FY 2025 / 2026 Community Health & Wellness Annual Grant Program

*Johnston County ABC Board*

*Project Name*

**Project Name\***Name of Project.

*Section A: Organization Information*

**501(c)(3) IRS Code Status or Government Entity**

Is your organization a Johnston County qualified non-profit, tax-exempt, charitable organization exempt under Section 501(c)(3) of the Internal Revenue Code or a governmental entity such as the State of North Carolina and its agencies, municipal corporations, or a political subdivision of the State?

**Choices**

YES

NO

**Location of Organization**

Is your organization's 501(c)(3) address in Johnston County?

**Choices**

YES

NO

**North Carolina Charitable Solicitation License or Exempt Status\***

Does your organization have a current active Charitable Solicitation License or exempt status with the North Carolina License Department of the Secretary of State?

**Choices**

YES

NO

# Organizational Accountability Fitness\*

Has any federal, state or local governmental agency or body ever asserted, convicted or fined your organization for engagement in any illegal activity, improper conduct or regulatory non-compliance/violations?

**Choices**

YES   
NO

**Organizational Accountability Fitness Question Explanation\***

If you responded **YES** to the previous question:

Please explain in detail the circumstances related to your lack of organizational accountability

fitness.

(Note: If you responded **NO** to the previous question, simply write **N/A** in the narrative field.)

**Grant Management Accountability & Compliance\***

For current or past grantees, at any time in your grant relationship with the Johnston County ABC Board has your organization been notified by or held a meeting with the ABC Board staff regarding your organization being out of compliance with your grant contract or guidelines & terms for any reason (such as accounting issues, failure to meet deadlines, failure to notify the ABC Board regarding project/program changes per contract terms, etc.)?

**Choices**

YES

NO

(Note: Failure to respond accurately and honestly to this question could result in disqualification from this grant cycle and/or ineligibility for any future funding opportunities with the ABC Board.)

**Previous Grant Funded\***

If your organization never had a grant funded by the ABC Board, please check **NO GRANT**

**FUNDING**.

**Choices**

YES

NO GRANT FUNDING

**Grant Management Accountability & Compliance Explanation\***

If you responded **YES** to the previous question:

Please explain in detail the circumstances related to your organization's non-compliance with

the Wayne County ABC Board.

(Note: If you responded **NO GRANT FUNDING** to the previous question, simply write

**N/A** in the narrative field.)

**Organization's Mission, History & Scope of Services\***Please respond to **ALL** parts of this section:

* What is your organization's mission statement?
* Provide a brief narrative history of your organization, including how, when and why it was founded.
* Outline your organization's scope of services, listing key programs and initiatives only.
* Describe any accomplishments in the community-based work of your organization in the last year.

**Number of Unduplicated People Served in Past Year\***

What is the number of unduplicated people served in the past year by your organization's

**TOTAL** programs (including the project/program you are applying for - if an existing program)?

**Organizational Sustainability\***

Please respond to **ALL** parts of this section:

* Describe your organization's overall sustainability strategy and/or succession planning.
* What are the primary funding sources for your organization?
* Demonstrate how your organization has grown or sustained itself over the last three (3) years. Please be specific.

**Fundraising Plan\***

Please respond to **ALL** parts of this section:

* Describe your organization's current and long-term fundraising plan. Is this plan approved by the Executive Director/CEO and/or Board of Directors?
* What has been the most successful strategy in your plan to date and why?
* Specifically, what is your strategy to find and secure new funders and donors to diversify your portfolio?
* Discuss how your Executive Director/CEO and Board of Directors are involved in fundraising for your organization. Are there other development staff involved with fundraising and what are their roles?
* What are your biggest challenges/obstacles related to fundraising? What have you done to address them?

Please provide the following information about your staff:

**Current Year - Total Number of Staff\***

Provide the total number of staff, including part-time, in your current fiscal year.

**Previous Year - Total Number of Staff\***

Provide the total number of staff, including part-time, in your previous fiscal year.

Please provide the following information about your volunteers:

**Current Year - Total Number of Volunteers\***

Provide the total number of volunteers with your organization in your current fiscal year

**Previous Year - Total Number of Volunteers\***

Provide the total number of volunteers with your organization in your previous fiscal year.

