**Johnson County Juvenile Justice Youth Development Program**

**FY 2022 Grant Instructions**

Font size must be no smaller than 11. Proposals and budgets must follow the formats provided. Failure to do so may result in rejection of the application.

**A total of 100 points are possible. Point distribution for proposals:**

* Demonstration of Need – 10 points
* Project Overview – 15 points
* Description of Program – 40 points
* Program Work Plan – 25 points
* Budget – 10 points

**FORM A**

 **Cover Page**

**FORM B**

1. **Demonstration of Need (10 points)**
	* Identify service gaps and document needs relative to the goals and objectives. Utilize current, local data to substantiate need. Does this project duplicate any existing services in the community?
	* Describe the underserved population this program will serve (e.g. geographic area, population) and identify how they are underserved.
	* How is your organization uniquely qualified to meet the identified need?
2. **Project Overview (15 points)**
	* Summarize the proposed project
	* Identify the strategies/programming to be provided
	* Describe how the proposed strategies/programming will meet the identified needs. For programs that are currently operating, discuss if and how the need has changed over time and the program’s response to the changing need.
	* How is your organization uniquely qualified to provide the proposed services? Describe the staff qualifications for this project. Job descriptions for primary roles may be included as attachments.
3. **Description of Program or Service (40 points)**
* Describe the specific proposed services/activities to be provide. Include:
	+ the population to be served, eligibility requirements;
	+ referral and selection process;
	+ specific program activities and time frames;
	+ the research-based, evidence-based practice methods that will be utilized with fidelity
	+ explain how the proposed program incorporates a trauma informed approach
	+ location and facilities to be used, hours of operation
		- * Describe the risk factors associated with your target population and the protective factors your program will address.
			* Describe how this program will meet the specific needs of the underserved population identified above.
			* For existing programs, has the program been proven effective in reducing juvenile delinquency? Summarize outcomes that have been achieved by this program or services. *Be as specific as possible and include supporting data if available.*
			* How will you collaborate with other providers, schools, etc. to coordinate services, avoid duplication and ensure efficient and successful outcomes for youth and families?
			* Describe how the program will target minority populations and address the disproportionate minority contact with special emphasis on African American youth.
			* Describe how the program or service will provide access for geographically isolated or otherwise hard-to-reach youth.

**FORM C**

1. **Project Work Plan and Evaluation (25 points)**
* Provide a project goal related to positive youth development and juvenile delinquency prevention.
* SMART = Specific, Measurable, Achievable, Realistic, Timely
* Outline objectives that are specific and measurable and related to the project goal
* Outline specific activities.
* Objectives must be timely and achievable by June 30, 2022.
* Describe Performance Measures. Performance Measures must be measurable and include output/quantity, quality/efficiency, and outcomes.
* Describe any measurement tools you will use to monitor progress and achievement of outcomes Include when the tools will be utilized, who completes the tool, and how progress is measured. Specific tools may be included as attachments.

**FORM D**

 **5. Budget (10 points)**

* Attach a complete and detailed budget sheet, using the budget format provided. Be sure to include and specify other sources of support for your program, e.g. grants, in-kind, etc.
* Include a budget for each project partner.
* Provide a budget narrative that includes:
	1. Budget justification including number of staffing hours and wages;
	2. Description of other sources of funding and support for the program;
	3. Describe plans for future funding and support of the program.

**FORM E**

**Letters of Commitment**

* Include letters of commitment or *Cooperating Agency Agreement* for all project partners

**ATTACHMENTS (optional)**

 May include:

* Key staff job descriptions
* Evaluation tools

**FORM A**

Johnson County Juvenile Justice Youth Development Program

Request for Proposals: FY 2022

Deadline: To: Laurie Nash

Friday, August 6, 2021 4:00 p.m. Johnson County Social Services

Submit an electronic and one hardcopy 855 S. Dubuque St. Suite 202B

 Iowa City, IA 52240

 **socialservices@johnsoncountyiowa.gov**

Name of Organization:

Title of Grant/Program:

Contact Person:

Address:

Telephone:

E-mail:

Amount of Request:

Program Time-period (Start date/Finish date):

Tax ID:

*Provide a two - three sentence description of proposed pr*oject:

Authorizing Signature & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM B**

1. **Demonstration of Need** *(10 points, 2- page limit)*
	* Identify service gaps and document needs relative to the goals and objectives. Utilize current, local data to substantiate need. Does this project duplicate any existing services in the community?
	* Describe the underserved population this program will serve (e.g. geographic area, population) and identify how they are underserved.
	* How is your organization uniquely qualified to meet the identified need?

