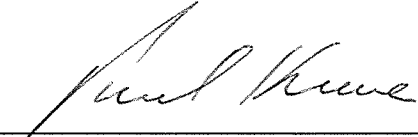


RESOLUTION NO.98 - 1995

WHEREAS, Willingboro Township Council desires to seek a grant from the Burlington County Board of Chosen Freeholders under the New Jersey State Governor's Council on Alcoholism and Drug Abuse.

NOW, THEREFORE, BE IT RESOLVED, by the Township Council of the Township of Willingboro, assembled in session this 1st day of August, 1995 that:

1. The Township of Willingboro desires to participate in the New Jersey State Governor's Council on Alcoholism and Drug Abuse Program and hereby expresses its intent to enter into a formal agreement with the Burlington County Board of Chosen Freeholders.



Paul Krane, Mayor

ATTEST:



Rhoda Lichtenstadter, RMC
Township Clerk

APPLICATION FOR FUNDING MUNICIPAL ALLIANCES

(Revised 2/94)

APPLICANT MUNICIPALITY/IES: Willingboro Township

ALLIANCE NAME: Willingboro Municipal Alliance

DATE ESTABLISHED: 1988

MUNICIPAL CONTACT: Joanne G. Diggs, Finance Director

ADDRESS: One Salem Road, Willingboro, NJ 08046

TELEPHONE: (609) 877-200 ext. 6211 FAX: (609) 871-6990

Total Amount Requested (DEDR Funds)	\$ <u>23,481.25</u>
Cash Match	\$ <u>5,870.31</u>
In-Kind Match	\$ <u>17,610.94</u>
TOTAL PROGRAM BUDGET (add DEDR, Cash & In-kind)	\$ <u>46,962.50</u>

Willingboro Twp.
MUNICIPALITY

Paul Krane, Mayor
NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE


SIGNATURE

MUNICIPALITY

NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

SIGNATURE

MUNICIPALITY

NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

SIGNATURE

Ramona L. Barrientos
ALLIANCE CHAIRPERSON


SIGNATURE

July 23, 1995
DATE

**ALLIANCE NAME
MEMBERSHIP LIST**

NAME OF MEMBER	HOME ADDRESS	TERM	REPRESENTING
Ramona L. Barrientos	One Salem Road Wilmington, N.J. 08046	1995	GOVERNING BODY
Joanne Diggs	One Salem Road Wilmington, N.J. 08046	1995	PRESIDENT-SCHOOL BOARD Governing Body
Sgt. Jose Ortiz	Wilmington Police Dept. One Salem Road Wilmington, N.J. 08046	1995	SUPERINTENDENT SCHOOLS Governing Body
Eleanor Johnson	50 Salem Road Wilmington, N.J. 08046	1995	STUDENT ASSISTANCE COORDINATOR
John Carter	21 Normont Lane Wilmington, N.J. 08046	1995	PTA School Board Member
Evelyn Carson	58 Hallaway Lane Wilmington, N.J. 08046	1995	TEACHERS BARGAINING UNIT Public Member
Jimmie Williams	40 Burlington Co. Girl Scout Council Westampton, N.J. 08060	1995	CHAMBER COMMERCE Girl Scout Council
Sgt. Ray M. Cann	Wilmington Police Dept. One Salem Road Wilmington, N.J. 08046	1995	LEGAL COURT SYSTEM Governing Body
Joe Steele	705 Downing Ct. Wilmington, N.J. 08046	1995	CLERGY Public Member
Joseph Lee	c/o Foster Military Lodge Charleston Road Wilmington, N.J. 08046	1995	CIVIC ASSOCIATION
Agnes Smith	93 Crestview Lane Wilmington, N.J. 08046	1995	LABOR UNION Public Member
Lawrence Young	143 Holbrook Lane Wilmington, N.J. 08046	1995	MEDIA Public Member
Lillian Young	143 Holbrook Lane Wilmington, N.J. 08046	1995	PUBLIC-MEMBERS (c4)
Abea Lightfoot	Wilmington, N.J. 08046	1995	YOUTH MEMBER Memorial Junior High School

**ALLIANCE NAME
MEMBERSHIP LIST**

NAME OF MEMBER	HOME ADDRESS	TERM	REPRESENTING
Jacqueline Fattore	125 Pennypacker Dr. Willingboro NJ 08046	1995	Public Member
Vincent Fattore	125 Pennypacker Dr. Willingboro NJ 08046	1995	Public Member
Patricia Maple	83 Executive Lane Willingboro, NJ 08046	1995	Public Member
Bill Carter	21. Normont Lane Willingboro, NJ 08046	1995	Public Member
Kim Leiby	Willingboro, NJ 08046	1995	Public Member
Ted Nixon	P.O. Box 2623 Willingboro NJ 08046	1995	Public Member

REVIEW OF THE NEEDS OF YOUR COMMUNITY STATEMENT OF NEED

The following questions are designed to help you decide prevention activities in your community. You will be using this information as the basis for Alliance Program ideas and to justify your request for funds from the State.

