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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2** | **0** | **2** | **2** | - | **J** | **J** | - |  |  |  | - |  |  |  |  |

*(above section to be completed by OJPP)*

**Franklin County FY 2022 Title II Application**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Program Title | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 2. Project Period | | | | | | Start Date | | | |  | | | | | | | End Date | | | | |  | | | |
| 3. Type of Application | | | | | | New | | | | |  | | | | | | Continuation | | | | | |  | | |
| Positive Youth Development (PYD) | | | | |  | | | | | | Racial and Ethnic Disparities (RED) | | | | | |  | | |
| 4. Budget Summary | | | | | | Funds Requested | | | | | | | | | | | $ | | | |  | | | | |
| 5. **Project Director Information**—the project director is the person responsible for project management and the primary point of contact for OJPP staff. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prefix | |  | First Name | | | |  | | | | | | | Last Name | | | | |  | | | | | | |
| Position Title | | |  | | | | | | | | | Agency | | | | | | |  | | | | | | |
| Address | | |  | | | | | | | | | City | | | |  | | | | | | | | Zip |  |
| Area Code and Phone | | | | |  | | | | | | | Area Code and Fax | | | | | | | |  | | | | | |
| Email Address | | |  | | | | | | | | | County | | | | | |  | | | | | | | |
| 6. **Implementing Agency Information**—the implementing agency is the agency that will operate the project. Please list the agency’s Director or President. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prefix | |  | First Name | | | | |  | | | | | | | Last Name | | | |  | | | | | | |
| Position Title | | |  | | | | | | | | | | Agency | | | | | |  | | | | | | |
| Address | | |  | | | | | | | | | | City | | |  | | | | | | | | Zip |  |
| Area Code and Phone | | | | |  | | | | | | | | Area Code and Fax | | | | | | |  | | | | | |
| Email Address | | |  | | | | | | | | | | County | | | | |  | | | | | | | |
| 7. **Subgrantee Information**—the subgrantee is the unit of local government that will serve as the fiduciary agent for the subgrant. Please list the CEO. Private agencies and state supported universities may act as their own subgrantee. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Prefix |  | | First Name | | | | |  | | | | | | | Last Name | | | |  | | | | | | |
| Position Title | | |  | | | | | | | | | | Agency | | | | | |  | | | | | | |
| Address | | |  | | | | | | | | | | City | | |  | | | | | | | | Zip |  |
| Area Code and Phone | | | | |  | | | | | | | | Area Code and Fax | | | | | | |  | | | | | |
| Email Address | | | |  | | | | | | | | | County | | | | |  | | | | | | | |
| Subgrantee Congressional District(s) | | | | | | | | |  | | | | DUNS Number | | | | | | | | |  | | | |

**Problem Statement**

|  |
| --- |
| Describe the issue/problem or condition to be improved upon. This may include the conditions in the geographic area, community, or family, and must detail the impact on the targeted youths. Relevant and up to date statistics or other data should be used to substantiate the problem. |
|  |

**Program Description**

|  |
| --- |
| Provide a detailed description of the program to be implemented and explain how it provides a solution to the problem. Please refer to Page 5 of the solicitation guidelines for the criteria that should be included. |
|  |

**Program Description** (Continued)

|  |
| --- |
| Provide a detailed description of the program to be implemented and explain how it provides a solution to the problem. An additional page may be inserted if needed. |
|  |

**Targeted Geographic Area**

|  |
| --- |
| Explain why the geographic area was selected as the target and how the area will be impacted. Describe whether the activity will target a city, a community/neighborhood, a zip code, or a specific school or school district. Include detail about the city/community conditions and any demographic information relative to the targeted area. |
|  |

**Targeted Youths**

|  |  |  |  |
| --- | --- | --- | --- |
| Describe the targeted youths in the geographic area who will receive the program or services, or who will benefit from the system improvement. ***Other races may be incidental only.*** Youth must be between the ages of 10 and 17 and be at high risk of arrest due to specific risk factors and behaviors. | | | |
| **Race/Ethnicity** | | **Juvenile Justice Status** | |
| American Indian or Alaska Native |  | At Risk Population (no prior offense) |  |
| Asian |  | First Time Offenders |  |
| Black or African American |  | Repeat Offenders |  |
| Hispanic or Latino (of any race) |  | Sex Offenders |  |
| White or Caucasian |  | Status Offenders |  |
| Native Hawaiian and Other Pacific Islander |  | Violent Offenders |  |
| Two or More Races |  | Delinquency Offenders |  |
| Other Race, Ethnicity, or Origin |  |  | |
| **Age** | | **Other Indicators** | |
| 10 – 11 |  | Mental Health |  |
| 12 – 13 |  | Teen Pregnancy |  |
| 14 – 15 |  | Substance Misuse/Abuse |  |
| 16 – 17 |  |  | |
| **Geographic Information** | | **Gender Identity** | |
| Suburban |  | Male |  |
| Urban |  | Female |  |
|  | | Other Gender Identity(s) |  |
|  | | | |
| **TOTAL YOUTHS TO BE SERVED** |  |  | |
|  | | | |

**Outreach and Referral**

|  |
| --- |
| Explain how youth will be identified and recruited for participation in the program or service. Describe any outreach activities, referral sources, assessments, or other resources that will be used to reach minority youth and/or to ensure the most appropriate youth participate or benefit from system improvement. |
|  |

