

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 4 - PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Intervention and Prevention: Intervention services will include addressing alcohol and substance abuse in all forms such as street drugs vs. prescription drug abuse, many other forms of crisis. Individuals in crisis who get help through Robert Jamison Ministries Inc. are thereby able to make informed and safe decisions for themselves and their families. Intervention and prevention services are provided for teens, young adults, adults, businesses, businesse executives and professionals. Our interventionist will provide individualized and group services based on the need of the client. Generally, crisis intervention is needed when alcohol, drugs and other social ills are present. Robert Jamison Ministries is a source of ready solutions.

The program will begin March 1, 2015 and will be offered year round Monday through Friday from 10:00 am until 7 pm and on weekends by appointment only for emergency and crisis counseling. The program will consist of Intensive Outpatient Treatment (IOP). Intensive Outpatient Treatment (also known as IOP for "Intensive Outpatient Program") is a primary treatment program on a part-time yet intensive schedule, designed to accommodate work and family life.

The program will use the Matrix Model. The Matrix Model is an intensive outpatient treatment approach for stimulant abuse and dependence that was developed through 20 years of experience in real-world treatment settings. The intervention consists of relapse-prevention groups, education groups, social-support groups, individual counseling, and urine and breath testing delivered over a 16-week period. Patients learn about issues critical to addiction and relapse, receive direction and support from a trained therapist, become familiar with self-help programs, and are monitored for drug use by urine testing.

Other services offered will be our Dare to Care Food Pantry which will operate on Saturdays. Families will be able to pick up food items from 9 to 12 noon. This will begin in late March 2015 in partnership with Dare to Care as our site will be designated as a Dare To Care Food Pantry Site. Other programs and services we provide are Financial Empowerment Workshops, monthly advocacy sessions through out Partner participation with The Buttafly Center.

We anticipate serving 300 individuals and families via referrals from the Department of Corrections and Court Referral System. This number also includes persons coming in for mental health assessments, one on one counseling, group sessions and preventive therapy services. These services are offered six (6) days per week

In terms of Dare to Care we estimate to serving 75 families each week in providing food from our Dare to Care Food Pantry.

Family Empowerment workshops are offered quarterly serving 25 persons per each workshop on Financial Empowerment and Family Connections workshops.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

Funding will be used for rent.



LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

C: If this request is a fundraiser, please detail how the proceeds will be spent: Not Applicable
D: For Expenditure Reimbursement Only — The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances: Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment): Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application. Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.
 ■ The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement: ✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application. The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.

Page 4

Effective April 2014

Applicant's Initials <u>RG</u>



Oh behalf of the Board of Directors of ROBERT JAMISON MINISTRIES, INC., the organization has not in the past nor does it plan do any kind of proselytization in any of the programs we offer and not do we practice this in the daily operations of ROBERT JAMISON MINISTRIES, INC.

According to our Articles of Incorporation we are organized exclusively for charitable and educational purposes to provide outreach services to this community. We are not designated as a faith based organization. Although the word MINISTRIES is in our name, we are not affiliated with a church.