Along with each question are suggestions to where you may find the information requested. One person, or a committee working together, may fill out this page. It is a good idea, however, to share the information with all of the members of your Alliance. (Attach additional sheets for questions 3 - 5)
(J) = Juvenile; (A) = Adult; (T) = Total

1. 19 90 municipal population: (J) 9945 (A) 26,347 (T) 36,291
(This information can be obtained from your town clerk at your local municipal building, county clerk at the county seat or your County Planning Board).

2. Number of self-help meeting groups (e.g. Alcoholics Anonymous, ALANON, Overeaters Anonymous, Narcotics Anonymous, etc.) in your municipality:

(J) 1 (A) 4 (T) 5
(This information may be obtained from the guidance counselors in your local schools or perhaps your school system has a Substance Awareness Coordinator).

3. What are the other prevention programs currently operating in your community that you are aware of? For each existing program, please indicate funding source and target population.
(See Appendix for definition and explanation of the prevention pyramid). You may contact your local police department, school guidance office and local chapter of organizations such as MADD for this information).

PROGRAM	FUNDING SOURCE	TARGET POPULATION
---------	----------------	-------------------

4. List other municipal statistics/data which describe the problems and needs of your community and how they relate to alcoholism and drug abuse.

(For example, in addition to the above information, you may want to find out: Number of municipal alcohol/drug arrests, drunk driving arrest convictions, municipal residents in alcohol/drug treatment, hospital admissions (including emergency room visits) for the elderly for substance overdose or abuse related visits, number of liquor licenses and stores, number of juvenile arrests, juvenile pregnancies, domestic violence complaints, child abuse cases of DYFS referrals, school attendance or absenteeism rates, school drop-out rates, teenage suicide statistics, senior citizen population, number of illicit drug arrests).

In 1994 there were a total of 182 cases which involved being admitted for treatment. The breakdown is as follows:

alcohol: 79; cocaine: 68; heroin: 20; marijuana: 12; other: 3.

With a population of approximately 9,945 youth, there were 199 reported cases of child abuse to DYFS; of these, 84 were substantiated as child abuse.

5. After reviewing and discussing the above information within your Alliance, briefly summarize the current alcohol and other drug problems facing your community.

Willingboro Township with over 36,000 residents accounted for 12% of all admissions for the treatment of alcohol, heroine, cocaine/crack, and marijuana, from the 40 municipalities reporting in 1993. The Alliance uses information and hands on activities in an attempt to counteract the spread of the problem.

As the problem of drug and alcohol use grows, so do the related problems of antisocial behavior and family breakdown. As the nationwide statistics indicate a growth in these areas of abuse, the problems are quickly felt in a community of seven and one-half miles square and eleven thousand homes.

The Alliance is committed to countering those problems by involving other AGENCIES OF THE Township and groups within the Township. The problems that accompany drug and alcohol abuse (moral and social breakdown) result in increased number of teenage pregnancies, AIDS, and criminal activity.

The Alliance realizes that no one group with limited membership and funds is the solution; but with the ability to inform both the potential users and the general public of the problems, a positive reaction will result. And, this awareness will cause other bodies to focus on the problem and, hopefully, the community will realize it is more cost effective by prevention than treatment or incarceration.

ACTIVITY PLAN

(Complete one sheet for each activity)

1. Name of Municipality Willingboro Township DEDR Requested \$ 0.00

2. Title of Activity BABES

3. General description of activity:
A primary prevention program designed to give children a lifetime protection from substance abuse.

4. Goal: What do you want to accomplish? (Shall address issues relevant to the statement of need.
To assist young people (usually 3rd grade level) in developing positive living skills, and providing them with accurate, non-judgemental information about the use and abuse of alcohol and other drugs.

5. Objectives:

Number of sessions 7 Length of each session 1 hour
Number of individuals _____ Age of target populations 6-9 yrs.
Targeted 400 (approx.)

6. How do you measure this program's success and failure?
By following up with children who have participated in the BABES program - Documentation of all participants will be kept, and at intervals over a period of years follow-up will be done to see if children have refrained from substance and alcohol abuse.

7. What area(s) of the "Biopsychosocial Model" OR What protective/risk factors will be addressed by this activity?
Biopsychosocial Model: psychological and socio-cultural.
Protective/Risk Factors: individual, school, family, community.

8. List other organizations that will be participating in the activity and list their responsibilities.
3rd grade students - participate in BABES program
BABES Presentors - certified instructors will present material/information to students.

Local churches interested in participating with their younger youth groups.

9. Fill out "time line" indicating date(s) - and duration of activity.

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
		X	X						V	V	

OR

Note: This program includes "at risk" teens

ACTIVITY PLAN

(Complete one sheet for each activity)

1. Name of Municipality Willingboro Township DEDR Requested \$ 5,000

2. Title of Activity Teen Program

3. General description of activity: *To provide an ongoing program for teenagers in the community consisting of social/leisure, athletic and cultural activities. Teens will participate in regularly scheduled discussion groups (large + small groups) about drugs, alcohol, AIDS, teen pregnancy, violence, self-esteem, etc. Tips to parents, if interest will be taken to make teens aware of their surroundings. In addition a series of job skills workshops will be conducted, as well as assistance in career selection and completing grant applications.*

4. Goal: What do you want to accomplish? (Shall address issues relevant to the statement of need.)

To provide a structured but informal, atmosphere where teens can meet to address issues and concerns relevant to their age group. During school months teens will meet at least 2x monthly, and during summer months (8-10 weeks) a daily program of varied activities will be provided. It is intended to train and develop teen leaders within the program - the purpose for this is to build leadership skills and to train teens to work with other community groups, including local government.

