

Juvenile Accountability Block Grant

Ohio Department of Youth Services

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1. Project Title		<input type="text"/>											
2. Project Period		Start Date	1/1/2011				End Date	12/31/2011					
3. Type of Application		New	<input type="text"/>				State	<input type="text"/>					
		Continuation	<input type="text"/>				Local	<input type="text"/>					
4. Budget Summary		JABG Funds				\$	<input type="text"/>						
		Cash Match				\$	<input type="text"/>						
		Total Project Budget				\$	<input type="text"/>						

5. Project Director Information
 The project director is the person responsible for project management and the primary point of contact for ODYS staff.

Prefix	<input type="text"/>	First Name	<input type="text"/>			Last Name	<input type="text"/>				
Position Title	<input type="text"/>				Agency	<input type="text"/>					
Address	<input type="text"/>				City	<input type="text"/>			Zip	<input type="text"/>	
Area Code and Phone	<input type="text"/>				Area Code and Fax	<input type="text"/>					
Email Address	<input type="text"/>				County	<input type="text"/>					

6. Implementing Agency Information
 The implementing agency is the agency that will operate the program. Please list the agency's Director or President.

Prefix	<input type="text"/>	First Name	<input type="text"/>			Last Name	<input type="text"/>				
Position Title	<input type="text"/>				Agency	<input type="text"/>					
Address	<input type="text"/>				City	<input type="text"/>			Zip	<input type="text"/>	
Area Code and Phone	<input type="text"/>				Area Code and Fax	<input type="text"/>					
Email Address	<input type="text"/>				County	<input type="text"/>					

7. Subgrantee Information
 The subgrantee must be the County Commissioners or the City. All funding will be transmitted through the subgrantee.

Prefix	<input type="text"/>	First Name	<input type="text"/>			Last Name	<input type="text"/>				
Position Title	<input type="text"/>				Agency	<input type="text"/>					
Address	<input type="text"/>				City	<input type="text"/>			Zip	<input type="text"/>	
Area Code and Phone	<input type="text"/>				Area Code and Fax	<input type="text"/>					
Email Address	<input type="text"/>				County	<input type="text"/>					
Congressional District	<input type="text"/>				Subgrantee Tax ID Number	<input type="text"/>					
Subgrantee Signature	<input type="text"/>										

8. Purpose Area Designation

Please designate the Purpose Area(s) under which you are applying for funding using the <i>JABG funds</i> (exclude match) listed in section 4 on page 1 of the application. Please include federal funds only.		
Purpose Area	Dollar Amount	% Total Budget
1. Graduated Sanctions: Developing, implementing, and administering graduated sanctions for juvenile offenders.		
2. Correction/Detention Facilities: Building, expanding, renovating, or operating temporary or permanent juvenile corrections or detention facilities including training or personnel.		
3. Court Staffing and Pretrial Services: Hiring juvenile court judges, probation officers, and court-appointed defenders and special advocates, and funding pre-trial services (including mental health, screening and assessment) for juvenile offenders, to promote the effective and expeditious administration of the juvenile justice system.		
4. Prosecutor Staffing: Hiring additional prosecutors so that more cases involving violent juvenile offenders can be prosecuted and backlogs reduced.		
5. Prosecutor Funding: Providing funding to enable prosecutors to address drug, gang, and youth violence problems more effectively and for technology, equipment, and training to assist prosecutors in identifying and expediting the prosecution of violent offenders.		
6. Training for Law Enforcement and Court Personnel: Establishing and maintaining training programs for law enforcement and other court personnel with respect to preventing and controlling juvenile crime.		
7. Juvenile Gun Courts: Establishing juvenile gun courts for the prosecution and adjudication of juvenile firearm offenders.		
8. Juvenile Drug Courts: Establishing drug court programs to provide continuing judicial supervision over juvenile offenders with substance abuse problems and to integrate administration of other sanctions and services for such offenders.		
9. Juvenile Records System: Establishing and maintaining a system of juvenile records designed to promote public safety.		
10. Information Sharing: Establishing and maintaining inter-agency information-sharing programs that enable the juvenile and criminal justice systems, schools, and social services agencies to make informed decisions regarding the early identification, control, supervision, and treatment of juveniles who repeatedly commit serious delinquent or criminal acts.		
11. Accountability: Establishing and maintaining accountability-based programs designed to reduce recidivism among juveniles who are referred by law enforcement personnel or agencies.		
12. Risk and Needs Assessment: Establishing and maintaining programs to conduct risk and needs assessments of juvenile offenders that facilitate effective early intervention and the provision of comprehensive services, including mental health screening and treatment and substance abuse testing and treatment, to such offenders.		
13. School Safety: Establishing and maintaining accountability-based programs that are designed to enhance school safety.		
14. Restorative Justice: Establishing and maintaining restorative justice programs.		
15. Juvenile Courts and Probation: Establishing and maintaining programs to enable juvenile courts and juvenile probation officers to be more effective and efficient in holding juvenile offenders accountable and reducing recidivism.		
16. Detention/Corrections Personnel: Hiring detention and corrections personnel and establishing and maintaining training programs for such personnel, to improve facility practices and programming.		
17. Reentry: Establishing, improving, and coordinating pre-release and post-release systems and programs to facilitate the successful re-entry of juvenile offenders from state and local custody in the community.		

9. Juvenile Crime Problem

Please provide information on the specific local juvenile crime problem that the project will address.

10. Juvenile Crime Enforcement Plan

The Plan should provide a ***detailed description*** of how the program will operate and the activities that will occur. Include information about the target population and the source of referrals. Also explain whether this is a new program, the expansion of an existing program, or a program that was funded from another source.

11. Target Population

Provide information about the youth (must be under age 18) the project will serve including a narrative description of the youth. Please **check** all that apply to your project. If no youth will be served directly, please check that box only.

