

# WABASH COUNTY ACTION

Against Alcohol, Controlled substances &  
Tobacco In Our Neighborhoods

## Local Drug-Free Communities Fund - Grant Request Form

Amount Requested: **\$675.00**

Related Problem Statement(s) **3**

Objective(s) **a**

Implementing Agency: **Manchester College**

Contact Persons: **Danette Norman Till** Title: **Director of Counseling Services**

**Andy Bosk** Title: **Assistant Director of Career Services and Counseling Services**

Financial Officer for Agency: **Jack Gochenauer**

Phone: (260) 982-5306

Fax: (260) 982-4138

Address: 604 East College Avenue City: North Manchester St: IN Zip: 46962

E-mail address: [dnstill@manchester.edu](mailto:dnstill@manchester.edu) or [agbosk@manchester.edu](mailto:agbosk@manchester.edu)

web site: [www.manchester.edu](http://www.manchester.edu)

Name of Proposed Project: **Breathalyze Students**

Program Focus:  Prevention / Education  Treatment / Intervention  **Justice**

Target Population: **Students at Manchester College who abuse or are suspected of abusing alcohol and/or violating the college alcohol policy**

Estimated number of persons served or impacted: **180**

**Drug-Free Community Funds – Page 2**

Has a representative of your agency attended or been active in Wabash County AACTION during the past year? If so please list their names. Andy Bosk, Danette Norman Till, Beth Sweitzer-Riley, Liz Bushnell, Sara Bowlin, Allen Machielson

Has this program been previously funded by a Local Drug-Free Communities Fund Grant?

       NO   X   Yes     Amount Received: \$789, \$578     Years Funded: 2006, 2008

Anticipated Funding Sources:	2010	2011
No additional finances needed	_____	_____
Community Foundation of Wabash County	_____	_____
Local Contributions	_____	_____
Other (explain) NCAA <i>probable</i>	_____	_____
Manchester College Student Groups/Departments, <i>possibly</i>	_____	_____

## Drug-Free Community Funds – Page 3

### 1. Give a brief description of your program:

**Total Requested amount for Breathalyze Students: \$675.00**

Breathalyzer tests are administered to students when there is a question as to whether a student has consumed alcohol, including when a student is present in a room where there is an alcohol violation and a student is denying use of alcohol. In the past, Manchester College safety officers were called to administer the breathalyzer. In the future, Hall Directors (full time college staff) will also administer the breathalyzer test when required. **This will allow for increased efficiency regarding enforcement of the college alcohol policy and will allow the college to more readily identify any health and safety concerns with individual students.**

To accomplish the addition of Hall Directors administering the breathalyzer test, the college will need to increase the inventory of PBT units. The plan is to assign two units to Residential Life and to fully train all 5 Hall Directors in the use of the device.

The request is for AACTION to provide funding for one PBT unit (\$545) and 500 mouthpieces (\$115) and Manchester College will purchase the second PBT unit and additional mouthpieces. All PBT units are calibrated on a monthly basis by the Department of Campus Safety.

### 2. What portion of your project is ATOD related?

100% of the project is ATOD related

### 3. What staff or volunteers will be involved with the project and what are their qualifications?

Staff and/or volunteers may be utilized. Staff involved with prevention/education will have credentials ranging from a Bachelor's degree to Ph.D. Student volunteers involved will have, at minimum, a high school education and enrollment in an institution of higher education.

**Drug-Free Community Funds – Page 4**

**4. How do you plan to fund your project in the future?**

Manchester College has funded the previous PBT units and mouthpieces, with assistance from AACTION in 2006 and 2008. If additional units or costs occur in the future, Manchester College and/or outside funding sources will be solicited at that time.

**5. How do you plan to evaluate whether your goals are achieved?**

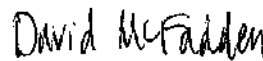
The number of health and safety concerns which require external emergency medical personnel will be documented. Additionally, the number of arrests resulting from the breathalyzing of students will also be documented.

**Implementing Agency Signature:**

I, the undersigned, affirm that I am aware of and support this proposal for funding of this program from the Local Drug-Free Communities Fund.



