

AUTHORITY: P.L. 107-110

COMPLETION: Voluntary. (Consideration for funding will not be possible if form is not filed.)

Direct questions regarding this form to the Office of Drug Control Policy at (517) 373-4700.

**GOVERNOR'S DISCRETIONARY GRANT
APPLICATION FOR 2009-2010**

APPLICANT ORGANIZATION	Legal Name of Applicant	District Code	Telephone
	Address	City	Zip Code

CONTACT PERSON	Name of Contact Person	Telephone	Fax Number
	Address	City	Zip Code
	County	Email Address	

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
GOVERNOR'S DISCRETIONARY GRANT**

INSTRUCTIONS: The Budget Summary (1) and the Budget Detail (2) must be prepared by or with the cooperation of the Business Office using the School District Accounting Manual (Bulletin 1022).

Legal Name of Applicant

Recipient Code	Funding Source Code	Project Number	Project Type	Ending Date	Fiscal Year of Approved Activity
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FUNCTION CODE	FUNCTION TITLE	SALARIES	BENEFITS	PURCHASED SERVICES	SUPPLIES & MATERIALS	OTHER EXPENDITURES		TOTAL EXPENDITURES
390	Other Community Services							
							SUBTOTAL	
TOTAL Allocation Amount (Estimated):								
								TOTAL EXPENDITURES

BUSINESS OFFICE REPRESENTATIVE

PHONE

PROJECT CONTACT PERSON

PHONE

**GOVERNOR'S DISCRETIONARY GRANT
ASSURANCES AND LICENSING INFORMATION
FY 2009-2010**

Agency: _____ District Code: _____

Instructions: If you are in agreement with these two options, please click below:

Program Assurances

Yes, all programs funded under the Governor's Discretionary Grant (GDG) convey a clear and consistent message that acts of violence and the illegal use of drugs are wrong and harmful.

Yes, all allocated funds will be used to increase, not supplant, the level of state, local, and other non-federal funds for drug and violence prevention programs and activities. The funds awarded under State Grants Program are used only to supplement the level of State, Local and other non-federal funds and not to replace funds that would have been available to conduct activities if Governor's Discretionary Grant (GDG) funds had not been available.

Licensing Information

Applicants receiving awards must meet the licensing requirements administered by the Michigan Department of Community Health, initially promulgated under P.A. 368 of 1978.

To obtain a Prevention License, please access the following website: <http://michigan.gov/mdch>.

Then click on:

- Health Systems & Health Profession Licensing
- Health Care Facilities and Programs
- Substance Abuse Program Licensure
- Application for a Substance Abuse License-Prevention Only

Yes No Do you currently have a Prevention License to conduct a prevention program in Michigan?

If Yes, please enter your prevention license number here:

If No, please answer the following question:

Yes No Have you applied for a State of Michigan Prevention License and currently awaiting the license?

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Needs assessment information is collected prior to implementing a prevention program. Collecting and organizing the data is instrumental to the process. Data should be collected from multiple sources and analyzed before identifying specific programs or performance measures. Raw data should be kept on file for local, state or federal audits.

Instructions:

Identify the data sources and provide the year used to complete the needs assessment. (Check all that apply. Do not exceed 2,000 characters of descriptive text per item). All needs assessment data should be no more than 5 years old.

MiPHY (Michigan Profile for Healthy Youth) survey data

Year:

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Law enforcement data (e.g.: Number of youth arrests, types of violations)

Year:

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Juvenile court data (e.g.: Number of youth convictions, types of convictions)

Year:

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Dropout data

Year:

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Search Institute Asset Survey

Year:

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Local school data on drugs and violence

Year:

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Local Department of Human Services

Year:

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Local Public Health data

Year:

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Substance Abuse Coordinating Agency data (e.g. SPF/SIG data)

Year:

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Community Mental Health data

Year:

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Local hospital emergency room data

Year:

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Local school delinquency and discipline data

Year:

**GOVERNOR'S DISCRETIONARY GRANT
NEEDS ASSESSMENT
FY 2009-2010**

Agency: _____ District Code: _____

Other:

Year:

**GOVERNOR'S DISCRETIONARY GRANT
OUTCOME GOALS AND EVALUATION
FY 2009-2010**

Agency: _____ District Code: _____

The Federal Principles of Effectiveness require that programs implemented with SDFSCA funds be designed to prevent or reduce violence and illegal drug use. Performance measures must include goals that relate to reduced violence or drug use.

A minimum of one outcome goal is required for submission of the application.

1. Goal Number _____

Note: Every outcome goal must have a unique number to link it to the evidence-based prevention program you plan to implement. The goal number should be a whole number.