5. Objectives: *Number of sessions ^{during school: 20} summer: 40-50 Length of each session 2-5 hrs.
Number of individuals Age of target populations 13-17
Targeted 2,000 approx.*

6. How do you measure this program's success and failure?
By the participation of community teens in activities offered. Verbal and written feedback will be sought from participants. This age group is very vocal, and we anticipate 90% of our feedback will be verbal.

7. What area(s) of the "Biopsychosocial Model" OR What protective/risk factors will be addressed by this activity?
*Biopsychosocial Model: socio-cultural, psychological + physical
Protective Risk Factors: individuals, peers, school, family and community*

8. List other organizations that will be participating in the activity and list their responsibilities.
*Recreation Department: Provide staff to present program (including ^{trained} volunteers) to assist w/ payment of school facilities. To provide recreational facilities and equipment.
Willingboro School District - to provide school facilities + students.
Public Works Department - to provide logistical support.*

9. Fill out "time line" indicating date(s) and duration of activity.

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
X	X	X	X	X	X	X	X	X	X	X	X

8. (cont) *DARE personnel - to provide professional information + handouts.
Community at large - Adults (parents, etc) will be encouraged to participate by chaperoning activities, assisting teens w/ job applications, etc.
Local business - will be asked to sponsor specific activities and provide gift certificates, etc.
Local + County professionals - will provide expertise (workshops and seminars) in a variety of subjects (drugs, alcohol, AIDS, etc) as well as provide job skills and career choice information.*

ACTIVITY PLAN

(Complete one sheet for each activity)

1. Name of Municipality Willingboro Township DEDR Requested \$ 2,000

2. Title of Activity DARE Program - Community Outreach

3. General description of activity:
To use the DARE program and its trained personnel to provide drug/alcohol education and information in community schools and specific activities within the community.

4. Goal: What do you want to accomplish? (Shall address issues relevant to the statement of need.)
To provide professional information and statistics in our community, about drug and alcohol use and problems. A series of sessions will be provided at the 7 elementary schools, the Jr. High and Sr. High, during the school year. Additionally, seminars/workshops will be provided at least 2-3 x's for the community. The summer camp and playground programs conducted by the Recreation Dept. will also

5. Objectives: *be used as a vehicle to provide information to our youth.*

$6 \times 7 = 42$ } *Number of sessions* 50-60 approx *Length of each session* 1 hr. (approx)
 $2 \times 1 = 2$ } *Number of individuals* 36,000+ residents *Age of target populations* 6 and up.
 $2 \times 1 = 2$ } *Targeted* (9,000+ youth)
 $9 \times 1 = 9$ } *comparisons*
 $\frac{5}{60}$ } *other*

6. How do you measure this program's success and failure?
By the participation of the youth and adults in each of the workshops; the "members" will determine how well the word got out. Verbal and written feedback will be sought from participants to tell us if the information provided was informative and worthwhile.

7. What area(s) of the "Biopsychosocial Model" OR What protective/risk factors will be addressed by this activity?
*Biopsychosocial Model: psychological and socio-cultural
 Protective Risk Factors - individual, peers, school, family and community*

8. List other organizations that will be participating in the activity and list their responsibilities.
*DARE personnel - to provide professional information and handouts
 Recreation Department - to provide youth + facilities during non-school hours.
 Willingboro Schools District - to provide youth + facilities during school sessions.
 Public Works Department - to provide logistical support to activities.
 Agee Steppers - 200+ Teenagers, to participate in activities + provide entertainment.*

9. Fill out "time line" indicating date(s) and duration of activity.

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
X	X	X	X	X	X	X	X	X	X	X	X

8. cont.
Community at large - adults + youth will be encouraged to participate in activities.

ACTIVITY PLAN

(Complete one sheet for each activity)

1. Name of Municipality Willingboro Township DEDR Requested \$ 1,500.
2. Title of Activity Drug and Alcohol Education Training
3. General description of activity:
To use whatever means are available to educate the community on the subjects of drug/alcohol abuse and AIDS. To provide training and education to Alliance members on the subjects of drug/alcohol abuse and AIDS.
4. Goal: What do you want to accomplish? (Shall address issues relevant to the statement of need.
To educate/train all members of the Alliance, so that they can provide current information on drug/alcohol abuse and AIDS to the community. And, to make information available to the community regarding methods of preventing drug/alcohol abuse and AIDS.
5. Objectives:

Number of sessions <u>as needed</u>	Length of each session <u>as needed</u>
Number of individuals _____	Age of target populations <u>entire</u>
<u>Targeted 30+ Alliance members</u>	
<u>36,000+ residents</u>	
6. How do you measure this program's success and failure?
Alliance membership participation in workshops and seminars. Community participation in activities sponsored by the Alliance. Also, written and verbal feedback will be sought from the community.
7. What area(s) of the "Biopsychosocial Model" OR What protective/risk factors will be addressed by this activity?
Biopsychosocial Model: physical, psychological, and socio-cultural
Protective/Risk Factors: individual, school, family, and community.
8. List other organizations that will be participating in the activity and list their responsibilities.
Township organizations (civic, youth, religious, etc.) - to participate in Alliance sponsored activities.

