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**TITLE PAGE**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Address (2): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ UEI #: \_\_\_\_\_ CRS #: \_\_\_\_\_

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**Applicant Contact Information**

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

County(ies) Served: \_\_\_\_\_

Congressional District(s): \_\_\_\_\_

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**Submission Certification**

I hereby certify that I have legal authorization to submit this application and that all information contained in this application contains no willful misrepresentation and that the information is true and correct to the best of my knowledge. I understand that the JJAC Committee will not review the application unless the application is fully completed. If our program is funded by the Children, Youth and Families Department, I understand that my organization must keep detailed records and must meet all the guidelines required during the program year as described in this application and any further assurances, agreements or addendums.

Applicant's Authorized Representative:

*Maria E. Tucker*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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**CERTIFICATIONS**

**Certification of Information and Costs**

As the duly authorized representative of the Fiscal Agent, I certify that the enclosed JJAC funding application has been reviewed for accuracy, correctness, and completeness. We further certify that diligence was taken to ensure that the budget is comprehensive and based on sound estimates from reliable sources.

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Applicant Name (Print)

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Date

*Maria E. Tucker*

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Applicant Certifying Official's Signature

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Title

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**Certification of Cancellation of Funding**

As the duly authorized representative of the Fiscal Agent, I certify that should the proposed programs not be initiated within ninety days after the start date of July 1, 2024, the programs will be reevaluated with the possibility that funds allocated to the program may be reallocated. Any costs incurred as a part of the project may become the responsibility of the applicant or subcontractor.

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Applicant Name (Print)

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Date

*Maria E. Tucker*

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Applicant Certifying Official's Signature

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Title

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**CONTINUUM INFORMATION & BUDGET SUMMARY**

**CONTINUUM DOCUMENTATION** | All documents **must** be attached to the application packet.

Date your Bylaws were last updated: \_\_\_\_\_

Date your Strategic Plan was last updated: \_\_\_\_\_

Date your Needs Assessment was last updated: \_\_\_\_\_

Does your Continuum Board Roster currently have youth members?

Attach signed copy of your MOU.

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**FY 25 BUDGET SUMMARY | Grant Funds Requested:**

Continuum Coordinator: Hourly Rate: \_\_\_\_\_ Ttl Hrs: \_\_\_\_\_ Cost: \_\_\_\_\_  
*(Hours to be Worked)*

Travel: (3 Mandatory Coordinator Meetings) \_\_\_\_\_

Program Support @ 15% \_\_\_\_\_

Youth Stipends: \_\_\_\_\_

Program 1: \_\_\_\_\_

Program 2: \_\_\_\_\_

Program 3: \_\_\_\_\_

Program 4: \_\_\_\_\_

Program 5: \_\_\_\_\_

**Total Grant Requested:** \_\_\_\_\_

Total Match to be provided (40% of Total Grant Requested) \_\_\_\_\_

**Total Continuum Budget:** \_\_\_\_\_

Of Total Grant Requested,

**Direct Budget:**

**Indirect Budget:**

**CONTINUUM THREE-YEAR BUDGET & TOTAL**

**BUDGET SUMMARY | Grant Funds Requested:**

Expense Area	Year 1	Year 2	Year 3		TOTALS
Continuum Coordinator Cost					
Travel: (3 Mandatory Coordinator Meetings)					
Program Support @ 15%					
Youth Stipends:					
1					
2					
3					
4					
5					
SUBTOTAL					
MATCH (40% of Total Grant Requested)					
GRAND TOTAL, CONTINUUM BUDGET					

Note: The multi-year award is based upon the annual availability of State general funds to support the Juvenile Continuum Grant Fund Program.

## **NEEDS STATEMENT**

Provide a concise and clear description of the problems and community needs your Continuum is addressing (e.g., alternatives to detention), using your community's needs assessment, the provided county statistics, and the JJAC Strategic Plan.

**PROGRAM RESPONSE**

Provide a description of your proposed program response to the community needs shared in the previous section (e.g., alternatives to detention). Include how it aligns with the JJAC and your Strategic Plans, how the specific Programs that will be defined in the next section align with the five funding priority areas, how the programs support racial and ethnic equity, and will meet your intended impact.

<b>Program Names:</b> (Complete in order of funding priority)	<b>CYFD Priority Area</b> (Pull-down Menu)	<b>Amount</b> (Auto Filled)
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

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## 1. PROGRAM INFORMATION & BUDGET

Program Name: \_\_\_\_\_

Is this a new program: \_\_\_\_\_ CYFD Priority Area: \_\_\_\_\_

Amount Funded in FY23: \_\_\_\_\_ Amount Requested for FY25: \_\_\_\_\_

Youth Served in FY23: \_\_\_\_\_ Youth to be served in FY25: \_\_\_\_\_  
(capacity)

Name of Model/Best Practice Program to be used: \_\_\_\_\_

Model/Best Practice Program Website: \_\_\_\_\_

If "Other", Name: \_\_\_\_\_ Web: \_\_\_\_\_

Average Program Frequency: \_\_\_\_\_ Average Program Duration: \_\_\_\_\_

Program Description: \_\_\_\_\_ Model Rating: \_\_\_\_\_

**1. PROGRAM INFORMATION & BUDGET Cont'd**

**Program Name:** \_\_\_\_\_

**Program's Performance Measures:** (Describe program performance measures, from the model program.)

**Local Site-Specific Performance Measures:** (Describe your realistic, relevant program performance measures, beyond that of the model program.)