Please provide the following information about your Executive Director/CEO:

**Executive Director/CEO Compensation\***

Enter the sum of the Executive Director/CEO's salary, bonus and other compensation for the

**CURRENT** fiscal year.

**Length of Tenure\***

Provide, in years, the length of time your Executive Director/CEO has been with your

organization.

# Section B: Case for Support for Target Population

**Statement of Need\***

Please respond to **ALL** parts of this section:

1. Describe the community need/problem that your project/program is attempting to address specific to alcohol and/or substance abuse (substance use disorder) prevention, education, treatment, and/or research. Your statement of need **MUST** have quantifiable evidence specific to the demographics of Johnston County. Use local statistics and cite sources that offer evidence of the problem. Only use national and state statistics if you are making local comparisons.
2. Define the specific target population, including demographics and geographical service area within Johnston County.
3. Why and how is this target population at-risk for substance abuse?
4. What is the strategy to reach this target population? Will participants pay a fee to participate? If so, why?
5. How will the service(s) you provide address the need? If multiple services will be provided (for example: education and treatment services) explain why each is necessary.

**Age Group of Participants\***

Which of the following age groups will benefit from your proposed project/program? Check **ALL**

that apply.

**Choices   
Choices**

0-12 years old   
13-18 years old   
19-24 years old   
25-45 years old   
46-60 years old   
61-90+ years old   
All Ages

**Underserved Populations\***

Which of the following underserved groups will benefit from your proposed project/program?

Check ALL that apply. If you checked OTHER, please respond to the next question.

(Note: Priority preference will be given to projects/programs that reach underserved populations.)

**Choices   
Choices**

Adolescents/Youth

Elderly

Ethnic and Racial Minorities Immigrants or Refugees

LGBTQ (Lesbian, Gay, Bi-sexual, Transgender, Questioning)

Limited English Proficiency

Military Service Members and/or Veterans

Offenders and Ex-offenders

People Experiencing Poverty and/or Homelessness

People with AIDS

People with Disabilities

People with Mental Health Issues or in Recovery

People with Substance Abuse Issues or in Recovery

Survivors of Violence

Women

Other

Other Category Checked\*

What population will be impacted by your project/program if you selected the OTHER category

in the previous question?

(Note: If OTHER not selected, simply write N/A in the narrative field.)

Underserved Population Explanation\*

Indicate why your identified target population is considered underserved. (Note: If NOT underserved, simply write N/A in the narrative field.)

# Section C: Implementation, Management & Collaboration

Project or Program\*

Check ONE that best describes your request.

(Note: For this grant application, a project is one-time only and/or has clear start and end

dates; a program is ongoing long-term.)

Choices

Project   
Program

Project/Program Focus Area\*

Check ONE that best describes the PRIMARY project/program focus in alcohol and/or substance

abuse (substance use disorder).

Choices

Education   
Prevention   
Research   
Treatment

**New or Existing Proposal\***

Indicate whether your proposal is for a new or existing project/program for the organization.

**Choices**

Existing   
New

**Project/Program Summary**

Please respond to **BOTH** parts of this section:

* Provide a brief summary of your project/program.
* Describe how it aligns with your organization's mission, identified target population, project/program strategy, and the expected outcomes related to alcohol and/or substance abuse (substance use disorder).

**Unduplicated Individuals Expected to Serve\***

How many unduplicated individuals do you expect to serve by your project/program during the

grant period?

**Organization Expertise\***

Please respond to **BOTH** parts of this section:

* Are there other organizations in Johnston County who are doing similar work in the community? Describe how your organization fits in with other community-based efforts or how your project/program is unique to the community.
* Why is your organization best positioned to do this work? Include a few

examples of recent achievements relative to your request that will help us

understand your expertise or experience in the field.

**Project/Program Personnel\***

Please respond to **ALL** parts of this section:

* Attach a list of names and qualifications and credentials for staff, contractors, collaborative partners, etc. who will deliver or supervise the project/program.
* For the Executive Director/CEO, Fund Development Director and other key project/program staff, indicate the number of years with your organization and in their current position.
* If staff will be hired to fill a position, please list the position title with TBD (to be determined) along with the qualifications and credentials the position requires and anticipated date to hire.