Youth and adults of the community - to participate in Alliance sponsored activities.
9. Fill out "time line" indicating date(s) and duration of activity.

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
X	X	X	X	X	X	X	X	X	X	X	X

8. cont.
National Drug/Alcohol Clearing Center (Manford) - to provide literature

ACTIVITY PLAN

(Complete one sheet for each activity)

1. Name of Municipality Willingboro DEDR Requested \$ 750.00
2. Title of Activity "Hope Without Dope"
3. General description of activity: "Hope without Dope" is a substance abuse Education/Prevention musical production. Music is an effective way of communicating messages to people. The music is all original and the styles include; Rhythm and Blues, Light Rock, Jazz, and Rap. The lyrics contain educational messages on Crack, Heroin Addiction, Marijuana, Alcohol and AIDS/HIV.
4. Goal: What do you want to accomplish? (Shall address issues relevant to the statement of need.
Provide Willingboro residents with an Educational and recreational entertainment experience. Encourage participants to be more analytical and selective about the music they listen to. Reinforce the experience, by giving each participant a copy of a Program/Poster containing the lyrics to the songs.
5. Objectives:
Number of sessions 4 Length of each session 1 Hour
Number of individuals _____ Age of target populations All Ages
Targeted 500
6. How do you measure this program's success and failure?
We plan to survey the audience and summerize the information into a report. A copy of our evaluation form is attached.
7. What area(s) of the "Biopsychosocial Model" OR What protective/risk factors will be addressed by this activity?
.Supports non-drug use among youth and adults
.Involves the Community
.Values and encourages Education
.Encourages pro-social development/behavior
8. List other organizations that will be participating in the activity and list their responsibilities.
.Alliance Members - general assistance and support as needed
.D.A.R.E. and Network 3 - bring students to the performances
.The National Music Society for Better Living - promotional support
9. Fill out "time line" indicating date(s) and duration of activity.

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
				X	X		X	X			

They will be scheduled in May, June, August, and September. From October to December we will summerize the evaluations and complete the final report.

ACTIVITY PLAN

(Complete one sheet for each activity)

1. Name of Municipality Willingboro Township DEDR Requested \$ 0.00
2. Title of Activity Random Acts of Simple Kindness
3. General description of activity:
The Alliance will conduct a series of random acts of kindness that will impact on the community in general.

4. Goal: What do you want to accomplish? (Shall address issues relevant to the statement of need.
To connect with members of the community and create a sense of belonging and caring. Random acts of kindness will have health benefits by helping relieve the stresses of daily living and focusing on the good in one's self and community.

5. Objectives:

Number of sessions <u>10-12</u>	Length of each session <u>5 min. to 1 hr.</u>
Number of individuals <u>Targeted 36,000+</u>	Age of target populations <u>entire community</u>

6. How do you measure this program's success and failure?
The participation of the Alliance membership and local businesses willing to donate items will be vital to the success of the program. Recipients of the random acts of kindness will respond verbally regarding the positive effects of the program. A "chain reaction" of kindnesses is anticipated.

7. What area(s) of the "Biopsychosocial Model" OR What protective/risk factors will be addressed by this activity?
Biopsychosocial Model: psychological and socio-cultural
Protective/Risk Factors: individual, family, community

8. List other organizations that will be participating in the activity and list their responsibilities.
local businesses - donations of funds or supplies
Recreation Department - printing materials & miscellaneous materials

9. Fill out "time line" indicating date(s) and duration of activity.

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACTIVITY PLAN

(Complete one sheet for each activity)

1. Name of Municipality Willingboro Township DEDR Requested, \$ 2,000.00

2. Title of Activity Red Ribbon Campaign

3. General description of activity:
Red Ribbon Week is a national campaign (held in October) to focus attention on drug and alcohol issues. Community residents are encouraged to wear red ribbons all week to show their concern and stand against drug/alcohol abuse.

4. Goal: What do you want to accomplish? (Shall address issues relevant to the statement of need.
-To heighten community awareness to drug and alcohol issues
-To encourage residents and local businesses to wear red ribbons during Red Ribbon Week, in order to focus them on the issues of drug and alcohol abuse.

5. Objectives: alcohol abuse, and encourage residents to join the Alliance.

Number of sessions 1 Length of each session 1 week
Number of individuals _____ Age of target populations youth through adult
Targeted 36,000+

6. How do you measure this program's success and failure?
-Participation by residents, schools, and local businesses.
-Informal surveys in the community, requesting verbal and/or written feedback.

7. What area(s) of the "Biopsychosocial Model" OR What protective/risk factors will be addressed by this activity?
Biopsychosocial Model: physical, psychological, social and legal.
Protective/Risk Factors: individual, school, family, community.