Population		Juvenile Justice	
American Indian	<input type="checkbox"/>	At risk Population (no prior offense)	<input type="checkbox"/>
Asian	<input type="checkbox"/>	First Time Offenders	<input type="checkbox"/>
Black African American	<input type="checkbox"/>	Repeat Offenders	<input type="checkbox"/>
Hispanic or Latino (of any race)	<input type="checkbox"/>	Sex Offenders	<input type="checkbox"/>
Native Hawaiian and Pacific Islander	<input type="checkbox"/>	Status Offenders	<input type="checkbox"/>
Other Race	<input type="checkbox"/>	Violent Offenders	<input type="checkbox"/>
White/Caucasian	<input type="checkbox"/>		<input type="checkbox"/>
Age		Other Juvenile Justice	
Under 11	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>
12 - 13	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>
14 - 15	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
16 - 17	<input type="checkbox"/>		<input type="checkbox"/>
Gender		Geographic Information	
Male	<input type="checkbox"/>	Rural	<input type="checkbox"/>
Female	<input type="checkbox"/>	Suburban	<input type="checkbox"/>
	<input type="checkbox"/>	Urban	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
TOTAL NUMBER YOUTH TO BE SERVED	<input type="checkbox"/>	YOUTH NOT SERVED DIRECTLY	<input type="checkbox"/>

Please provide narrative information about the youth to be served by the project.

12. Output and Outcomes

Applicants must describe the data sources and the process that will be used to collect data for each of the mandatory performance measures listed below. The performance measures are federally prescribed and cannot be revised. If funded, projects will be required to submit performance data quarterly.

Purpose Area Name

1. The number of youth served.

2. The number of youth served using graduated sanctions.

3. The number of youth with whom a best practices was used.

4. The amount of the award to be used for systems improvement activities.

5. The number of youth successfully completing program requirements.

6. The number of youth unsuccessfully terminated from program.

7. Number of program youth who reoffend.

14. Advisory Board Membership

Applicants are required to establish an Advisory Board, which must include a representative from the juvenile court, and should include representation from law enforcement, prosecution, probation, schools, businesses, religious affiliates, nonprofit organizations, and social services organization involved in crime prevention. Please include at least five members, their affiliation, and provide a phone number so the member may be contacted.

Advisory Board Member Name	Agency or Organization Represented	Contact Telephone Number

15. Project Summary

Please provide a short, descriptive summary of the project. Please be clear and concise, and use **no more than three or four meaningful sentences**. Your statement will be used as an overview in reports and other documents.

14. Equal Employment Opportunity

Applicants must certify that they comply with, or are not covered by, federal Equal Employment Opportunity (EEO) regulations. Applicants must formulate, implement, and maintain an EEO program if all the following are true.

1. The applicant has 50 or more employees.
2. The applicant received \$500,000 or more in federal grant funds since 1968.
3. The applicant has a service population with a minority representation of three percent or more.

Applicants meeting 1 and 2 of the above, but having a service population with a minority representation of less than three percent, must formulate, implement, and maintain an EEO program relating to employment practices affecting women.

Further explanation of these requirements is found in Section 42.302(e) and (f) of Title 28 of the Code of Federal Regulations.

Part A: If an applicant must have an EEO program, Part A of the certification must be completed and signed.

Part B: If an applicant is not required to have an EEO program, or if an applicant is an institution of higher education, Part B of the certification must be completed and signed.

CERTIFICATION OF COMPLIANCE WITH EEO PROGRAM REQUIREMENTS (Applicants must complete either Part A or Part B)

Part A

I certify that the Subgrantee Agency listed below has formulated an equal employment opportunity program in accordance with 28 CFR 42.301, et.seq., Subpart E, and that it is the office of:

Name		Title	
Agency		Address	
City		Zip Code	
Subgrantee Agency			
EEO Official for the Subgrantee Agency			
Signature of the EEO Official			

Part B

I certify that the Subgrantee Agency listed below does not fall within the requirements of 28 CFR 42.301, et.seq., Subpart E and therefore, is not required to have a written EEO Plan on file.

Subgrantee Agency	
Subgrantee Agency Official Signature	

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. Consultants, Contracts, and Purchased Personal Services			
Name	Number of Hours	Hourly Rate	Total Salary
Professional Service Total \$			
3a. Narrative Justification for Consultants, Contracts, and Purchased Personal Services			

4. Travel Expense			
4a. Automobile			
Automobile	Number of Miles	Cost Per Mile	Total Cost
4b. Commercial			
Type	Destination	Fare	Total Cost
4c. Meals and Lodging			
Per Deim	Number of Days	Rate	Total Cost
4d. Other Travel Related Expenses			
Item	Number of Items	Rate	Total Cost
4e. Travel Expense Total \$			
4f. Narrative Justification for Travel			

5. Equipment

Items to be Purchased	Quantity	Unit Price	Total Cost
Equipment Total \$			

5a. Narrative Justification for Equipment

6. Supplies

Items to be Purchased	Quantity	Unit Price	Total Cost
Supplies Total \$			

5a. Narrative Justification for Supplies

7. Other Costs Charged to Subgrant			
Other Charges	Cost	Terms	Total Cost
Rent/Facilities			
Telephone/ Utilities			
Clerical			
Copying			
Printing			
Other (specify)			
Other Costs Total \$			
7a. Narrative Justification for Other Costs Charged to Subgrant			

10.Total Project Budget (Must equal JABG Funds + Match) \$			
11. Total Project Budget by Category			
Category	JABG Funds	Cash Match	Total
Personnel			
Consultants/Contracts			
Travel			
Equipment			
Supplies			
Other Costs			
Total Project Budget \$			
11a. Narrative about Cash Match Source			