Signature



Printed



Title



Date

Budget:

Organization Name: **Manchester College**

Project Name: **Breathalyze Students**

Start and finish dates of project: **January 2010 – December 31, 2010**

Total Project Cost: **\$1,360.00**

AACTION Funding: **\$680.00**

<b><u>EXPENSE</u></b>	<b><u>AACTION FUNDING</u></b>	<b><u>OTHER FUNDING</u></b>
Purchase of equipment (Alco-Sensor FST)	\$545.00	\$545.00
Purchase expendable Supplies (mouthpieces)	\$115.00	\$115.00
Shipping and Handling	\$ 20.00	\$ 20.00
<b>Totals</b>	<b>\$680.00</b>	<b>\$680.00</b>

# WABASH COUNTY ACTION

Against Alcohol, Controlled substances &  
Tobacco In Our Neighborhoods

## Local Drug-Free Communities Fund - Grant Request Form

Amount Requested: \$ 800.00 Related Problem Statement(s) 3  
Objective(s) B

Implementing Agency: North Manchester Police Department

Contact Person: Jeffrey L. Perry Title: Chief of Police

Financial Officer for Agency: Carrie Mugford, North Manchester Town Clerk

Phone: ( 260 ) 982-8555 Fax: ( 260 ) 982-8645

Address: 709 W. Main St.

City: North Manchester St: IN Zip: 46962

E-mail address: jlperry2553@hotmail.com web site: \_\_\_\_\_

Name of Proposed Project: Drug Field Test Kit Purchase

Program Focus: Prevention / Education Treatment / Intervention XX Justice

Target Population: 5800

Estimated number of persons served or impacted: 5800

**Drug-Free Community Funds – Page 2**

Has a representative of your agency attended or been active in Wabash County AACTION during the past year? If so please list their names. Chief Jeffrey L. Perry

Has this program been previously funded by a Local Drug-Free Communities Fund Grant?

XX NO      Yes, Amount Received: \$                     , Year Funded:                     

Anticipated Funding Sources:	2010	2011
No additional finances needed	<u>    XX    </u>	<u>                    </u>
Community Foundation of Wabash County	<u>                    </u>	<u>                    </u>
Local Contributions	<u>                    </u>	<u>                    </u>
Other (explain) <u>  </u>	<u>                    </u>	<u>                    </u>

## Drug-Free Community Funds – Page 3

1. Give a brief description of your program:

Each officer for the North Manchester Police department has a field drug test kit assigned to them. In each of these test kits there are field tests for the more common illegal drugs that the officers encounter. This grant will allow the purchase of additional tests for these drugs. The field test is just a preliminary test on a suspected drug.

2. What portion of your project is ATOD related?

100%

3. What staff or volunteers will be involved with the project and what are their qualifications?

The drug test kits will be used by Full Time and reserve police officers.

**Drug-Free Community Funds – Page 4**

4. How do you plan to fund your project in the future?

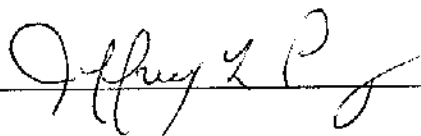
Future purchases of drug test kits will come from the budget of the North Manchester Police department.

5. How do you plan to evaluate whether your goals are achieved?

The result of each drug test used is logged on an officers sheet along with being placed as a record of the use into a case report.

Implementing Agency Signature:

I, the undersigned, affirm that I am aware of and support this proposal for funding of this program from the Local Drug-Free Communities Fund.

  
\_\_\_\_\_

  
\_\_\_\_\_

Signature

Printed

Chief of Police

10-15-2009

Title

Date

Budget:

Organization Name:

Project Name:

Start and finish dates of project:

Total Project Cost:

AACTION Funding:

<u>EXPENSE</u>	<u>AACTION FUNDING</u>	<u>OTHER FUNDING</u>
Purchase of testing supplies		
<b>Totals</b>		

## 2009 AACTION GRANT REPORT FORM

All 2009 AACTION grant funds will be spent during the 2009 calendar year, January 1, 2009 through December 31, 2009. A Quarterly report must be submitted on this form. If all AACTION grant funds are not spent by the end of the 3<sup>rd</sup> quarter a budget proposal for how the remaining money will be spend before the end of the year must be submitted with the 3<sup>rd</sup> quarter report. **Quarterly reports are due:** (January – March) **April 16, 2009**, (April – June) **July 16, 2009**, (July – September) **October 15, 2009** and (October – December), **January 21, 2010**. Once all AACTION funds are spent a final report may be submitted with no further reports due.