8. List other organizations that will be participating in the activity and list their responsibilities.

Churches _____
Local businesses _____
Willingboro Schools District _____
All Township Organizations _____
Municipal Government employees _____
} to wear red ribbons and participate in any scheduled activities sponsored by the Alliance.

9. Fill out "time line" indicating date(s) and duration of activity.

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

8. cont. Local/County professionals - to speak at scheduled activities regarding dangers of abuse of alcohol + drugs,

ACTIVITY PLAN

(Complete one sheet for each activity)

1. Name of Municipality Willingboro Township DEDR Requested \$7,500.00
2. Title of Activity Willingboro Community Pride Week
3. General description of activity:
During a one-week period the Alliance will sponsor Pride Week, the focus being on instilling pride in one's-self and community.
4. Goal: What do you want to accomplish? (Shall address issues relevant to the statement of need.
To promote a strong community campaign through several activities encouraging healthy alternatives to drug/alcohol abuse. To sponsor a series of activities in the public and parochial school that involves the active participation of the youth in an anti-drug/alcohol campaign.
5. Objectives:
Number of sessions 5-8 Length of each session 1-4 hours (depending on activity)
Number of individuals _____ Age of target populations 6-adult
Targeted 36,000+ school children and the adult community.
6. How do you measure this program's success and failure?
-Participation by residents in sponsored activities.
-Participation by students/teachers/school administration in scheduled activities.
-Use of questionnaire to solicit verbal/written comments from participants.
7. What area(s) of the "Biopsychosocial Model" OR What protective/risk factors will be addressed by this activity?
Biopsychosocial Model: physical health, psychological, socio-cultural
Protective/Risk Factors: individual, school, family, community
8. List other organizations that will be participating in the activity and list their responsibilities.
-Drug/Alcohol Prevention Agencies - provide lectures & distribute information.
-Combined PTA/PTO's - assist w/scheduled activities at schools.
-Corpus Christi School - conduct activities at parochial school.
-Willingboro Police Department - present lectures on drug/alcohol abuse (DARE)
-Library - explain literature available on drugs/alcohol and AIDS.
9. Fill out "time line" indicating date(s) -and duration of activity.

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

8. (continued) _____ or _____
-Township organizations - participate and assist in activities scheduled within community for the week.
-AIDS Coalition - present information to community regarding AIDS.

*Note: In 1995 75 vendors/displays participated in ^{Willingboro Pride Day on 6/10/95} This was the 1st time done in approx. 14 years - the response was very good + we have been asked to continue with Pride Day in the Park. *pt**

ACTIVITY PLAN

(Complete one sheet for each activity).

1. Name of Municipality Willingboro Township DEDR Requested \$ 3,800.00

2. Title of Activity The Pride of Willingboro - Newsletter

3. General description of activity:
Publication of a newsletter to the community, with information related to prevention of alcohol and drug abuse.

4. Goal: What do you want to accomplish? (Shall address issues relevant to the statement of need.
To provide a vehicle of communication, with the community, regarding drug and alcohol abuse. To encourage community residents and organizations to submit articles for publication, related to drug/alcohol abuse. To provide information to community on how to lessen problems of drug/alcohol abuse.

5. Objectives:

Number of sessions 2 or 4 Length of each session 1 publication
Number of individuals _____ Age of target populations entire
Targeted 36,291 community

6. How do you measure this program's success and failure?
Response from community - either written or verbal.

7. What area(s) of the "Biopsychosocial Model" OR What protective/risk factors will be addressed by this activity?
Biopsychosocial Model: physical, psychological, and socio-cultural
Protective/Risk Factors: individual, family, community

8. List other organizations that will be participating in the activity and list their responsibilities.
Graphic designer - Assist w/writing, typesetting, and preparation of newsletter.

Shopper's Guide - printing and distributing newsletter.

or, use Township quarterly newsletter as vehicle for distributing our newsletter which would help cut costs. Negotiations are in process.

9. Fill out "time line" indicating date(s) and duration of activity.

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
		X			X			X			X

or

X

X

ACTIVITY PLAN

(Complete one sheet for each activity)

1. Name of Municipality Willingboro Township DEDR Requested \$ 2,000

2. Title of Activity HOTSPOT Activity Center

3. General description of activity:

An activity center for girls in grades K-12, designed to create an environment conducive to addressing and discussing contemporary issues such as drug & alcohol prevention, teen pregnancy, and other personal and social concerns.

Program will be held at a school facility (A. Levitt Bldg.), and will be run by Burlington County Girl Scouts; Alliance members will also volunteer time.

4. Goal: What do you want to accomplish? (Shall address issues relevant to the statement of need.

--To help girls increase their coping skills w/ stresses in their lives.

--To motivate them to higher education.

--To build leadership skills in the girls, and help develop self-esteem.

--To make them aware of their environment and urge them to become involved in their community.

5. Objectives:

Number of sessions 10 mos.

Length of each session 3-4 hours

Number of individuals

Age of target populations 6-18

Targeted 1,500 (grades k-12)

6. How do you measure this program's success and failure?

--Member retention and attendance; to increase current membership from 217 to 377 by end of 1995.

--Increased involvement by teenage girls.

--Development of a group of teen leaders.

