

FY26 Substance Abuse Prevention Mill Levy

Missoula County

PROGRAM OVERVIEW

PROGRAM NAME*

Character Limit: 250

PROGRAM SYNOPSIS*

In two to five sentences explain your program specifically associated with the Substance Abuse Prevention Mill Levy (SAP ML) fund, and the need(s) it addresses.

Character Limit: 500

AMOUNT REQUESTED*

Enter the **full amount** of SAP ML funds requested for fiscal year 2026 (July 1, 2025 - June 30, 2026).

Example: \$5,000. Do not use decimals

Character Limit: 20

PREVIOUS SAP ML FUNDING*

Has your organization previously been awarded SAP ML funding for this program?

Choices

Yes

No

PREVIOUS SAP ML FUNDING

IMPACT ON PROGRAM*

Explain how SAP ML funds have positively affected your program. Describe the effect of partial or no county funding for the program.

Character Limit: 3000

PROGRAM SUCCESS*

Provide one programmatic success and the impact it had for preventing substance use among Missoula County youth.

Character Limit: 3000

PROGRAM BARRIER(S)*

Describe any barriers the program encountered, how they were addressed, and what your organization learned from them.

Character Limit: 3000

MISSOULA HEALTHLY YOUTH - ATTENDANCE*

Prior year grantees must be able to demonstrate that they attended a minimum of six Healthy Missoula Youth coalition meetings and two Missoula County-sponsored substance abuse prevention (SAP) training sessions during the previous award year.

Provide the dates for all Missoula Healthy Youth meetings and SAP trainings attended, along with the name of the agency representative in attendance.

Character Limit: 3000

FUNDING INCREASE REQUEST*

If you are asking for an increase in funding from previous years, explain why. *If no funding increase is requested, enter "not applicable".*

Character Limit: 3000

PROGRAM NARRATIVE (55 POINTS)

In this program narrative section, you will provide a description of the program for which you are requesting Substance Abuse Prevention Mill Levy funding. While the review committee understands that you need to describe the program within the context of your organization, the content of your application must pertain to what SAP ML will be supporting.

The **2021 Needs Assessment of the Missoula County Substance Use Care System** is a helpful guide and highlights the gaps and needs related to substance use disorder in Missoula County.

EXECUTIVE SUMMARY*

(5 points)

Summarize the program for which you are seeking funds.

- Be concise, but make sure the content can stand on its own if it were to be separated from the rest of the application.
- Briefly state the problem or need; describe how your program will meet the need. Use specific action items and outcomes.
- Be clear who will be implementing the program, who the beneficiaries are, and what is to be accomplished.

Character Limit: 3000

PROGRAM NEED*

(15 points)

What substance abuse prevention need does your program address in Missoula County?

Provide information on the specific population the program serves and describe how your program meets their needs.

Character Limit: 6000

PROGRAM DETAIL*

(10 points)

Which risk and/or protective factors does your program target?

- Explain specifically and describe the components of the best practice your program is using. Describe in detail how you maintain fidelity to that best practice.
- If you are not using a best practice, cite research upon which you based each of your program's activities.
- In addition to the **Montana Needs Prevention Survey** administered by the schools, how is progress assessed?

Character Limit: 6000

PROGRAM REACH*

(5 points)

Approximately, how many unduplicated participants will your program serve between July 1, 2025, and June 30, 2026? If applicable, indicate the staff to participant ratio and how it is linked to program success.

Character Limit: 2000

CAPACITY*

(10 points)

Describe your organization's capacity, including experience and expertise of staff, for implementing the proposed program.

Character Limit: 2000

PARTNERSHIPS*

(5 points)

List all organizations your agency has collaborated with on this program and describe each collaboration.

- If new collaborations will be formed, provide a detailed explanation of the involved parties and the intended outcomes..
- How does your organization ensure there is no duplication of effort?

Character Limit: 2000

PROGRAM EVALUATION*

(5 points)

In what ways does your organization engage with individuals who have used your services? How does this inform program changes? Be specific and provide examples.

Character Limit: 2000

WORKPLAN (20 POINTS)

Provide a workplan that includes the goal(s), objective(s), action steps/activities, responsible party who will carry out the activity, and timeframe during which the proposed SAP ML funded activities will take place.

- There are two goal sections below, you are required to complete at least one. If you do not have a second goal, leave that section blank.
- **GOAL:** a broad statement that conveys the project’s intent – with SAP ML funding – to change, reduce, or eliminate the problem(s) described in the program needs section. Goals are clear, achievable, realistic, tangible, and succinct.
- **OBJECTIVE:** a specific milestone that is measurable, achievable, realistic, and time-bound. Objectives start with the word “To.”
- **TIMELINES:** Q1=July through September; Q2=October through December; Q3=January through March; Q4=April through June
- If you are a successful candidate and are awarded funding, you will report on these goals, objectives, and activities on each quarterly Progress Report.

