prevent substance misuse, and enhance the quality of life for Newton County residents.

2027 Grant Cycles

Select ONE grant cycle:

☐ Quarter 1: January–March 2027 | Application available December 1, 2026 | Deadline December 15, 2026 | Quarter begins January 1, 2027

☐ Quarter 2: April–June 2027 | Application available March 1, 2027 | Deadline March 15, 2027 | Quarter begins April 1, 2027

☐ Quarter 3: July–September 2027 | Application available June 1, 2027 | Deadline June 15, 2027 | Quarter begins July 1, 2027

☐ Quarter 4: October–December 2027 | Application available September 1, 2027 | Deadline September 15, 2027 | Quarter begins October 1, 2027

Reporting Requirements

A written report is required within one week following the conclusion of the selected grant cycle. Reports must include the number of youth and adults served, whether objectives were met, measurable outcomes, successes, challenges, and lessons learned.

Application Submission & Questions

Coalition for a Drug-Free Newton County

Grants Chair: Danielle Sands, 2738 E State Road 16, Brook, IN 47922

Email: danielle.sands@live.com

Phone: 219-863-2557

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Application Form

1. Project Organization Name and Address:

   Phone Number:

   Email Address:

2. Project Director Name and Title:

   Address:

   Phone Number:

   Email Address:

3. Project Description:

4. Target Population:

5. Budget Information:

   - Total Project Cost:

   - Other Funding Sources:

   - Amount Requested (Maximum $1,000):

Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I agree to fulfill reporting requirements and participate in coalition meetings as requested.

Signature: _____ Date: _____