Quarterly Report # \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4

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

Project Name: \_\_\_\_\_

AACTIONS funds received: \$ \_\_\_\_\_

	TOTAL SPENT:	AACTION FUNDS:	OTHER FUNDS:	AACTION FUNDS REMAINING:
1 <sup>st</sup> Quarter				
2 <sup>nd</sup> Quarter				
3 <sup>rd</sup> Quarter				
4 <sup>th</sup> Quarter				
Total				

Summary of how the AACTION funds were spent. If grant was for service and/or treatment **indicate how many persons were assisted.**


\_\_\_\_\_  
Signature / Printed name

\_\_\_\_\_  
Date

# WABASH COUNTY ACTION

Against Alcohol, Controlled substances &  
Tobacco In Our Neighborhoods

## Local Drug-Free Communities Fund - Grant Request Form

Amount Requested: \$ 800.00 Related Problem Statement(s) 3  
Objective(s) A

Implementing Agency: North Manchester Police Department

Contact Person: Jeffrey L. Perry Title: Chief of Police

Financial Officer for Agency: Carrie Mugford, North Manchester Clerk Treasurer

Phone: (260) 982-8555 Fax: ( 260 ) 982-8645

Address: 709 W. Main St

City: North Manchester St: IN Zip: 46962

E-mail address: jlperry2553@hotmail.com web site: \_\_\_\_\_

Name of Proposed Project: Indiana Drug Enforcement Conference

Program Focus: Prevention / Education Treatment / Intervention  Justice

Target Population: 5800

Estimated number of persons served or impacted: 5800

**Drug-Free Community Funds – Page 2**

Has a representative of your agency attended or been active in Wabash County AACTION during the past year? If so please list their names. Chief Jeffrey L. Perry\_\_\_\_\_

Has this program been previously funded by a Local Drug-Free Communities Fund Grant?

\_\_\_\_ NO \_\_XX\_ Yes, Amount Received: \$ \_\_\_\_\$750.00\_\_\_\_, Year Funded: \_\_2009\_\_\_\_\_

Anticipated Funding Sources:	2010	2011
No additional finances needed	____XXX_____	_____
Community Foundation of Wabash County	_____	_____
Local Contributions	_____	_____
Other (explain) _____	_____	_____

## Drug-Free Community Funds – Page 3

1. Give a brief description of your program:

Each year the Indiana Drug Enforcement association conducts a conference and training for Law Enforcement Officers. The officers are offered 16 hours of valuable drug related training during this conference. It also allows them the opportunity to network with other drug enforcement officers from surrounding agencies. For the past 14 years the North Manchester Police have been able to send between one and three officers for this training. Historically one position is afforded by our budget and AACTION grants have made the additional opportunities available. This grant will allow a total of three officers to attend.

2. What portion of your project is ATOD related?

100%

3. What staff or volunteers will be involved with the project and what are their qualifications?

Full time police officers will participate in this conference and training.

## **Drug-Free Community Funds – Page 4**

4. How do you plan to fund your project in the future?

Portions will be funded by the training budget of the North Manchester Police Department while additional officers will have to be funded by available grant funds.

5. How do you plan to evaluate whether your goals are achieved?

Upon completion of the conference the officers will have attained 16 hours of in-service credit and will complete a written evaluation of the training to include how it will benefit their job performance.

Implementing Agency Signature:

I, the undersigned, affirm that I am aware of and support this proposal for funding of this program from the Local Drug-Free Communities Fund.

  
Signature

Jeffrey L. Perry  
Printed

Chief of Police  
Title

October 6<sup>th</sup>, 2009  
Date

Budget:

Organization Name:

Project Name:

Start and finish dates of project:

Total Project Cost:

AACTION Funding:

<u>EXPENSE</u>	<u>AACTION FUNDING</u>	<u>OTHER FUNDING</u>
Purchase of testing supplies		
<b>Totals</b>		

## 2009 AACTION GRANT REPORT FORM

All 2009 AACTION grant funds will be spent during the 2009 calendar year, January 1, 2009 through December 31, 2009. A Quarterly report must be submitted on this form. If all AACTION grant funds are not spent by the end of the 3<sup>rd</sup> quarter a budget proposal for how the remaining money will be spend before the end of the year must be submitted with the 3<sup>rd</sup> quarter report. **Quarterly reports are due:** (January – March) **April 16, 2009**, (April – June) **July 16, 2009**, (July – September) **October 15, 2009** and (October – December), **January 21, 2010**. Once all AACTION funds are spent a final report may be submitted with no further reports due.