*Attached Yes or No*

**Project/Program Timeline\***

Complete the **FY 2025 / 2026 Annual Grant Program Project/Program Timeline**

**(See Attachment 1).**

Outline the specific steps you will implement to serve your target population during the grant period.

**Project/Program Collaboration\***

Please respond to **BOTH** parts of this section:

* Describe any partnerships and/or collaborations with other charitable organizations who are critical players in the successful execution, improvement, expansion, or preservation of your project/program. Explain why they are critical players.

For each partnering organization, include their roles and responsibilities in the project/program and the length of time your organization has worked with them.

# Section D: Project/Program Evaluation

**Please provide the following information about your evaluation plan, methods and tools:**

**Goal(s) & Objective(s)\***

Outline the main goal(s) and objective(s) for your project/program.

* A goal is a broad statement of what your organization hopes to accomplish or changes you seek to create. At least one (1) goal must be identified.
* An objective demonstrates how your organization will accomplish its goal (objectives must tie back to a goal). Objectives should be clear, measurable and concise statements of the major changes that are expected to be made.

Please write objectives using the **SMART** objectives principle:

1. **Specific** The description of the objectives to be achieved should be clear.
2. **Measurable** The level of success in achieving the objectives should be

measurable.

1. **Achievable** The likelihood of success in fulfilling the objectives should be
2. reasonable.
3. **Relevant** The benefit of success in fulfilling the objectives should be

obvious and meaningful.

1. **Time-Bound** The achievement of the objectives should be within a

prescribed time frame.

**Output(s) & Outcome(s)\***

Outline the main output(s) and outcome(s) you anticipate achieving through your stated goal(s)

and objective(s). (Note: Both outputs and outcomes are **REQUIRED**.)

* An output is a count of what is produced as a result of your project/program (for example: # participated, # printed, # distributed, # called).
* An outcome is a measurable impact of the project typically expressed as a percentage (for example: % gained knowledge, % changed behavior, % changed perceptions, % more satisfied).

**Evaluation Methods & Tools\***

Please respond to **BOTH** parts of this section:

1. What specific methods and/or measurement tools will you use to track and measure progress towards your project/program goal(s)?
2. What metrics will be measured and why? (Note: Be sure they tie back to your stated outcomes.)

*Section E: Project/Program Budget*

**Total Project/Program Budget\***

What is the **TOTAL** cost to implement your project/program?

**Grant Request**

What is the amount of funding requested from the Johnston County ABC Board for your

project/program?

**MAXIMUM REQUEST AMOUNT IS $100,000**

**Understand Grant Guidelines\***

In consideration of the amount requested above, I have read and understand the **FY**

**2025 / 2026 Annual Grant Program Guidelines & Terms (**Attachment 1).

**Choices**

I understand

You must complete a line-item budget and detailed budget narrative spreadsheet to explain each line item on the budget and examples of how they are **LINKED** to the project/program being submitted for funding. Be specific when indicating the "other" section for items/services to be used as no assumptions will be made and no "etc." or generalizations will be considered. All line items must be specific to your project/program and tie back to the grant focus of alcohol and/or substance abuse (substance use disorder) education, prevention, treatment, and/or research.

(Note: General operating costs, sub-contracts and sub-grants are **NOT** allowable costs.) Download the **FY 2025 / 2026 Annual Grant Program Budget Worksheet Instructions** to assist with developing your budget.

**Grant Application Budget-Required\***

Complete the [**FY 2025 / 2026 Annual Grant Program Budget Template**](https://www.grantinterface.com/Documents/Download/33c1284d-b4cd-429e-93e5-3f65247f18ae). When completed, email the file to Shannon Capps at scapps@johnstonabc.com.

(Note: Skip categories where you have no expenses.)

Both Excel and PDF file types are allowable formats for email.

If you choose to email a PDF, be sure **ALL** sections (tabs) of the budget are viewable. Failure to

upload all sections of the budget could result in disqualification from the grant cycle.

