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**Ohio Department of Youth Services – Franklin County, Ohio**

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| 1. Program Title | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 2. Project Period | | | | | | | Start Date | | | | October 1, 2021 | | | | | | | End Date | | | | | September 30, 2022 | | | |
| 3. Type of Application | | | | | | | New | | | | |  | | | | | | State | | | | | |  | | |
| Continuation | | | | |  | | | | | | 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**

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| 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. Statistics or other data should be used to substantiate the problem. |
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**2. Program Description**

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| 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 guidelines for the criteria that should be included. |
|  |

**2. Program Description** (Continued)

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| 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. |
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**3. Targeted Geographic Area**

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| 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. |
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**4. Targeted Youth**

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| --- | --- | --- | --- |
| Describe the 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 YOUTH TO BE SERVED** |  |  | |
|  | | | |
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**5. Outreach and Referral**

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| 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. |
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**6. Special Requirements**

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| Demonstrate knowledge of adolescent development, demonstrate an understanding of trauma informed care, and explain the plan to engage families in services to youths |
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**7. Organizational Experience and Abilities**

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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. |
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**8. Performance Measures**

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| Indicate target performance measures and describe how data for OJJDP’s predetermined performance measures will be collected and progress will be measured for the following criteria. |
| The number of program youths served. |
|  |
| The number of service hours provided to youths. |
|  |
| The number of youths with a new offense while receiving services. |
|  |
| The number of youths who re-offended while receiving services. |
|  |
| The number of youths exhibiting the desired change in substance use, school attendance, family relationships, or anti-social behavior. Please specify area(s) of desired change that will be measured. |
|  |
| The number of youths completing program requirements. |
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| The number of minority youths satisfied with the program. |
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**9. OJPP Specific Grant Funded Application Questions**

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| --- |
| How does your proposed program support the Franklin County Commissioners’ Rise Together: Blueprint for Reducing Poverty? <https://commissioners.franklincountyohio.gov/COMM-website/media/Documents/FRANK-Report-1-10-Web-Ready-(Large)_1.pdf> |
|  |
| 2. How does your proposed program specifically address reducing racial disparities among justice-involved residents and overall racism as a public health crisis? |
|  |
| 3. How does your proposed program align with the current Franklin County Criminal Justice Strategic Plan? <https://jpp.franklincountyohio.gov/JPP-website/media/Documents/Franklin-Co-CJPB-Strategic-Plan-2020-2024-approved.pdf> |
|  |