Quarterly Report # \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4

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

Project Name: \_\_\_\_\_

AACTIONS funds received: \$ \_\_\_\_\_

	TOTAL SPENT:	AACTION FUNDS:	OTHER FUNDS:	AACTION FUNDS REMAINING:
1 <sup>st</sup> Quarter				
2 <sup>nd</sup> Quarter				
3 <sup>rd</sup> Quarter				
4 <sup>th</sup> Quarter				
Total				

Summary of how the AACTION funds were spent. If grant was for service and/or treatment **indicate how many persons were assisted.**


Signature / Printed name \_\_\_\_\_

Date \_\_\_\_\_

# WABASH COUNTY ACTION

Against Alcohol, Controlled substances &  
Tobacco In Our Neighborhoods

## Local Drug-Free Communities Fund - Grant Request Form

Amount Requested: \$ 2970.00 Related Problem Statement(s) 3  
Objective(s) B

Implementing Agency: North Manchester Police Department

Contact Person: Jeffrey L. Perry Title: Chief of Police

Financial Officer for Agency: Carrie Mugford, North Manchester Clerk Treasurer

Phone: ( 260 ) 982-8555 Fax: ( 260 ) 982-8645

Address: 709 W. Main St.

City: North Manchester St: IN Zip: 46962

E-mail address: jlperry2553@hotmail.com web site: \_\_\_\_\_

Name of Proposed Project: Alcosensor purchase

Program Focus: Prevention / Education Treatment / Intervention XX Justice

Target Population: 5800

Estimated number of persons served or impacted: 5800

**Drug-Free Community Funds – Page 2**

Has a representative of your agency attended or been active in Wabash County AACTION during the past year? If so please list their names. Jeffrey L. Perry

Has this program been previously funded by a Local Drug-Free Communities Fund Grant?

No

NO Yes, Amount Received: \$ \_\_\_\_\_, Year Funded: \_\_\_\_\_

Anticipated Funding Sources:

2010

2011

No additional finances needed

XXX

\_\_\_\_\_

Community Foundation of Wabash County

\_\_\_\_\_

\_\_\_\_\_

Local Contributions

\_\_\_\_\_

\_\_\_\_\_

Other (explain) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Drug-Free Community Funds – Page 3

1. Give a brief description of your program:

In an effort to provide the most accurate field information to officers, the purchase of 5 Alco-Sensor FST will replace 5 old Alco-Sensors with the most current model available. The Alco-sensor FST not only checks a breath sample, but can check a subject with a passive test. The unit also has the ability to check for alcohol in drinks.

2. What portion of your project is ATOD related?

100%

3. What staff or volunteers will be involved with the project and what are their qualifications?

Full time officers will use the new equipment.

**Drug-Free Community Funds – Page 4**

4. How do you plan to fund your project in the future?

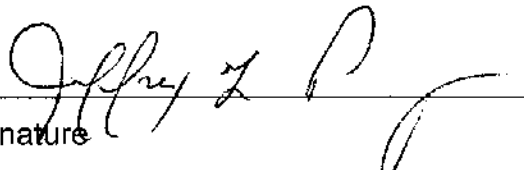
Once the purchase is made, further purchases of supplies will be taken from the budget of the North Manchester Police Department

5. How do you plan to evaluate whether your goals are achieved?

The accuracy of the new Alco Sensors will be checked by giving the subjects involved a second test using the state supplied and certified breath test equipment.

Implementing Agency Signature:

I, the undersigned, affirm that I am aware of and support this proposal for funding of this program from the Local Drug-Free Communities Fund.

  
Signature

Jeffrey L. Perry  
Printed

\_\_Chief of Police \_\_\_\_\_

October 10<sup>th</sup>, 2009 \_\_\_\_\_

Title

Date

Budget:

Organization Name:

Project Name:

Start and finish dates of project:

Total Project Cost:

AACTION Funding:

<u>EXPENSE</u>	<u>AACTION FUNDING</u>	<u>OTHER FUNDING</u>
Purchase of testing supplies		
<b>Totals</b>		

## 2009 AACTION GRANT REPORT FORM

All 2009 AACTION grant funds will be spent during the 2009 calendar year, January 1, 2009 through December 31, 2009. A Quarterly report must be submitted on this form. If all AACTION grant funds are not spent by the end of the 3<sup>rd</sup> quarter a budget proposal for how the remaining money will be spend before the end of the year must be submitted with the 3<sup>rd</sup> quarter report. **Quarterly reports are due:** (January – March) **April 16, 2009**, (April – June) **July 16, 2009**, (July – September) **October 15, 2009** and (October – December), **January 21, 2010**. Once all AACTION funds are spent a final report may be submitted with no further reports due.