Give the file a name that identifies your organization and the type of required document it represents. For example, a grant application budget could be named: **OrgName-AGPBudget**. Do not use any symbols except for a period or a dash, as symbols can interfere with the upload process.

*Section F: Project Sustainability*

Due to limited funding, not all grant requests will be funded or funded in the amount requested. The Johnston County ABC Board would like to know what your organization is doing to leverage resources with other funders for this project/program. Please answer the following questions about your fundraising strategies to support programming needs and sustainability goals for this project/program.

**Previously Funded Project/Program\***

If this project/program was previously funded by the Johnston County ABC Board, provide

the following information:

* Indicate the number of years and dates that your organization received funding.
* Explain why continued support is needed.

(Note: If this is **NOT** a previously funded project/program, simply write **N/A** in the narrative field.)

**Other Project/Program Funding\***

Do you have other secured, committed or pending funds for this project/program?

**Choices**

YES

NO

**Other Funders Supporting This Project/Program\***If you responded **YES** to the previous question:

* List your organization's top five (5) funders to whom this current project/program proposal has been and/or will be submitted. **DO NOT** include contributions from the Johnston County ABC Board.
* For each funder, indicate amount requested and the status of each request (to be submitted, pending, funded, or declined). If funded, specify amount of grant and date received.

If you responded **NO** to the previous question:

* Please explain what your strategies are, if any, to secure other resources for this project/program.
* If you do not plan to secure other resources, explain why you believe this project/program should be supported entirely by the Johnston County ABC Board.

**Financing After Grant Period Ends\***

If this project/program will continue beyond the grant period, how will your organization continue to fund the long-term viability of the project/program after Johnston County ABC funding ends? Please provide specific details of your strategies to secure future funding. (Note: If your project/program will **NOT** continue beyond the grant period, simply write **N/A** in the narrative field.)

Project/Program Success\*

The Johnston County ABC Board likes to see organizations share their successes with

others in the community. Please indicate how you would do this.

Grant Recognition\*

If awarded a grant from the Johnston County ABC Board, how would you promote the

grant project/program and partnership in the community? Please be specific.

How Did You Hear About the Grant?\*

In our efforts to reach more organizations that serve Johnston County residents with education, prevention, treatment, and/or research programming in the field of alcohol and/or substance abuse (substance use disorders), we would appreciate knowing how you heard about the Annual Grant Program. Check ALL that apply.

Choices

In-store promotion

Internet search

Wayne County ABC Board Employee

Wayne County ABC

Board website News (print)

News Radio/TV

Presentation to my organization or group

Social Media

Word-of-mouth

Other

If Other Selected Above

Please share what OTHER way you heard about the Annual Grant Program.

*Section G: Required Supporting Documents*

501(c)(3) IRS Determination Letter/Letter of Proof\*

Upload a copy of your organization's MOST CURRENT IRS determination letter indicating 501(c)(3) tax exempt status with specific classification. A letter of proof is required for governmental entities such as the State of North Carolina and its agencies, municipal corporations and political subdivisions of the State.

(Note: A fiscal agent/sponsorship arrangement will NOT be considered.)

Give the file a name that identifies your organization and the type of required document it represents. For example, a file representing your IRS Determination Letter could be named:

**OrgName-AGPIRSLetter**. Do not use any symbols except for a period or a dash, as symbols can interfere with the upload process.

**Guidelines & Terms\***

Download and read the [**FY 2025 / 2026 Annual Grant Program Guidelines & Terms**](https://www.grantinterface.com/Documents/Download/cacb86a7-7310-40e3-bdb4-a88cdb2ec74d). Have your Executive Director/CEO sign the document's acknowledgement page where indicated and **UPLOAD THE SIGNED ACKNOWLEDGEMENT PAGE ONLY**.

Give the file a name that identifies your organization and the type of required document it represents. For example, a file representing your FY 2023 Community Health & Wellness Annual Grant Program Guidelines & Terms could be named: **OrgName-AGPTERMS**. Do not use any symbols except for a period or a dash, as symbols can interfere with the upload process.