7. What area(s) of the "Biopsychosocial Model" OR What protective/risk factors will be addressed by this activity?

--Biopsychosocial Model: psychological and socio-cultural

--Protective/Risk Factors: individual, school, family and community.

8. List other organizations that will be participating in the activity and list their responsibilities.

--Burlington County Girls Scout Council: provide personnel to conduct program, and recruit girls to participate in program.

--Willingboro Schools District: provide students (girls) to participate, and to provide activity center space.

--Community at large: provide donated items such as arts & crafts, etc.

9. Fill out "time line" indicating date(s) and duration of activity.

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
X	X	X	X	X	X	X	X	X	X	X	X

ACTIVITY PLAN

(Complete one sheet for each activity)

1. Name of Municipality Willingboro DEDR Requested \$931.25
2. Title of Activity "Talk it Out rather than Act it Out"
3. General description of activity: Visit all classrooms in elementary schools and help kids understand the importance of talking about their feelings in a safe place when they are experiencing problems. "Talk it Out rather than Act it Out"
4. Goal: What do you want to accomplish? (Shall address issues relevant to the statement of need. To provide a safe, confidential, anonymous telephone service that is available to children and youth 24-hours a day. A haven where youngsters are not judged or lectured to, but are empowered to begin problem solving.
5. Objectives:

Number of sessions <u>128</u>	Length of each session <u>20-30 minutes</u>
Number of individuals	Age of target populations <u>K-6</u>
Targeted <u>3,725</u> students	
6. How do you measure this program's success and failure? Each child who learns about CONTACT has a resource for life. The number of children and parents who call the Helpline after a school visit is one measure of success. Calls continue all year.
7. What area(s) of the "Biopsychosocial Model" OR What protective/risk factors will be addressed by this activity?
 1. Provides access to resources
 2. Encourages supportive relationship with caring adults beyond the immediate family.
 3. Problem solving skills
 4. Sense of purpose and future
 5. Early school problems
8. List other organizations that will be participating in the activity and list their responsibilities.
 N/A CONTACT USA has requested funding assistance.
9. Fill out "time line" indicating date(s) and duration of activity.

JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
-----	-----	-----	-----	-----	------	------	-----	------	-----	-----	-----

Helpline available all year round 24-hours daily. Classroom visitation is over a two month period at the discretion of each school principal.

Note: One of our Alliance members (Evelyn Carson) volunteers for CONTACT and believes this is a worthwhile program. CONTACT does maintain a Willingboro number (871-4700).

ACTIVITY PLAN

(Complete one sheet for each activity)

1. Name of Municipality Willingboro, NJ DEDR Requested \$ 1,000.00

2. Title of Activity Teen Summit

3. General description of activity:

Students will discuss and actively participate in learning exercises to teach them to be peer counselors. Students will participate in workshops that will address the problems of drug abuses, violence, AIDS and teen pregnancy.

4. Goal: What do you want to accomplish? (Shall address issues relevant to the statement of need.

Provide the students with basic counseling skills needed to help a peer who presents with a problem in the above mentioned areas.

5. Objectives:

Number of sessions 5

Length of each session 90 minutes

Number of individuals Targeted

Age of target populations Teens (M/F)

100

6. How do you measure this program's success and failure?

We will test the students and conduct mock counseling sessions.

7. What area(s) of the "Biopsychosocial Model" OR What protective/risk factors will be addressed by this activity?

- Encourage pro-social development
- Provide leadership and decisionmaking skills
- Provide alcohol/drug free activities
- Encourage supportive relationships

8. List other organizations that will be participating in the activity and list their responsibilities.

- Alliance Members; general assistance
- Afri-Male Staff; coordinators and trainers
- Community Foundation of NJ; technical assistance
- Alpha Kappa Alpha Sorority; recruiting students

9. Fill out "time line" indicating date(s) and duration of activity.

JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

Plans for the Summit will begin in January, 1996. The Summit will be held in August, 1996. September and October will be spent evaluating the Summit and completing a final report.

Municipality Wellington TownshipCounty of Fauquier

TOTAL MUNICIPAL ALLIANCE BUDGET

Budget Line Items	Grant Fund DEDR	Matching Funds		Total Budget
		Cash	In-kind	
PERSONNEL	0	0	11,110.94	11,110.94
FRINGE	0	0	0	0
CONSULTANTS	1,400.	0	1,400.00	2,800.00
TRAVEL <i>bus rental for Trips w/ teens, Alliance members working on projects.</i>	1,600.	600.00	1,500.00	3,700.00
SUPPLIES	9,500.	2,000.00	500.00	12,000.00
PRINTING	3,000.	750.00	1,000.00	4,750.00
POSTAGE	300.	0	300.00	600.00
TELEPHONE / FAX / Cellular Phone use	0	0	350.00	350.00
EQUIPMENT	0	1,000.00	500.00	1,500.00
RENT <i>use of school facilities for various activities/events</i>	2,500	625.00	500.00	3,625.00
OTHER DIRECT COSTS	5,181.25	895.31	450.00	6,526.56
TOTAL COSTS	23,481.25	5,870.31	17,610.94	46,962.50

BUDGET JUSTIFICATION FORM

(Complete for line items which exceed \$1000)

