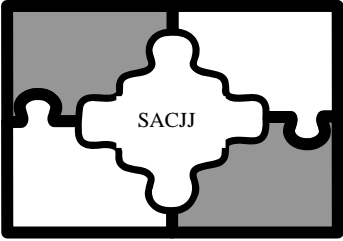


SECTION 1: COVER SHEET

		<p>WYOMING STATE ADVISORY COUNCIL ON JUVENILE JUSTICE Department of Family Services Division of Juvenile Services 2300 Capitol Avenue, 3rd Floor Cheyenne, WY 82002 307-777-5536</p>		<p>For SACJJ use ONLY:</p>	
<p>2. Type of Application (check one)</p> <p><input type="checkbox"/> Initial <input type="checkbox"/> Continuation</p> <p>If continuation, previous grant #:</p>		<p>3. Agency Type (check one)</p> <p><input type="checkbox"/> Tribal Organization <input type="checkbox"/> City</p> <p><input type="checkbox"/> County <input type="checkbox"/> Town</p>		<p>1. Implementing Agency Name & Address:</p> <p>c/o Applicant Agency:</p>	
<p>4. Phone number: _____ Fax number: _____</p>		<p>5. Beginning & Ending Dates of Program:</p>		<p>6. Type of Agency: (Check one)</p> <p><input type="checkbox"/> Law Enforcement <input type="checkbox"/> Pretrial Services <input type="checkbox"/> Victim Assistance</p> <p><input type="checkbox"/> Corrections <input type="checkbox"/> Prosecution <input type="checkbox"/> Juvenile</p> <p><input type="checkbox"/> Adjudication <input type="checkbox"/> Public Defense <input type="checkbox"/> Other</p>	
<p>E-mail Address: _____</p>		<p>7. Will this award (check one)</p> <p><input type="checkbox"/> Enhance an Existing Program</p> <p><input type="checkbox"/> Initiate a New Program</p>		<p>8. Grant program are you requesting:</p> <p style="font-size: 1.2em; font-weight: bold;">Title V Community Prevention Grant Program</p>	
<p>9. Counties Served</p>		<p>10. Federal Tax Identification Number</p>		<p>11. Title which <i>describes</i> the program to be funded:</p>	
<p>13. Budget Summary</p>		<p>Total Project Costs</p>		<p>Federal Grant Funds</p>	
<p>A. Personnel</p>					
<p>B. Contracted Fees</p>					
<p>C. Operating Expenses</p>					
<p>D. Travel/Training</p>					
<p style="text-align: center;">Column Totals</p>					
<p>14. *Name of Official Authorized to Sign</p>		<p>15. **Name of Program Director</p>			
<p>16. Signatures</p>		<p>For DFS/SACJJ use ONLY</p>			
<p>Authorizing Official</p>		<p>Program Director</p>		<p>Approval Signature Date</p>	

* (e.g. Mayor, County Commissioner)

** This is the individual responsible for the day-to-day management of the grant program

Section 2: PROGRAM AREA CHECKLIST

The Office of Juvenile Justice and Delinquency Prevention require all projects to identify the purpose for which these funds will be used on the table below. You must account for 100% of the requested funds in one purpose area.

Program Area		
1	Child Abuse and Neglect Programs	\$
2	Children of Incarcerated Parents	\$
3	Delinquency Prevention	\$
4	Disproportionate Minority Contact	\$
5	Diversion	\$
6	Gangs	\$
7	Gender-Specific Services	\$
8	Gun Programs	\$
9	Hate Crimes	\$
10	Job Training	\$
11	Mental Health Services	\$
12	Mentoring	\$
13	Native American Programs	\$
14	Restitution/Community Service	\$
15	Rural Area Juvenile Programs	\$
16	School Programs	\$
17	Substance Abuse	\$
18	Youth Courts	\$

Section 3: GEOGRAPHIC INFORMATION

In the space below, clearly identify the following: (a) written description of the streets/roads bounding each service area, (b) the street address of where the services will be provided (if a street address is not available, the intersection closest to the site will be described); and (c) a map of the service area as an attachment to the grant application.

Section 4: PROJECT SUMMARY (Limit to one page.) In the space below, provide a brief summary description of your risk and protective factor assessments, proposed strategy, and project proposal. The Summary should clearly describe the applicant and its role in the strategy, as well as the nature and role of other agencies or offices to be involved in the strategy's implementation. Letters of commitment from each agency participating in the project must be attached.