**Audited Financial Statement\***

Provide an independent audit completed by a licensed certified public accountant within the last two (2) years. If your grant request is $25,000 or below provide a review or audit completed by a licensed certified public accountant within the last two (2) years.

Give the file a name that identifies your organization and the type of required document it represents. For example, a file representing your audited financial statement could be named: **OrgName-AGPFinancials**. Do not use any symbols except for a period or a dash, as symbols can interfere with the upload process.

**Board Approved Annual Organization Budgets\***

Provide your Board approved annual organization budgets for the **CURRENT & PREVIOUS YEAR** income and expenses.

(Note: This is the Board approved budget for your entire organization, not the budget exclusive to your project/program.)

Give each file a name that identifies your organization and the type of required document it represents. For example, a file representing your budget for the previous fiscal year could be named: **OrgName-AGPBudgetFY24**. Do not use any symbols except for a period or a dash, as symbols can interfere with the upload process.

**Current Year Annual Organization Budget\***

Upload your **CURRENT YEAR** Board approved annual organization budget.

**Previous Year Annual Organization Budget\***

Upload your **PREVIOUS YEAR** Board approved annual organization budget here.

**Board of Directors Roster\***

Provide your **CURRENT** Board of Directors roster, including member names, profession, board responsibilities, terms of service, and demographic composition. Please include your organization's strategy for Board of Director diversity and inclusion recruitment.

(Note: Board contact information is **NOT REQUIRED**.)

Give the file a name that identifies your organization and the type of required document it represents. For example, a file representing your Board of Directors roster could be

named: **OrgName-AGPRoster**. Do not use any symbols except for a period or a dash, as symbols can interfere with the upload process.

**Site Visits**

**Site visits will ONLY be scheduled with those organizations that move to the final evaluation stage.**

A member of our staff may reach out to schedule site visits with your Executive Director/CEO and key project/program staff should your grant application make it to the final evaluation stage.

**Site Visit Observations & Feedback**

For those evaluators assigned to this organization, please input any observations and/or

feedback that might help the other evaluators with the decision-making process.

**Are all required documents and charity checks complete, correct and in good standing?\***

**For Administrators**

Please review these required documents and do the following:

* Run a Charity Check or IRS check on this organization (<https://apps.irs.gov/app/eos/>).
* Check against the NC Secretary of States Charitable Solicitations Licensing list (<https://www.sosnc.gov/online_services/search/by_title/_charities>).
* Check the appropriate button. If documents meet requirements, check YES. If documents do not meet requirements, check NO and provide an explanation in the next narrative field.

**Choices**

**Choices**

YES

NO

**What is missing, incomplete, incorrect or a concern?**

**For Administrators**

If you checked NO in the previous question, please explain any deficiencies you observed.

(Note: If NO, the grant is considered incomplete.)

*Section H: Organization Authorized Signature*

STATEMENT OF AUTHORIZED AGENT

I have read the [**FY 2025 / 2026 Annual Grant Program Guidelines & Terms**](https://www.grantinterface.com/Documents/Download/cacb86a7-7310-40e3-bdb4-a88cdb2ec74d)and our organization agrees to comply should we receive a grant award. I declare, to the best of my knowledge and belief, that the information contained in this application is correct. I agree that our organization will promptly notify the Johnston County ABC Board in writing of any material changes in this application or the requested supporting documentation during the application process and during the grant term if a grant is awarded to our organization. I also certify that the applicant organization does not discriminate on the basis of race, religion, age, sex, LGBTQ, gender identification, or national origin.

By entering data into the next three (3) fields calling for insertion of your name, title and date, you are:

* Representing that you are an agent for the applicant organization duly authorized to enter into legally binding agreements on behalf of the organization.
* Agreeing that: (a) your organization does not engage in any terrorist activity; and (b) funds received as a result of a grant award made by the Wayne County ABC Board will not be distributed to or used to benefit any organization or individual supporting or engaged in terrorist activities or used for any other unlawful purpose.
* Agreeing to submit this grant application in an electronic form on behalf of the applicant organization, which shall be bound by its contents as an electronic transaction.

Please be aware that edits cannot be made to your application after submission. Please take a moment to review your responses.

**Signature-Authorized Agent:**

**Title:**

**Date:**