LINE ITEM	AMOUNT REQUESTED	JUSTIFICATION
Personnel	In-kind: 6610.94	Alliance members volunteer hours for meetings, workshops, grant writing, phone calls, etc. <i>logistical support from sponsoring depts. (Recreation, Public Works, & W.D.)</i> Other volunteers who will help w/ projects: Community Pride Wk, RASK, Teen Program, Red Ribbon Wk, etc.
	and, 4,500.00	
Consultants	DEDR: 1,400.00	Consultants for projects.
	Cash Match:	Consultants for other projects, such as etc. Certified Professional Alliance members donate consulting services to programs.
	In-kind: 1,400	
Travel	DEDR: 1,600	Transportation for <i>trips for teen program and other related activities.</i>
	Cash Match: 600	Alliance members travel to workshops, etc.
	In-kind: 1,500	Alliance members conducting variety of work for projects.
Supplies	DEDR: 950.	Red ribbons, arts/crafts, etc. for all of the Alliance projects
	Cash Match: 2,000.	Variety of materials to be used for Alliance projects.
	In-kind: 500.	Donated items from individuals or local businesses to conduct Random Acts of Simple Kindness
Printing	DEDR: 3,000.00	Cost for printing The project Pride Newsletter (and distribution)
	Cash Match: 750.	Cost for printing variety of materials for Alliance projects.
	In-kind: 1,000.	Donated printing by Twp. Recreation Dept. for a variety of Alliance projects.

BUDGET JUSTIFICATION FORM

(Complete for line items which exceed \$500)

LINE ITEM	AMOUNT REQUESTED	JUSTIFICATION
Other Direct Costs	DEDR: 5181.25	Cost of graphic designer for The Pride Newsletter and refreshment for variety of projects. Refreshments, T-shirts, etc. for Alliance projects. <i>Items donated by local business + residents</i>
	Cash Match: 895.31	
	In-kind: 450.00	
Equipment	DEDR: 0	purchase of items for activities such as athletic equipment for teen program + other projects.
	Cash Match: 1,000	
	In-kind: 500	
Rent	DEDR: 2,500	Rental of school facilities for use by Alliance members when sponsoring activities held at schools (teen program, Red Ribbon week activities, Pride week, etc).
	Cash Match: 625	
	In-kind: 500	

SUMMARY OF CONSULTANT SERVICES FORM

(For All Activities)

Name of Activity	Name & Address of Consultant	Services to Be Rendered	# of Sessions or Hours	Fee Per Session/ Hour	Total Funds Needed
Teen Program	Ted Evans, Director Clinical Services One Salem Road Willingboro, NJ 08046	Counseling and Instruction throughout 1996	6	\$ 75/hr	\$ 450
Red Ribbon Week	To be announced	Speakers for 2-3 events	3	\$ 150	\$ 450
Teen Summit	Ted Dupin, Director Anti-Male Institute P.O. Box 2623 Willingboro, NJ 08046	A) Speakers	2	150/session	300
		B) Counselors	2	100/session	200
				Total	\$ 1,400.

PERSONAL COSTS

A: DETAILED PERSONNEL FORM
(Only List Information Related to Grant Funded Positions)

(List ALL FULL AND PART-TIME PAID STAFF, INCLUDING FRINGE BENEFITS. JUSTIFY FRINGE BENEFIT COST ON A SEPARATE SHEET)

Position Title	Name of Person in Position	List Certification Needed, Minimum Education and/or Experience Required	Annual Salary	Weekly Hours on Grant Project	Total Funds Needed for Project	Funds Requested From the State	Funds Requested From Other Sources

Fringe Breakdown:

Category	% of Salary Expense	Amount
F.I.C.A. (Social Security)		
U.I. (Unemployment Ins.)		
W.C. (Workman's Comp.)		
Health/Medical Coverage		
Life Insurance		
Pension		
Other		
TOTALS		\$ _____

(This form should be completed by Municipal Personnel Dept., Municipal Treasurer or Fiscal Officer)

MATCH SUMMARY PLAN

Please provide a detailed summary of your plan to raise:

A. Hard Cash Match

Fundraisers:

Cake sales, candy sales, car washes, etc.
 note: Teens in teen program will participate in fund raisers)

Anticipated Income

\$ 3,500.00

Donations from:

local business
 local organizations (Delta's, Rotary, etc.)
 Residents

2,370.31

total \$ 5,870.31

B. In-kind Match

Personnel (Volunteer Hours)

Alliance meetings, phone calls, grant writing, workshops,
 certified professionals donate time for
 in-service training, etc.

\$ 6,610.94

Community members volunteer hours
 w/ various Alliance projects.

4,500.00

Travel + miscellaneous supplies

1,500.00

Township (Municipal Govt.) donates:

Use of copier, postage, telephones, meeting
 rooms, printing of materials, envelopes
 + letter head, logistical support, some funding
 for school facilities.

3,500.00

Board of Education donates:

Space for meetings + special events, use of
 copy machines, etc.

