



APPLICATION FOR GRANT FUNDING

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Department Name: _____

Date Submitted: _____

Submitted by: _____

Date Required: _____

GRANT OFFERED:

PROGRAM FOCUS:

(Please describe the target population and service for which funding is requested. Attachments may be included to support the narrative.)

TARGET POPULATION:

(1) Describe the problem to be addressed with the proposed project, including target population and service gap(s) to be filled. Detail how the proposed target population and program was determined, how it addresses the grant project goals identified in the request for application and how it will benefit the region. Applicants for regional service projects must demonstrate the level of regional support for the proposed project. Applicants for other projects may include letters of support from other programs in the region.

SUPPORTING DATA:

(2) Provide documentation to support the extent of the problem to be addressed by the proposed program.

PROGRAM APPROACH:

(Please describe the program approach to be used and how the proposed approach addresses the gaps in service and target population needs that are the project's focus. Attachments may be included to support the narrative.

APPROACH/INTERVENTIONS:

(3) Describe the proposed program in detail, including specific program interventions, treatment approaches and curricula to be used, and intensity and frequency of services to be provided.

TRAUMA INFORMED CARE:

(4) Describe the program's approach to trauma informed care, and the manner in which the approach is infused throughout the system to include all staff who interact with youth.

RESEARCH-BASED PROGRAM:

(5) Describe how the proposed services are consistent with data-driven and research-based practice for the target population. Applicants may include attachments demonstrating that a proposed program or service is research-driven.

RISK/NEEDS/RESPONSIVITY FOCUS:



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(6) Describe the way in which a youth's risk and treatment needs will be identified and how the program will be responsive to individual youth strengths and needs.

CAPACITY AND CAPABILITY:

(7) Provide details regarding the expected level of licensure and/or training of the service providers. Describe the organizational structure in place to support implementation of approaches and interventions with fidelity.

PROGRAM MEASURES OF SUCCESS:

(Please describe how the program will measure success. Attachments may be included to support the narrative.)

PERFORMANCE MANAGEMENT:

(8) Define program output objectives and how they are applicable to the grant project's stated performance measures.

DATA MANAGEMENT:

(9) Detail the program's plan and methods to collect, track, maintain and report data relative to the grant project's stated performance measures.

SUSTAINMENT:

(10) Describe the project's plan to sustain the program during and after the grant period.

ADDITIONAL PROGRAM INFORMATION:

(11) Please provide any additional narrative information you believe would be helpful in understanding the proposed program or service.



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COST:
(Provide a cost analysis that includes the total funding requested for the fiscal year, the proposed cost per day to serve a youth in the program and an itemization of the cost categories included in the analysis.)

Funds per Fiscal Year \$ _____

Proposed Cost per Day: \$ _____

BUDGET DETAIL
(Please complete a separate budget detail for each fiscal year of the grant award period. Fill out all sections that apply; if additional space is needed, another page may be added. The sum of all "Requested Total Cost" entries should equal the dollar amount indicated in the funding request above.)

Program or Service

Purpose	No. to be Served	Time Frame	Rate	Requested Total Cost
				\$
				\$
				\$
				\$
				\$

Salaries & Fringe

Position Title	Monthly Salary &/or Fringe	Requested Total Cost
		\$
		\$
		\$
		\$
		\$

Supplies or Equipment

Item(s)	Item Cost	Comments	Requested Total Cost
			\$
			\$
			\$
			\$
			\$

Travel & Training

Purpose	No. of People	Type of Expenditure	Dates	Requested Total Cost
				\$
				\$
				\$
				\$
				\$



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Other (please describe)

Description	Requested Total Cost
	\$
	\$
	\$
	\$
	\$

LOCAL/IN-KIND MATCH (NOT REQUIRED) (Describe any local/in-kind match, if applicable.)

GRANT EVALUATION PANEL SCORE SHEET



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Please be aware that reviewer scoresheets are subject to the Open Records Act.

