

Ohio Department of Youth Services

1. Program Title																	
2. Project Period		Start Date			January 1, 2019					End Date			December 31, 2019				
3. Type of Application		New								State							
		Continuation			NA					Local							
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 DYS 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															
Subgrantee Signature																	

1. Problem Statement

Define the problem, relative to minority youth, and the desperate number of arrests, delinquent behaviors, or contact with the juvenile court. The narrative should detail the severity of the problem and demonstrate the need for the program. The problem statement should contain clear concise information to include quantitative and qualitative facts and data.

2. Program Description

Provide a detailed description of how the program will reduce juvenile arrests, reduce juvenile delinquency, and/or reduce disparity in the juvenile justice system. The program, service, or system improvement activity must have a logical connection to the problem and have the potential to lessen the problem. Include specific information about the program/service location, how often activities will take place, and the roles of personnel and contractors. If the program is evidence based, please include the appropriate citations.

2. Program Description (Continued)

Provide a detailed description of how the program will reduce juvenile arrests, reduce juvenile delinquency, and/or reduce disparity in the juvenile justice system. The program, service, or system improvement activity must have a logical connection to the problem and have the potential to lessen the problem. Include specific information about the program/service location, how often activities will take place, and the roles of personnel and contractors. If the program is evidence based, please include the appropriate citations.

3. 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.

4. Targeted Youth

Describe the minority youth, in the targeted 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.

Population		Juvenile Justice	
American Indian		At risk Population (no prior offense)	
Asian		First Time Offenders	
Black African American		Repeat Offenders	
Hispanic or Latino (of any race)		Sex Offenders	
Native Hawaiian and Pacific Islander		Status Offenders	
Other Race		Violent Offenders	
Age		Other Juvenile Justice	
10 – 11		Mental Health	
12 – 13		Pregnant	
14 – 15		Substance Abuse	
16 – 17			
Gender		Geographic Information	
Male			NA
Female		Suburban	
		Urban	
TOTAL MINORITY YOUTH TO BE SERVED			

5. 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 (at-risk) youth participate or benefit from system improvement.

6. Collaboration

Provide a list of agencies that will collaborate to reduce juvenile arrests, reduce juvenile delinquency, and/or reduce disparity in the juvenile justice system. Describe each agency's contribution to the program. Agencies must collaborate with the juvenile court for the purpose of data collection (at a minimum).

AGENCY NAME	ROLE OF COLLABORATIVE AGENCY

7. Program Logic

Describe how the proposed program has a logical connection to the problem, geographic area, and target population. How will the program reduce juvenile arrests or decrease disparity in the juvenile justice system?

8. Organizational Capacity

Describe the capabilities of the organization and human resources that will implement the program or system improvements. Include areas of expertise and explain why the agency is suited to provide the activities outlined in the application.

9. Community Barriers

Describe any barriers or factors in the community that may influence the success of the proposed program, service, or system improvement, and describe how those barriers will be addressed and overcome.

10. Work Plan and Timetable

Outline the major activities in chronologically order with estimated dates of when the activity will begin and end. If the activity is ongoing, show ongoing in the “End Date” column.

Start Date	End Date	Activity

11. Outcome Measures

OJJDP has a predetermined outcome and output measures for which data must be collected and reported quarterly to DYS and annually to OJJDP. Recipients must explain how the required data will be collected for each measure and how records will be maintained

1. The total number of minority youth served or who will benefit from the program, service, or system improvement.

2. The total number of service hours completed by each minority youth.

3. The average number of days a minority youth stays in the program or receives a service.

4. The number of planning meetings conducted.

5. The number of objective decision-making tools developed/used (juvenile court programs).

6. The number of minority youth with a new offense while in the program or receiving the service.

7. The number of minority youth that re-offended while in the program or receiving the service.

8. The number of minority youth exhibiting the desired change in: substance use, school attendance, family relationships, or anti-social behavior (select your target desired change.

9. The number of minority youth completing program requirements.

10. The number of minority youth satisfied with the program.

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)	7.65		
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
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	Terms	Total Cost
Rent/Facilities			
Telephone			
Utilities			
Bookkeeping/Clerical			
Maintenance			
Copying/Printing			
Other (specify)			
Other Costs Total \$			

8a. Narrative Justification Other Costs Charged to Subgrant

8. 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	