**Special Requirements**

|  |
| --- |
| Identify the evidence-based or promising program or practice selected. Demonstrate knowledge of adolescent development, demonstrate an understanding of trauma informed care, and explain the plan to engage families in services to youths. Explain plans for implementing a pre/post test. |
|  |

**Organizational Experience, Abilities, and Sustainability Plan**

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| --- |
| Describe the experience and abilities of the applicant organization and program staff, and any contractors that may be used a part of program activities. Describe strategic leveraging of funding to ensure sustainability. |
|  |

**Performance Measures**

|  |
| --- |
| Indicate target performance measures and describe how data for OJJDP’s predetermined performance measures will be collected and progress will be measured. |
| **Youths Served** – The number of program youths served. |
|  |
| **Protective Factors –** The number of receiving and demonstrating desired change in the areas of self-esteem, family relationships, social competencies, school engagement, mental health, and substance misuse/abuse. Please specify area(s) of desired change that will be measured. At least one is required. |
|  |
| Productive Lives – The number of youths receiving a high school diploma, and the number of youths obtaining employment. |
|  |
| Prevention and Intervention – The number of youths sent to a detention facility, the number of youths adjudicated for a first time or subsequent status and/or delinquency offense, and the number youths assigned a new court ordered condition and/or violating a court ordered condition. |
|  |
| **Victimization –** The number of youths victimized for the first and/or subsequent times. |
|  |
| Program Quality – The number of youths complete program requirements. Please define how program completion is defined. |
|  |

**Nexus to Franklin County Rise Together Blueprint for Addressing Poverty**

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| --- |
| Demonstrate how the proposed initiative works to directly support the poverty reduction efforts and recommendations as set forth in the Blueprint. |
|  |

###### Detailed Budget

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1. Salaries for Personnel** | | | | |
| Name | Title | Number of Hours | Hourly Rate | Total Salary |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Salaries for Personnel Total $ | | | |  |
| **1a. Narrative Justification for Salaries for Personnel** | | | | |
|  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **2. Fringe Benefits** | | | |
| Fringe Benefits | Annual Rate (%) | Eligible Wage | Total Employer Share |
| PERS (most recent rate) |  |  |  |
| FICA (private agencies) |  |  |  |
| Pension |  |  |  |
| Health Insurance |  |  |  |
| Unemployment Compensation |  |  |  |
| Other |  |  |  |
| Workers Comp. is unallowable |  |  |  |
| Fringe Benefits Total $ | | |  |
| **2a. Narrative Justification for Fringe Benefits** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **3. Consultant Services** | | | |
| Name | Number of Hours | Hourly Rate | Total Salary |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Consultants Total $ | | |  |
| **3a. Narrative Justification for Contracts and Purchased Personal Services** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. Contracts, and Purchased Services (Other than consulting)** | | | |
| Name | Number of Hours | Hourly Rate | Total Salary |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Contracts and Purchased Services Total $ | | |  |
| **4a. Narrative Justification for Contracts and Purchased Services** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **5. Travel Expense** | | | |
| a. Automobile | | | |
| Automobile | Number of Miles | Cost Per Mile | Total Cost |
|  |  | .50 |  |
| b. Commercial | | | |
| Type | Destination | Fare | Total Cost |
|  |  |  |  |
| c. Meals and Lodging | | | |
| Per Deim | Number of Days | Rate | Total Cost |
|  |  |  |  |
| d. Other Travel Related Expenses | | | |
| Item | Number of Items | Rate | Total Cost |
|  |  |  |  |
| e. Travel Expense Total $ | | |  |
| **5f. Narrative Justification for Travel** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **6. Equipment** | | | |
| Items to be Purchased | Quantity | Unit Price | Total Cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Equipment Total $ | | |  |
| **6a. Narrative Justification for Equipment** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **7. Supplies** | | | |
| Items to be Purchased | Quantity | Unit Price | Total Cost |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Supplies Total $ | | |  |
| **7a. Narrative Justification for Supplies** | | | |
|  | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **8. Other Costs Charged to Subgrant** | | | |
| Other Charges | Cost |  | Total Cost |
| Rent/Facilities |  |  |  |
| Telephone |  |  |  |
| Utilities |  |  |  |
| Bookkeeping/Clerical |  |  |  |
| Maintenance |  |  |  |
| Copying/Printing |  |  |  |
| Other (specify) |  |  |  |
| Other Costs Total $ | | |  |
| **8a. Narrative Justification Other Costs Charged to Subgrant** | | | |
|  | | | |

|  |  |
| --- | --- |
| **9. Total Budget by Category** | |
| Category | Total Amount |
| Personnel |  |
| Fringe Benefits |  |
| Consultants |  |
| Contract and Purchased Services |  |
| Travel |  |
| Equipment |  |
| Supplies |  |
| Other Costs |  |
| Total Budget by Category $ |  |
| **TOTAL FUNDING REQUESTED** |  |

|  |
| --- |
| **10. Financial Resources** |
| 1. What other funding sources outside of the Title II grant funds will support the proposed grant project/program? 2. What percentage of the total annual project/program budget would Title II grant funds support, if awarded? \_\_\_\_\_ % 3. What percentage of your total annual organizational budget would be supported with Title II grant funds, if awarded? \_\_\_\_\_ % |