Problem Statement (risk/protective factors assessments)
Project Description (include numbers served)
Objectives
Programmatic Activities
Participating Agencies
Plans for Supplemental and Future Funding of the Project

Section 5: MATCHING FUNDS

Title V grants require 50% match. In the space below, describe the source, amount and nature of your proposed cash and in-kind match. If matching funds are to be provided by an entity other than the applicant, letters of commitment from the funding source must be attached. Should matching funds be in the form of grants, contracts, or other such agreements that were entered into by the applicant with a funding source prior to the submission of this application, letters from the funding source must be included which clearly indicate their commitment to allow their funds to be used to support the services or activities being proposed as a part of your delinquency prevention project.

SOURCE	AMOUNT	NARRATIVE

Section 6A: DESCRIPTION OF PREVENTION POLICY BOARD

In the spaces below, identify the make-up of the Prevention Policy Board (PPB) by listing members' names and the offices, agencies or areas they represent. The Board must have at least 15 members, but no more than 21.

PREVENTION POLICY BOARD

NAME	TITLE	OFFICE
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		

Section 6B: PREVENTION POLICY BOARD NARRATIVE

Provide a narrative description of the nature and role of the PPB in the identification of risk and protective factors, existing resources, and strategy. Include letters of commitment from each PPB member and their contribution.

Section 7: ASSESSMENT OF RISK AND PROTECTIVE FACTORS

Provide statistics documenting identified risk and protective factors. Include data from the SMART system (<http://smart.gismapping.info/smart/UserLogin.aspx?ReturnUrl=%2fsmart%2fdefault.aspx>). Data from other official sources (.e.g. school district, units of local government, state government, federal government or institution of higher learning) may also be included. Limit of three pages.

Section 8: ASSESSMENT OF RESOURCES

In the space below, identify the available resources and promising approaches and how they address identified risk and protective factors. Include federal, state, local, and private resources along with an assessment of gaps in needed resources, and a description of how to address them.

Section 9: COMMUNITY READINESS AND COMMUNITY MOBILIZATION

In the space below, clearly identify the following: (a) physical boundaries of the neighborhood or community to be served by your project, (b) readiness of the community to participate in your project including evidence of coordination with other relevant planning efforts, identified level of readiness, process for improving community readiness, and (c) evidence of community-wide consensus for the services and activities proposed for your project.

Section 10A: PROPOSED THREE YEAR STRATEGY

Please describe your proposed three year strategy, including goals, objectives, and a timetable for mobilizing the community to assume responsibility for delinquency prevention. **Goals** should describe what you expect your project to achieve when it is completed. Goals need to be both realistic and achievable. **Objectives** identify what your agency will do to reach the project goals. They are the short-term results produced by the project that together will lead to the accomplishment of the goals.

Section 10B: PROPOSED THREE YEAR STRATEGY - RISK & PROTECTIVE FACTORS LOGIC MODEL

The table below should be used to create a risk and protective factor based logic model for your proposed program. The logic model should show: 1) the proposed program targets no more than six risk or protective factors; 2) the targeted factors are problematic in the geographical area or with the specific population that the program targets; 3) the interventions that will be used have been empirically shown to impact the targeted factors; 4) the program intensity and length is sufficiently strong that the targeted factors are likely to show change.

Risk and Protective Factor Logic Model					
Targeted Factor	Rationale	Intervention			
		Name	Length (weeks)	Frequency (times per week)	Duration (hours)

Section 11: Performance Measurement Data Collection Plan

Performance measures explain how you plan to measure the project objectives. The Office of Juvenile Justice and Delinquency Prevention requires funded projects to identify and report on select performance measures from OJJDP's performance measurement system and develop a data collection plan that specifies which measures will be collected and how they will be measured. Projects are required to report: 1) All mandatory and two optional output measures, and 2) All mandatory and two optional outcome measures. (OJJDP Performance Measures are found at: http://www.dsgonline.com/Program_Logic_Model/titlev_pm.htm . Mandatory measures are in **bold.**)

Program Name: _____

Program Area: _____

MEASURE & #	DEFINITION	FREQUENCY OF COLLECTION	RESPONSIBLE FOR COLLECTION	INSTRUMENT / DATA SOURCE	DATA SOURCE (UNIT AND/OR AGENCY)	HOW PROCESSED OR RETRIEVED
OUTPUT MEASURES						
Mandatory Measures						
Non-Mandatory Measures						
OUTCOME MEASURES						
Mandatory Measures						
Non-Mandatory Measures						

Section 12: TARGET POPULATION

A. TARGET POPULATION DESCRIPTION:

Provide a description of the population of youth who will participate in the project. Exclusionary criteria must be provided defining the types of youth who are not appropriate for the program.