2. What type of attitude or behavior will change?(check only one box)

- | | |
|-------------------|-------------------|
| Drug use-behavior | Violence-behavior |
| Drug use-attitude | Violence-attitude |

3. Evidence-Based Programs

- | | |
|---------------------------------------|---|
| Aggression Replacement Training | Reconnecting Youth |
| Big Brothers Big Sisters of America | Second Step: A Violence Curriculum |
| Families and Schools Together (FAST) | Strengthening Families Program |
| Life Skills by Botvins | Students Managing Anger & Resolution Together |
| Project ALERT | SMART programs through the Boys & Girls Clubs |
| Project Towards No Drug Abuse (T.N.D) | Promoting Alternative Thinking Strategies (PATHS) |

4. Who is expected to change? The individuals selected below are the target population(s) for this specific goal:

Target Population	Estimated Number to be Served
Pre-Kindergarten	_____
Elementary Students (K-5)	_____
Middle School Students (6-8)	_____
High School Students (9-12)	_____
Alternative Education Students	_____

School age youth **not** in school:

- | | |
|--------------|-------|
| Homeless | _____ |
| Drop Outs | _____ |
| Incarcerated | _____ |
| Detention | _____ |
| Other | _____ |

Parents or guardians _____
 Other (please specify): _____

**GOVERNOR'S DISCRETIONARY GRANT
OUTCOME GOALS AND EVALUATION
FY 2009-2010**

Agency: _____ District Code: _____

5. What type of change is expected?

State whether an increase or decrease will occur and then describe the specific change that will take place.

Example: Drug use Attitude: increased perceived harm in alcohol use.

Example: Drug use Behavior: decreased use of tobacco and alcohol use.

6. What is the percentage of change you expect of the program participants? _____ %

7. When do you expect the change to occur?(mm/dd/yyyy) _____

8. Methods of Measurement: In order to determine whether an increase or decrease has resulted due to the implementation of the program, measurements must be taken prior to program implementation and upon completion of the program. All programs must measure progress in achieving their goals.

Please check as appropriate:

Valid and reliable pre/post survey of target group participants (e.g., Dr. Jim O'Neill survey)
Name of Instrument: _____

Pre/post test program record review (e.g., student disciplinary records)
Type of Review: _____

Valid and reliable interview protocol (recommended for participants 9 years old and younger)
Describe: _____

9. Pre-Program Data collection: (collect prior to program implementation)

Who will collect the data?	When will the data be collected?	Where will the data be collected?

**GOVERNOR'S DISCRETIONARY GRANT
OUTCOME GOALS AND EVALUATION
FY 2009-2010**

Agency: _____ District Code: _____

10. Post-Program Data Collection: *(collect at conclusion of program)*

Who will collect the data?	When will the data be collected?	Where will the data be collected?

11. Responsibility for Program Evaluation *(check at least one box)*

The goal(s) will be evaluated by the agency receiving GDG funds to implement the prevention program.

The goal(s) will be evaluated by a subcontracted individual or agency who has not been determined at this time. (The program is required to submit this information to the Office of Drug Control Policy for approval prior to subcontracting with an individual or agency.)

The goal(s) will be evaluated by a subcontracted individual or agency being paid by the GDG funded agency to conduct the evaluation.

Subcontractor's Name: _____

Address: _____

City: _____

Zip Code: _____ - _____

Subcontractor's Expertise: *(Please limit your response to 1/4 page.)*

**GOVERNOR'S DISCRETIONARY GRANT
OUTCOME GOALS AND EVALUATION
FY 2009-2010**

Agency: _____ District Code: _____

12. Evaluation Results

Describe how you plan to use the evaluation results to refine, improve, and strengthen the prevention program(s). Also, describe how the results will be made available to the public and that results can be obtained upon request. *(Please limit your response to 1/4 page.)*

**GOVERNOR'S DISCRETIONARY GRANT
PROGRAM SUMMARY
FY 2009-2010**

Agency: _____ District Code: _____

Please provide a three to five sentence summary of your proposed program. Include the name of the prevention program(s) you plan to implement, the target population, number to be served, and location(s) of the program. **NOTE:** The information provided should be consistent with your budget and project design.

**GOVERNOR'S DISCRETIONARY GRANT
COLLABORATION WITH COMMUNITY PARTNERS
FY 2009-2010**

Agency: _____ District Code: _____

Instructions: Complete the following items.

1. **Collaboration.** Identify two or more partners collaborating with your agency and their function.

Agency Name:

Function:

Agency Name:

Function:

Agency Name:

Function:

Agency Name:

Function:

**GOVERNOR'S DISCRETIONARY GRANT
PROGRAM SCHEDULE
FY 2009-2010**

Agency: _____ District Code: _____

Program Schedule: Provide an example of the program timelines and daily schedules. This information should describe the proposed day-to-day program schedule, including all curricula activities and events. For example, if your prevention program is planned for after school or on weekends, provide the exact days, hours, location as well as the specific services offered each day.