1,500.00

total \$ 17,610.94

Grand total \$ 23,481.25

MUNICIPAL ALLIANCE PROGRAM SUMMARY

(use additional sheets if more space is required)

Program/Activity Name (List all activities planned)	DEDR FUNDS	CASH MATCH	IN- KIND	TOTAL
BABES	0	0	500.00	500.00
Community Pride Week	4,500.	1125.00	2000.00	7625.00
Drug/Alcohol Education/Prog.	1,500.	324.81	500.00	2324.81
D.A.R.E. Community Outreach	2,000.	500.00	2,000.00	4,500.00
"Hope Without Hope"	750.	187.50	592.50	1,530.00
Red Ribbon Week	2,000.	500.00	1,800.00	4,300.00
"The Pride" of Willingboro (newsletter)	3,800.	950.00	200.00	4,950.00
Random Acts of Simple Kindness	0.	0.00	1,000.00	1,000.00
Teen Program (year round)	5,000.	1,250.00	7,419.44	13,669.44
Hotspot Activity Centers	2,000.	550.00	500.00	3,050.00
"Talk It Out Rather Than Act It Out"	931.25	233.00	699.00	1,863.25
Teen Summit (2-days)	1,000.00	250.00	400.00	1,650.00
TOTAL	\$23,481.25	\$5870.31	\$17,610.94	\$46,962.50

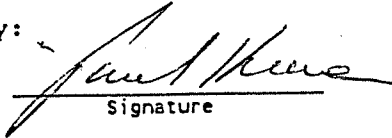
STATEMENT OF ASSURANCES

1. The activities proposed herein will be conducted in compliance with the provisions of P.L. 1989, c. 51, and in accordance with state and Federal statutes, as well as regulations and policies promulgated by either the state or Federal government.
2. All proposed prevention/early intervention efforts have been coordinated with existing services and systems in the community and demonstrate strong linkages with existing alcoholism, drug abuse and related agencies and services.
3. The activities proposed herein identify and address components of the Biopsychosocial Model.
4. The Municipal Alliance Committee has been consulted in the development of this application.
5. The proposed project is designed to be one component within a larger context of planning for alcoholism and drug prevention, education and intervention in the community.
6. The proposal includes provisions for the training of key alliance members. The municipal alliance shall consult with the County Alliance Steering Subcommittee to plan such training.
7. The municipality has committed the necessary financial resources and administrative support to accomplish the activities proposed herein.
8. The municipality shall use the proposed funding to increase the level of funds that would, in the absence of such grant funds, be made available by the municipality for the purposes described herein. In no case will funds be supplanted, nor will efforts funded pursuant to section 2 of P.L. 1983, C.531 be duplicated.
9. The municipality shall provide data to the Governor's Council on Alcoholism and Drug Abuse for the purpose of evaluating the effectiveness of the projects funded by this grant program.
10. If the use of funds changes from the uses proposed herein, the municipality shall request a budget revision pursuant to guidelines established by its County Alliance Steering Subcommittee.
11. The municipality shall keep such records and provide such information to the Governor's Council on Alcoholism and Drug Abuse and/or the County Alliance Steering Subcommittee as may be required for fiscal audit.
12. The municipality shall provide a plan to the County Alliance Steering Subcommittee to the use of unused or accrued portions of the grant. If such a plan is not presented and accepted, the municipality shall return those funds to the Governor's Council on Alcoholism and Drug Abuse.
13. The facts, figures and representations made in this application, including exhibits and attachments hereto, are true and correct to the best of my knowledge.

Representative of Municipal Governing Body:

Willingboro Township
Municipality

Paul Krane, Mayor
Name/Title


Signature

8/2/95
Date

Municipality

Name/Title

Signature

Date

Chairperson of Municipal Alliance Committee:

Ramona L. Barrientos
Name


Signature

7/23/95
Date

FISCAL REQUIREMENTS

In accepting this grant it is understood that the grantee agrees to abide by the following rules and conditions:

1. The applicant agrees to repay any portion of the amount granted which is not used for the purpose of the grant.
2. The applicant agrees to develop a comprehensive plan to provide matching funds equivalent to the amount of the award.
3. The applicant agrees to submit full and complete records on the manner in which the community intends to acquire matching funds in accordance with County Steering Subcommittee regulations.
4. The applicant agrees to submit detailed and accurate accounting of the expenditures to the funding source in accordance with County Steering Subcommittee regulations.
5. The applicant agrees to submit periodic reports of the progress made in accomplishing the purpose of the grant and the method adopted to satisfy the fundraising goals as requested by the County Alliance Steering Subcommittee.
6. The applicant agrees not to use any of the funds to directly influence legislation or the outcome of an election or to undertake any activity for any purpose foreign to the purpose of this grant.
7. In the event the applicant fails to generate matching funds at the end of the contract period, the applicant shall submit documentation explaining the failure.
8. At the end of the fiscal year in which this grant fails, the applicant shall submit a financial statement explaining its use as well as any statistics and narrative which will indicate what this grant has accomplished in accordance with County Alliance Steering Subcommittee regulations.

Paul Krane, Mayor
 Name/Title of Governing Representative

Joanne G. Diggs, Finance Director
 Name/Title of Governing Representative

 Name/Title of Governing Representative

 Name/Title of Governing Representative

Paul Krane
 Signature

Joanne G. Diggs
 Signature

 Signature

 Signature