Quarterly Report # \_\_\_\_\_ 1    \_\_\_\_\_ 2    \_\_\_\_\_ 3    \_\_\_\_\_ 4

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

Project Name: \_\_\_\_\_

AACTIONS funds received: \$ \_\_\_\_\_

	TOTAL SPENT:	AACTION FUNDS:	OTHER FUNDS:	AACTION FUNDS REMAINING:
1 <sup>st</sup> Quarter				
2 <sup>nd</sup> Quarter				
3 <sup>rd</sup> Quarter				
4 <sup>th</sup> Quarter				
Total				

Summary of how the AACTION funds were spent. If grant was for service and/or treatment **indicate how many persons were assisted.**


\_\_\_\_\_  
Signature / Printed name

\_\_\_\_\_  
Date

# WABASH COUNTY ACTION

Against Alcohol, Controlled substances &  
Tobacco In Our Neighborhoods

## Local Drug-Free Communities Fund - Grant Request Form

Amount Requested: \$3,000.00

Related Problem Statement(s) 3

Objective(s) A/B

Implementing Agency: Wabash County Sheriff's Department

Contact Person: Leroy W. Striker

Title: Sheriff

Financial Officer for Agency: Chief Deputy Steve Hicks

Phone: (260) 563-8891

Fax: (260) 569-9662

Address: 79 West Main Street

City: Wabash

State: IN

Zip: 46992

E-mail address: [majorhicks@wcsd.us](mailto:majorhicks@wcsd.us)

web site: [www.wcsd.us](http://www.wcsd.us)

Name of Proposed Project: Overtime Enforcement

Program Focus:  Prevention / Education  Treatment / Intervention  Justice

Target Population: Wabash County Residents of all ages

Estimated number of persons served or impacted: Approx. 32,000 (population of Wabash County)

**Drug-Free Community Funds – Page 2**

Has a representative of your agency attended or been active in Wabash County AACTION during the past year?

If so please list their names. Deputy Ryan Baker

Has this program been previously funded by a Local Drug-Free Communities Fund Grant?

NO  Yes, Amount Received: \$3,000.00, Year Funded: 2009

Anticipated Funding Sources:	2009	2010
No additional finances needed	_____	_____
Community Foundation of Wabash County	_____	_____
Local Contributions	_____	_____
Other (explain) _____	_____	_____

## Drug-Free Community Funds – Page 3

1. Give a brief description of your program:

Our enforcement program, using off-duty officers, is used for our specialized enforcement activities. We use the funds to increase our patrols for intoxicated drivers and for the search for illegal drugs being brought into our county. The funds go toward officers used at our local schools during our quarterly drug searches. It is used to support our continued efforts to discourage the selling of tobacco products to our youth by local retailers. And, we use the funds during our roadway interdiction patrols.

2. What portion of your project is ATOD related?

100%. We are dealing with drugs, alcohol, and tobacco.

3. What staff or volunteers will be involved with the project and what are their qualifications?

Full time Merit Deputies will be used in the enforcement activities. They are trained in the detection of drivers under the influence of drugs or alcohol. Deputy Terri Rzasa, is assigned as a K-9 officer with her partner Kellogg. Kellogg is a certified narcotics dog. Members of our department are also trained in Criminal Roadway Interdiction.

## **Drug-Free Community Funds – Page 4**

4. How do you plan to fund your project in the future?

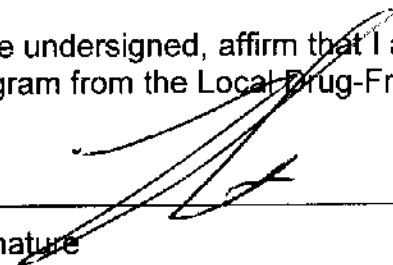
We continue to look for funding through grants. Like many other budgets in our County, ours is decreasing. The small amount of overtime money we get each year does not last long at all.

5. How do you plan to evaluate whether your goals are achieved?

When an officer completes an enforcement activity he/she must complete a report that documents all events that took place.

Implementing Agency Signature:

I, the undersigned, affirm that I am aware of and support this proposal for funding of this program from the Local Drug-Free Communities Fund.

  
\_\_\_\_\_  
Signature

Leroy W. Striker \_\_\_\_\_  
Printed

Sheriff Leroy Striker \_\_\_\_\_  
Title

October 15, 2009 \_\_\_\_\_  
Date

Budget:

Organization Name: Wabash County Sheriff's Department

Project Name: Overtime Enforcement

Start and finish dates of project: January 01, 2009 to December 31, 2009

Total Project Cost: \$2,500.00

AACTION Funding: \$2,500.00

<u>EXPENSE</u>	<u>AACTION FUNDING</u>	<u>OTHER FUNDING</u>
Purchase of testing supplies	\$3,000.00	\$0.00
<b>Totals</b>	<b>\$3,000.00</b>	<b>\$0.00</b>