Grant Title/Project Name:	Juvenile Services Substance Use Disorder Grant
Department:	Juvenile Services
Requestor:	Denise Carlson
Contact Email:	Denise.Carlson@wilcotx.gov
Contact Phone Number:	512-943-3220
Start Date:	10/1/2026
End Date:	9/30/2028
Please select request category:	Service
Describe the purpose of the grant in detail to include all requirements.	The Juvenile Services Substance Use Disorder Treatment Program will provide short-term residential treatment services within a secure therapeutic setting at Juvenile Services for youth referred through juvenile court. Services will be provided in detention upon agreement with the youth's attorney and with consent from the juvenile court.
Select the type of grant your department is applying for:	State
What is the amount of the grant?	$83,200.00
Please provide a breakdown of the total cost above.	Contract services for group and individual counseling by Licensed (LCDC and LPC) Counselor, 8 hours weekly, $100 an hour x 52 weeks = $41,600 yearly. 2-year cost is $83,200.00
Is there a match requirement?	No
What is the source of the match?	
Does the grant cover the cost of the request 100%?	Yes
If not, how much is left unpaid?	
What is the plan to obtain grants/funds for the remaining amount?	
List other similar assets in the County and/or region and if they are available for use?	
How is this asset request different from any similar assets currently in the County and/or region?	
What types of events/purpose would this asset be used for that cannot be accomplished with a current County asset?	
How often do these events occur?	
Identify the number of personnel required to operate this asset and/or be available for the function where it is to be used? How much time is required of those personnel? What is the cost of the personnel?	
Where will the asset be stored?	
What is the useful life of the asset?	
Will a replacement be requested from general funds when useful life has been exhausted?	
Will other agencies be billed for the use of this asset (e.g. vendors paid, employee worked hours and paid, inventory costs etc.)?	
Does this asset require insurance coverage?	
If yes, what is the estimate of asset insurance coverage?	

Will this asset require on-going maintenance? Please describe the maintenance required along with an estimate for these costs.	
How will this asset be funded when the grant ends?	
What is the impact if the grant is not received?	
New Personnel position is:	
Where will this position office?	
Who will this position report to?	
What tasks will this position perform? Include the five primary functions and the percentage of time spent to be spent on each function.	
Will this position take over tasks from current County employee?	
If yes, please explain the impact to current employee.	
How will this position be funded when the grant ends?	
Does this position or a similar position currently exist within the department?	
If yes, how many of these similar positions exist?	
Describe any alternatives considered to achieve desired outcome in lieu of a position (i.e. equipment, software, technology or change in business practice).	
Describe how workload will be accomplished/re-allocated should grant not be approved.	
List other similar items in the County and/or region and if they are available for use?	
How is this item request different from any similar assets currently in the County and/or region?	
What types of events/purpose would this item be used for that cannot be accomplished with a current County asset?	
Identify the number of personnel required to operate this item and/or be available for the function where it is to be used?	
Please explain how this item will create the need for more or less personnel (or mark n/a for no change)?	
Where will the item be stored?	
What is the useful life of the item?	
Will other agencies be billed for the use of this item (e.g. vendors paid, employee worked hours and paid, inventory costs etc.)?	
Does this item require insurance coverage?	
Will this item require any form of licensing?	
Will this item require on-going maintenance? Please describe the maintenance required along with an estimate for these costs?	
How will this item be funded when the grant ends?	

What is the overall budgetary impact? (i.e. revenue generation, expense reduction, etc.)	No impact for the first 2 years, then the program would be evaluated for future budget requests.
Please identify any additional equipment needed/required (now or in the future) should the grant/asset is awarded.	None needed
What is the cost and frequency to maintain/update the additional equipment?	
What is the impact of this grant application on other internal/county departments?	
If yes, what is the estimate of that license fee?	
If yes, what is the estimate of insurance coverage?	
Will a replacement be requested from general funds when useful life has been exhausted? (OR)	
If yes, how much is the match amount?	
Please identify any known decrease in funding at this time.	
Is this a new program to your department/office?	Yes
Please provide data points to be collected to show program success	This grant requires Juvenile Services to provide information on specific program interventions, curriculum being used, intensity and frequence of services provided. Also, how the proposed services are consistent with data-driven and research-based practice for the target population, how needs are being identified, how program intervention addresses and is responsive to each youth's needs. Tracking of total number of youth's served, hours of service and results.
Please show historical data points or performance measures, statistics, services provided, etc. or any/all updates for re-application	
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