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1. **Project Overview** *(15 points, 2- page limit)*
	* Summarize the proposed project
	* Identify the strategies/programming to be provided
	* Describe how the proposed strategies/programming will meet the identified needs. For programs that are currently operating, discuss if and how the need has changed over time and the program’s response to the changing need.
	* If applicable**,** summarize outcomes that have been achieved by this program or service. Be as specific as possible and include supporting data if available.
	* How is your organization uniquely qualified to provide the proposed services? Describe the staff qualifications for this project. Job descriptions for primary roles may be included as attachments.

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1. **Description of Program or Service** *(40 points; 5 - page limit)*
* Describe the specific proposed services/activities to be provided. Include:
	+ the population to be served, eligibility requirements;
	+ referral and selection process;
	+ specific program activities and time frames;
	+ the research-based, evidence-based practice methods that will be utilized with fidelity
	+ explain how the proposed program incorporates a trauma informed approach
	+ location and facilities to be used, hours of operation
		- * Describe the risk factors associated with the target population and the protective factors your program will address.
			* Describe how this program will meet the specific needs of the underserved population identified above.
			* For existing programs, has the program been proven effective in reducing juvenile delinquency? Summarize outcomes that have been achieved by this program or services. *Be as specific as possible and include supporting data if available.*
			* How will you collaborate with other providers, schools, etc. to coordinate services, avoid duplication and ensure efficient and successful outcomes for youth and families?
			* Describe how the program will target minority populations and address the disproportionate minority contact with special emphasis on African American youth.
			* Describe how the program or service will provide access for geographically isolated or otherwise hard-to-reach youth.

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**FORM C**

1. **Project Work Plan and Evaluation**

*Form may be duplicated (25 points)*

**EVALUATION**

* Provide a project goal related to positive youth development and juvenile delinquency prevention
* **SMART = Specific, Measurable, Achievable, Realistic, Timely**
* **Objectives** must be specific and measurable and related to the project goal
* **Activities** must be specific
* **Performance Measures** must be measureable and should include

- Output\Quantity: Numbers of activities/services provided and youth/families served

- Quality/Efficiency: Percentage of how well was it done

- Outcomes: Percentage of how are people better off

* Objectives must be achievable by June 30, 2022.
* Describe any measurement tools you will use to monitor progress and achievement of outcomes. Include when the tools will be utilized, who completes the tool, and how progress is measured. Specific tools may be included as attachments.

**FORM C**

**Project Work Plan**

**Project Goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **SMART Objectives** | **Specific Activities** | **Performance Measures** | **Who is Responsible** | **Timeline** |
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**FORM D: BUDGET**

*Budget Shall Cover the period from October 1, 2021 – June 30, 2022*

*Detail expenses in each category (10 points)*

**Project Name:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Expenses** | **Grant Funds Requested**  | **Other Funds**Identify Sources | **In- Kind** |
| 1) Project Personnel |  |  |  |
| 2) Fringe Benefits |  |  |  |
| 3) Participant Supports |  |  |  |
| 4) Program Supplies |  |  |  |
| 5) Equipment |  |  |  |
| 6) Contractual |  |  |  |
| 7) Transportation |  |  |  |
| 8) Other/Indirect |  |  |  |
| TOTAL |  |  |  |

**Budget Narrative and Justification:**

* If you are seeking a per-unit reimbursement (e.g. per class, per participant) briefly describe what is included in calculating that cost
* Personnel justification including number of staffing hours and wages
* Description of participant supports (e.g., food, incentives), program supplies (e.g. handouts, flyers, materials), and any necessary equipment
* Description of specific proposed contractual expenses
* Identify number of miles and mileage rate
* If you are seeking administrative or indirect costs, identify them as a percentage of billed direct expenses
* Description of other sources of funding and support for the program
* Describe plans for future funding and support of the program

**FORM E**

**Cooperating Agency Agreement**

This form must be completed by any organization, agency or entity that:

* Partners to implement proposed project, AND/OR
* Provides cash or in-kind match, AND/OR
* Receives any funds from the overall project budget

*This form may be duplicated as necessary.*

Name of agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agrees to provide the following services specified in the attached proposal:

Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENTS (OPTIONAL)**