Day of the Week	Evidenced-Based Program	Program/Activities	Location	Program/Activity Duration	Program/Activity Duration if Other

**GOVERNOR'S DISCRETIONARY GRANT
PROGRAM SCHEDULE
FY 2009-2010**

Agency: _____ District Code: _____

Day of the Week	Evidenced-Based Program	Program/Activities	Location	Program/Activity Duration	Program/Activity Duration if Other

**GOVERNOR'S DISCRETIONARY GRANT
PROGRAM SCHEDULE
FY 2009-2010**

Agency: _____ District Code: _____

Day of the Week	Evidenced-Based Program	Program/Activities	Location	Program/Activity Duration	Program/Activity Duration if Other

**GOVERNOR'S DISCRETIONARY GRANT
PROGRAM SCHEDULE
FY 2009-2010**

Agency: _____

District Code: _____

Day of the Week	Evidenced-Based Program	Program/Activities	Location	Program/Activity Duration	Program/Activity Duration if Other

**GOVERNOR'S DISCRETIONARY GRANT
PROGRAM SCHEDULE
FY 2009-2010**

Agency: _____

District Code: _____

Day of the Week	Evidenced-Based Program	Program/Activities	Location	Program/Activity Duration	Program/Activity Duration if Other

**GOVERNOR'S DISCRETIONARY GRANT
PROGRAM SCHEDULE
FY 2009-2010**

Agency: _____ District Code: _____

Day of the Week	Evidenced-Based Program	Program/Activities	Location	Program/Activity Duration	Program/Activity Duration if Other

**GOVERNOR'S DISCRETIONARY GRANT
MANAGEMENT PLAN – STAFF
FY 2009-2010**

Agency: _____ District Code: _____

1. **Project Staffing:** Complete the following information for each permanent or part-time employee listed on the Budget Detail page.

Name: _____

Title: _____

Qualifications: (Please limit your response to 1/4 page.)

Role and Responsibilities: (Please limit your response to 1/4 page.)

Prevention Expertise and Experience Working with Youth/Community Programs: (Please limit your response to 1/4 page.)

Number of program hours per week: _____

**GOVERNOR'S DISCRETIONARY GRANT
MANAGEMENT PLAN – SUBCONTRACTORS
FY 2009-2010**

Agency: _____ District Code: _____

2. **Subcontractors:**

Subcontractors are those individuals hired to provide a particular program-related service. **Note:** If the subcontractor has not been determined by the submission date of the application, you are required to submit the subcontractor information to the Office of Drug Control Policy for approval prior to subcontracting with that individual or organization.

Will you be funding a subcontractor to provide services for your program? Yes No

If **Yes**, Please provide the following information:

Name: _____

Position Title: _____

Responsibilities: (Please limit your response to 1/4 page.)

Prevention Expertise: (Please limit your response to 1/4 page.)

Knowledge and Experience Working with Youth/Community Programs: (Please limit your response to 1/4 page.)

Number of program hours per week: _____

**GOVERNOR'S DISCRETIONARY GRANT
ADVISORY COUNCIL
FY 2009-2010**

Agency: _____ District Code: _____

All Governor's Discretionary Grantees must have an Advisory Council in place to oversee the program and assist the program in a variety of ways. An Applicant may use the agency's current advisory council, a subcommittee or the advisory council, or a new advisory council for the grant.

Instructions: Please check all boxes that are applicable.

Review and provide comments on the Governor's Discretionary Grant application prior to submission.

Disseminate information about drug and violence prevention programs conducted within the boundaries of the applicant's geographic area.

On an ongoing basis, advise the applicant regarding how best to coordinate the applicant's GDG funded activities with other providers of related strategies, programs, and activities in the community and region.

Review the program evaluation plan and results to make recommendations to improve the applicant's drug and violence prevention programs.

Other council activities (Please describe – up to 1,000 characters)

**GOVERNOR'S DISCRETIONARY GRANT
ADVISORY COUNCIL
FY 2009-2010**

Agency: _____ District Code: _____

The local advisory council should include, to the extent possible, at least 5 representatives of various community organizations and stakeholder groups.

	Title	Name	Organization
1	State/ local government agency representatives		
2	Public school representative		
3	Parent representative (the parent representative must not serve in another role on the advisory council)		
4	Student representative		
5	Non-public school representative		
6	Mental Health representative		
7	Medical profession representative		
8	Law enforcement representative (e.g.: police, judicial system, probation officer)		
9	Community-based organization representative		
10	Regional coordinating agency representative or designee		
11	Other organization representative – 1		
12	Other organization representative – 2		
13	Other organization representative – 3		

**GOVERNOR'S DISCRETIONARY GRANT
CONTINUATION FUNDING
FY 2009-2010**

Agency: _____ District Code: _____

Are you applying for a continuation award for an existing program funded with Governor's Discretionary Grant funds?

Yes No

If Yes, please describe the present and past achievement and results as well as the effect the program has had on reducing and preventing drug use and violence. Provide the statistical data and evaluation results to support these achievements. (Please limit your response to 1 page)