Check all that apply to the project's service population:

Justice Related Criteria: Not Applicable At-Risk Population (no priors) First Time Offenders
 Sex Offenders Status Offenders Violent Offenders
 Repeat Offenders

Age: Not Applicable Under 11 12-13 14-15 16-17

Geographic: Not Applicable Rural Suburban Tribal Urban

Populations Served: Truant/Dropout Mental Health Pregnant Substance Abuse
 Not Applicable

B. ESTIMATED NUMBERS TO BE SERVED BY PROJECT (use raw numbers, not percentages):

Gender	Ages
Males _____	_____ To _____
Females _____	_____ To _____

OJJDP requires each state to examine the disproportionate confinement of minorities in the juvenile justice system and to develop a plan to address the problem. The following data assists the state in identifying any programs that serve this population.

C. ESTIMATED NUMBER OF YOUTH TO BE SERVED (use raw numbers, not percentages):

Race/Ethnicity	Totals	Male	Female	Age Ranges
White				
Black/African American				
American Indian & Alaska Native				
Asian				
Native Hawaiian & other Pacific Islander				
Two or More Races				
Hispanic Origin (of any race)				
GRAND TOTALS				

D. DESCRIBE SERVICES PROVIDED SPECIFICALLY FOR MINORITIES:

Demonstrates extensive knowledge of the barriers that minority clients face. Show how they are appropriately addressed and removed. *Demonstrate how the project will ensure staff's cultural competency.* Demonstrate extensive knowledge of specific cultural characteristics of the target population.

Section 13A: PROJECT DESIGN AND MANAGEMENT

Explain what will make your program work. Cite relevant research to show that the program strategy is effective. Explain each step or phase of the project in the following areas: project activities, staffing, and collaboration.

Is the project an evidence based program? YES NO

If yes, cite source here: _____

Cite the name of the evidence based model to be implemented: _____

Section 13B: WORK PLAN AND TIMETABLE

Provide a detailed WORK PLAN, using the chart below, giving a month by month description of activity for the time period covered by this application. You must include the following (table will expand to fit):

- Activities necessary to achieve objectives
- Timetable for completion of each activity
- Staff position or consultants to be assigned to each activity
- Location where the activity will occur

Calendar Months	Activities	Assigned Position	Location

**Section 14:
BUDGET MATRIX AND NARRATIVE**

Category	In-Kind Match	Cash Match	Grant Funds	Total
Personnel				
Consultants				
Equipment / Supplies/ Operating				
Travel & Training				
Total				

FISCAL OFFICER (IMPLEMENTING AGENCY)

(Name, title, mailing address and zip code, area code and phone, fax, e-mail)

SALARIES AND FRINGE BENEFITS

This section is for full or part-time salaried employees. Employees who are not on the payroll are classified as consultants. If known, list name of individual. If a person has not been hired, type "vacant" and give the title of the position. "Number of Hours" refers to total hours spent on the grant implementation. **Do not request grant funding for an employee who is already on the payroll unless the original position held by that person will be filled by a new employee.** *Salaries may not exceed those normally paid for comparable positions in the community or the unit of government associated with the project.* The hourly rate for personnel salaries can be determined on the basis of 8 hours per day, 40 hours per week, 173.33 hours per month, or 2,080 hours per year. Paid vacation and sick leave are allowable expenditures, but *must not exceed the time that is normally allowed by the agency or unit of government associated with the project.* All leave earned must be used or paid during the period of the grant. See Guidelines for additional information regarding overtime restrictions.

Name	Title	# Hours	Hourly Rate	Total Salary
Salary Subtotal				

EMPLOYER'S SHARE OF FRINGE BENEFITS

Fringe benefits are to be based on the employer's share only. Enter the percentage of monthly rate for each fringe benefit, the total wage amount, the number of months, if applicable, and the total amount of the employer's share of benefits. Fringe benefit base wage amounts for part-time employees must be prorated according to the percentage of total time spent with each employer. "FICA", "Pension", "Health Insurance", "Workers Compensation", and "Unemployment Compensation" are matters that should be reviewed by the applicant's fiscal or personnel officer before completing this part of the application.