GOAL 1

GOAL ONE*

Character Limit: 600

OBJECTIVE 1.1*

Character Limit: 600

IMPLEMENTATION 1.1

Each text cell in the table has a 250 character limit with spaces.

Action Steps/Activities	Responsible Party	Timeframe (Q1, Q2, Q3, Q4)

OBJECTIVE 1.2

Character Limit: 600

IMPLEMENTATION 1.2

Each text cell in the table has a 250 character limit with spaces.

Action Steps/Activities	Responsible Party	Timeframe (Q1, Q2, Q3, Q4)

OBJECTIVE 1.3

Character Limit: 600

IMPLEMENTATION 1.3

Each text cell in the table has a 250 character limit with spaces.

Action Steps/Activities	Responsible Party	Timeframe (Q1, Q2, Q3, Q4)

GOAL 2

GOAL TWO

Character Limit: 600

OBJECTIVE 2.1

Character Limit: 600

IMPLEMENTATION 2.1

Each text cell in the table has a 250 character limit with spaces.

Action Steps/Activities	Responsible Party	Timeframe (Q1, Q2, Q3, Q4)

OBJECTIVE 2.2

Character Limit: 600

IMPLEMENTATION 2.2

Each text cell in the table has a 250 character limit with spaces.

Action Steps/Activities	Responsible Party	Timeframe (Q1, Q2, Q3, Q4)

OBJECTIVE 2.3

Character Limit: 600

IMPLEMENTATION 2.3

Each text cell in the table has a 250 character limit with spaces.

Action Steps/Activities	Responsible Party	Timeframe (Q1, Q2, Q3, Q4)

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BUDGET DETAIL WORKSHEET (10 POINTS)

(10 points)

Download the **Budget Detail Worksheet**. Save the Excel template file to your computer, complete and upload it below. This worksheet is where you provide revenue sources and program costs. Program costs are direct costs associated with delivering the services for the proposed program.

- Include only direct costs for delivering this service or accomplishing this program.
- Administrative fees and general overhead/indirect costs are not eligible expenses.
- Detailed calculations showing how each project cost is associated with the county funding request must be explained in the Budget Narrative document.

Budget Detail Worksheet*

Upload the completed Budget Detail Worksheet

File Size Limit: 5 MB

BUDGET NARRATIVE (15 POINTS)

The Budget Narrative explains and justifies each line item in the Program Cost column of the Budget Detail Worksheet. For each budget item covered by SAP ML funds, provide a detailed description of the expenses.

Salaries and Wages Amount*

Enter the amount of SAP ML funding from the salaries and wages row of the Budget Detail Worksheet.

If you have no costs for this category, enter 0 (a zero).

Character Limit: 20

Salaries and Wages Narrative*

EXAMPLE:

Position title: Program Manager

Position FTE and equivalent hours: 1 FTE (equal to 2080 hours per year)

Hourly wage: \$20.00 per hour

FTE portion supported by SAP ML: .25 FTE (equal to 520 hours per year)

Amount of SAP funding for position: \$10,400 (\$20 per hour x 520 hours)

Narrative: The program manager oversees the Outstanding Youth program. Multiple revenue

sources support this position. For the SAP ML-funded program, .25 FTE is needed to oversee the youth development director and site directors who work directly with our Outstanding Youth members. The manager conducts weekly staff meetings and does site visits to ensure the program is reaching its goals.

If you have no costs in this category, enter "not applicable."

Character Limit: 6000

Payroll Taxes Amount*

Enter the amount of SAP ML from the payroll taxes row of the Budget Detail Worksheet.

If you have no costs for this category, enter 0 (a zero).

Character Limit: 20

Payroll Taxes Narrative*

EXAMPLE

Total Salaries and Wages amount used to calculate Payroll Taxes: \$10,400

FICA portion from SAP ML: \$796 (7.65% x \$10,400)

Unemployment Insurance portion from SAP ML: \$208 (2.00% x \$10,400)

Workers Compensation portion from SAP ML: \$432 (4.15% x \$10,400)

Total amount of SAP ML funding for Payroll Taxes: \$1,436

Narrative: We calculate payroll taxes in the following manner: Federal Insurance Contributions Act (FICA) is determined at 7.65% of total salary. Unemployment Insurance is determined at 2.0% of total salary. Workers Compensation is calculated at 4.15% of total salary.