Reviewer:				
Total Score:		Recommended Funding? (F/P/N)		Priority of Application? (1-5)
SECTION A: APPLICATION DETAILS				
APPLICANT DEPARTMENT				
PROJECT TITLE		AMOUNT REQUESTED		
PROJECT PERIOD REQUESTED		TARGET POPULATION		
SECTION B: APPLICATION SCORING				
Score responses on clarity and effectiveness and include relevant comments.				
	Points Possible	Points Given	Comments	
Program Focus	15			
TARGET POPULATION: Application (1) defines the problem to be addressed with the proposed project, (2) including target population and (3) service gap to be filled. (4) The proposed target population and project clearly addresses one or more of the main grant goals.	10			
SUPPORTING DATA: Application provides data supporting the extent of the need being addressed by the project (i.e., (1) number in the target population within the target service area, (2) history of TJJD commitments from target population, (3) history of target population moving deeper into the juvenile probation system, (4) data demonstrating lack of the same or similar services available in the target area, etc.)	5			
Program Approach	70			
PROJECT APPROACH/INTERVENTIONS: Proposed approach and interventions are clearly defined and represent a sound method to address areas of need identified in the program focus.	20			
TRAUMA INFORMED: Application demonstrates that the project will be implemented with a strong emphasis on trauma informed care and techniques, including staff training and a culture that emphasizes trauma-informed approaches in all aspects of the program.	20			
RESEARCH-BASED: Research is provided to support that program/treatment methodology and dosages outlined in the application are appropriate to effectively address the program focus.	10			
RISK/NEEDS/RESPONSIVITY FOCUS: (1) Project identifies risk and needs of the target population, (2) utilizes industry standard assessment tools to determine risk and needs, (3) includes methods to track changes in risk and protective factors through the program, and (4) demonstrates appropriate flexibility to be responsive to individual juvenile/family needs.	10			
CAPACITY AND CAPABILITY: The applicant and any organizations that will be contracted to provide elements of the plan have the organizational structure and qualified personnel to successfully implement the project with fidelity to the proposed approach and interventions.	5			
COST: Does the cost of the program seem reasonable given the number of youth served, the intensity of treatment needs targeted, and the type and amount of services provided?	5			

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Program Success Measures	15		
PERFORMANCE MANAGEMENT: Applicant (1) demonstrates understanding of how they will measure success. (2) Relevant output and outcome objectives have specific targets and (3) defined measurements that are directly applicable to program success.	5		
DATA MANAGEMENT: Applicant has a sound plan and method to collect, track, maintain, and report data needed to determine if goals are met.	5		
SUSTAINMENT: Applicant describes an appropriate plan to sustain the program during the grant period (i.e. quality assurance and monitoring activities, organizational support, etc.). Any long-term plan to sustain the program after the grant period is not required, but may be considered.	5		
TOTAL:	100		

SECTION C: OTHER FACTORS & RECOMMENDATION		
Score responses on clarity and effectiveness and include relevant comments.		
	Yes/No	Comments
If a continuation project, do you believe that the past performance of the applicant warrants continued or additional funding? If no, rate how strongly you feel on a scale of 1 to 10 with 10 being a strong belief that the application should not be approved and explain why.		
Does the application include in-kind or local financial matching?		
Do you believe there is a potential impact of this project on the larger juvenile justice system in Texas? If yes, explain the expected impact.		
Do you believe there is a potential to regionalize or replicate this program in other areas of the state?		
Do you believe that this application should be funded? If yes, give recommended amount of funding and explain why.		
Other comments?		

Please complete the top of the three fields at the top of this scoresheet as follows:

- **Total Score** – tabulate the total of the points you gave for each section and provide the total score in this box.
- **Recommended Funding** – write in “F” for full funding, “P” for partial funding or “N” for no funding.
- **Priority of Application** – rate how strongly you feel the application SHOULD be funded on a scale of 1-10, with 10 being the strongest belief that the application SHOULD be funded.