Fringe Benefits	% or Monthly Rate	Eligible Wage Amount or Number of Months	Total Employer's Share of Fringe Benefits
FICA			
Pension/Medicare			
Health Insurance			
Worker's Comp			
Unemployment Comp			
Other (explain)			
Other (explain)			
Fringe Subtotal			\$

Grant Funds Requested	Match Provided (if applicable)	Personnel Total
\$	\$	\$

BUDGET NARRATIVE/PERSONNEL

Provide a brief description of the duties of personnel charged to this project, including educational background and prior work experience. If administrative personnel not engaged in the day-to-day activities of the project are included in this budget, explain why they are essential to the project's operation.

PERSONNEL	NARRATIVE

CONSULTANTS

Persons with specialized skills who are not on the payroll are considered consultants. **When a consultant is known, a resume listing the consultant’s qualifications and contract must accompany the application.** However, if the position is vacant and the project receives funding, this information must be forwarded to UBJJ/CCJJ when a contract with the consultant is signed. All procurement transactions whether negotiated or competitively bid without regard to dollar value shall be conducted in a manner so as to provide maximum open and free competition. Describe the procedure to be used in acquiring the consultant (i.e., small purchase procedures, competitively sealed bids, non-competitive negotiation, etc.)

Consultant Name	Services to be Provided	# Hours	Hourly Rate	Total Cost

Consultant Expenses
 (May include travel, training, food, lodging, and other allowable incidental travel costs.)

Consultant Fee Justification
 (Include the basis of selection and method of procurement. Any sole source consultant requires prior approval from DFS.)

Grant Funds Requested	Match Provided (if applicable)	Consultants Total
\$	\$	\$

OPERATING EXPENSES:

Although the focus on our grants is to provide services, it is understood some operating expenses outside of services are necessary. Please itemize below your projected expenses in phone service, custodial services, bookkeeping, expendable office supplies, photocopying and printing. All expenses should relate to the grant funding. If an expense such as bookkeeping is shared with other funding sources, then the pro-rate amount charged to this grant must be explained and accounted for throughout the grant period. Any supply and printing expenditures between the range of \$1,500 and \$7,500 require obtaining three bids. If the lowest bid is not used, then an explanation is required. Long term liabilities such as rent, equipment purchases or leases are not funded through this grant. These expenses can be used toward in-kind contributions.

Item	Cost	Time Period	Total
Rent-Facilities	N/A		
Telephone			
Non-consultant Contract Help			
a. Bookkeeping/Audit			
b. Maintenance			
c. Supplies			
Auto Lease/Short-Term Rental	N/A		
Equipment Lease/Short-Term Rental	N/A		
Photocopying			
Printing			
Grant Management Costs (In-Kind)			
Other (Specify)			
Other (Specify)			
Other (Specify)			

Procurement Method to be Used (cell will expand)

Operating Expenses Justification and Narrative: Justify the purpose and use of each item noted above.

Grant Funds Requested	Match Provided (if applicable)	"Other" Total
\$	\$	\$

TRAVEL & TRAINING

Grant related *travel charges must not exceed the rates usually allowed by the relevant unit of government or agency* involved in the project. "Per Diem" includes food and lodging. Meals provided gratis must be deducted from the per diem rate allowed. The "Other" category includes parking, telephone, or other allowable incidental travel costs. (This applies to agency employees only, not consultants.)

Vehicle	# Miles	Mileage Rate	Total
Air, Bus, etc.	Destination	Fare	Total
Per Diem	# Days	Per Diem Rate	Total
Conference Registration	# People	Rate	Total
Other			Total

Travel and Training Justification and Narrative

Grant Funds Requested	Match Provided (if applicable)	Travel & Training Total
\$	\$	\$

LETTERS OF PARTICIPATION

Applicants must submit a Letter of Participation from each local agency or organization that is involved with the project, contributing resources, or making referrals (e.g., courts, treatment programs, shelters). Applicants should refer to the appropriate category in the Guidelines to ensure that appropriate letters are included. Failure to submit the appropriate Letters of Participation may remove the application from further funding consideration. List below the agencies providing letters of participation and the number of referrals, if applicable. If an additional page is needed, insert before page 25 and number it 24a.

Participating Agency Name and Role	Projected # of Referrals (if applicable)

Attach copies of each letter to all copies of the application.

LETTER OF PARTICIPATION FORMAT

All responses must show active cooperation with the applicant and with the project and must use the format below.

Please do not solicit or include letters of support. Each participating agency should use its letterhead and this format.

To: Wyoming State Advisory Council on Juvenile Justice

From: (Participating Agency)

Re: (Project Name)

Date: (Must be current dated letter)

We hereby commit to providing the following services or referrals to further the objective of _____ project:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Authorized Signature

Typed Name

Title