If you have no costs in this category, enter "not applicable."

Character Limit: 1000

Employee Benefits Amount*

Enter the amount of SAP ML from the employee benefits row of the Budget Detail Worksheet.

If you have no costs for this category, enter 0 (a zero).

Character Limit: 20

Employee Benefits Narrative*

EXAMPLE

Total Salaries and Wages amount used to calculate Employee Benefits: \$10,400

Total amount of SAP ML funding for Benefits: \$3,640 (35% x \$10,400)

Narrative: We calculate employee benefits using a general percentage of 35% for each employee. This percentage represents employer contributions for health insurance, dental insurance, vision insurance, and life insurance.

If you have no costs in this category, enter "not applicable."

Character Limit: 1000

Professional Services Amount*

Enter the amount of SAP ML from the professional services row of the Budget Detail Worksheet.

If you have no costs for this category, enter 0 (a zero).

Character Limit: 20

Professional Services Narrative*

Provide calculations for the costs of the professional services and a narrative explaining why these are necessary program costs.

If you have no costs in this category, enter "not applicable."

Character Limit: 1000

Materials and Supplies Amount*

Enter the amount of SAP ML from the materials and supplies row of the Budget Detail Worksheet.

If you have no costs for this category, enter 0 (a zero).

Character Limit: 20

Materials and Supplies Narrative*

Provide calculations for the costs of the materials and supplies and a narrative explaining why these are necessary program costs.

If you have no costs in this category, enter "not applicable."

Character Limit: 3000

Occupancy Amount*

Enter the amount of SAP ML from the occupancy row of the Budget Detail Worksheet.

If you have no costs for this category, enter 0 (a zero).

Character Limit: 20

Occupancy Narrative*

Provide the calculations for the occupancy costs and a narrative explaining why these are necessary program costs (e.g. rent, heat, power, utilities).

If you have no costs in this category, enter "not applicable."

Character Limit: 1000

Travel Amount*

Enter the amount of SAP ML from the travel row of the Budget Detail Worksheet.

If you have no costs for this category, enter 0 (a zero).

Character Limit: 20

Travel Narrative*

Provide the calculations for the travel costs and a narrative explaining why these are necessary program costs (e.g., mileage, vehicle operating costs).

If you have no costs in this category, enter "not applicable".

Character Limit: 1000

Communications Amount*

Enter the amount of SAP ML from the communications row of the Budget Detail Worksheet.

If you have no costs for this category, enter 0 (a zero).

Character Limit: 20

Communications Narrative*

Provide the calculations for the communication costs and a narrative explaining why these are necessary program costs.

If you have no costs in this category, enter "not applicable."

Character Limit: 1000

Other Expense Amount*

Enter the amount of SAP ML from the other expense row of the Budget Detail Worksheet.

If you have no costs for this category, enter 0 (a zero).

Character Limit: 20

Other Expense Narrative*

Provide the calculations for the other expenses and a narrative explaining why these are necessary program costs.

If you have no costs in this category, enter "not applicable."

Character Limit: 1000

ADDITIONAL PROGRAM COSTS**Volunteer Time***

Does this project leverage volunteer time? If yes, how?

If no, enter "not applicable".

Character Limit: 3000

Other Funding Sources Narrative*

How does County funding complement the "other" funding sources?

If there are no other funding sources, enter "not applicable".

Character Limit: 3000

ATTACHMENTS

Organizational Chart*

Attach current organizational chart.

File Size Limit: 5 MB

Certificate of Insurance*

A Certificate of insurance (COI) (see [example](#)) must be provided with the following included per Missoula County policy:

- Minimum \$1 million per occurrence
- Minimum \$2 million in the aggregate for general liability coverage plus workers compensation as required by state law
- If automobiles are used in carrying out the service provided under contract, \$500,000 in auto liability is required
- **Missoula County must be an Additional Insured and a Certificate Holder:**
Missoula County
200 W. Broadway
Missoula, MT 59802

File Size Limit: 5 MB

COI expiration*

Character Limit: 10

Supplemental Questions

Your answers in this section have no impact upon the review and scoring of your application, but the information provided may help us better understand the evolving grant landscape and identify future funding gaps.

Potential Federal Funding Impacts*

Does your organization anticipate a reduction in federal funding in the next fiscal year (July 1, 2025 - June 30, 2026)?

Choices

Yes

No

Anticipated Impacts

If yes, please provide detail about the projected loss in revenue (as a percentage) and identify the programs that might be impacted.

Character Limit: 2000