**Grant Funds Requested:**

Activity	Unit of Measure	Cost per Unit	Quantity	Activity Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total Grant Requested:** \_\_\_\_\_

40% Match to be provided: \_\_\_\_\_

**Total Program Budget:** \_\_\_\_\_

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## 2. PROGRAM INFORMATION & BUDGET

Program Name: \_\_\_\_\_

Is this a new program: \_\_\_\_\_ CYFD Priority Area: \_\_\_\_\_

Amount Funded in FY23: \_\_\_\_\_ Amount Requested for FY25: \_\_\_\_\_

Youth Served in FY23: \_\_\_\_\_ Youth to be served in FY25: \_\_\_\_\_  
(capacity)

Name of Model/Best Practice Program to be used: \_\_\_\_\_

Model/Best Practice Program Website: \_\_\_\_\_

If "Other", Name: \_\_\_\_\_ Web: \_\_\_\_\_

Average Program Frequency: \_\_\_\_\_ Average Program Duration: \_\_\_\_\_

Program Description: \_\_\_\_\_ Model Rating: \_\_\_\_\_

**2. PROGRAM INFORMATION & BUDGET Cont'd**

**Program Name:** \_\_\_\_\_

**Program's Performance Measures:** (Describe program performance measures, from the model program.)

**Local Site-Specific Performance Measures:** (Describe your realistic, relevant program performance measures, beyond that of the model program.)

**Grant Funds Requested:**

Activity	Unit of Measure	Cost per Unit	Quantity	Activity Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total Grant Requested:** \_\_\_\_\_

40% Match to be provided: \_\_\_\_\_

**Total Program Budget:** \_\_\_\_\_

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### 3. PROGRAM INFORMATION & BUDGET

Program Name: \_\_\_\_\_

Is this a new program: \_\_\_\_\_ CYFD Priority Area: \_\_\_\_\_

Amount Funded in FY23: \_\_\_\_\_ Amount Requested for FY25: \_\_\_\_\_

Youth Served in FY23: \_\_\_\_\_ Youth to be served in FY25: \_\_\_\_\_  
(capacity)

Name of Model/Best Practice Program to be used: \_\_\_\_\_

Model/Best Practice Program Website: \_\_\_\_\_

If "Other", Name: \_\_\_\_\_ Web: \_\_\_\_\_

Average Program Frequency: \_\_\_\_\_ Average Program Duration: \_\_\_\_\_

Program Description: \_\_\_\_\_ Model Rating: \_\_\_\_\_

**3. PROGRAM INFORMATION & BUDGET Cont'd**

**Program Name:** \_\_\_\_\_

**Program's Performance Measures:** (Describe program performance measures, from the model program.)

**Local Site-Specific Performance Measures:** (Describe your realistic, relevant program performance measures, beyond that of the model program.)

**Grant Funds Requested:**

Activity	Unit of Measure	Cost per Unit	Quantity	Activity Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total Grant Requested:** \_\_\_\_\_

40% Match to be provided: \_\_\_\_\_

**Total Program Budget:** \_\_\_\_\_

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#### 4. PROGRAM INFORMATION & BUDGET

Program Name: \_\_\_\_\_

Is this a new program: \_\_\_\_\_ CYFD Priority Area: \_\_\_\_\_

Amount Funded in FY23: \_\_\_\_\_ Amount Requested for FY25: \_\_\_\_\_

Youth Served in FY23: \_\_\_\_\_ Youth to be served in FY25: \_\_\_\_\_  
(capacity)

Name of Model/Best Practice Program to be used: \_\_\_\_\_

Model/Best Practice Program Website: \_\_\_\_\_

If "Other", Name: \_\_\_\_\_ Web: \_\_\_\_\_

Average Program Frequency: \_\_\_\_\_ Average Program Duration: \_\_\_\_\_

Program Description: \_\_\_\_\_ Model Rating: \_\_\_\_\_

**4. PROGRAM INFORMATION & BUDGET Cont'd**

**Program Name:** \_\_\_\_\_

**Program's Performance Measures:** (Describe program performance measures, from the model program.)

**Local Site-Specific Performance Measures:** (Describe your realistic, relevant program performance measures, beyond that of the model program.)

**Grant Funds Requested:**

Activity	Unit of Measure	Cost per Unit	Quantity	Activity Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total Grant Requested:** \_\_\_\_\_

40% Match to be provided: \_\_\_\_\_

**Total Program Budget:** \_\_\_\_\_

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## 5. PROGRAM INFORMATION & BUDGET

Program Name: \_\_\_\_\_

Is this a new program: \_\_\_\_\_ CYFD Priority Area: \_\_\_\_\_

Amount Funded in FY23: \_\_\_\_\_ Amount Requested for FY25: \_\_\_\_\_

Youth Served in FY23: \_\_\_\_\_ Youth to be served in FY25: \_\_\_\_\_  
(capacity)

Name of Model/Best Practice Program to be used: \_\_\_\_\_

Model/Best Practice Program Website: \_\_\_\_\_

If "Other", Name: \_\_\_\_\_ Web: \_\_\_\_\_

Average Program Frequency: \_\_\_\_\_ Average Program Duration: \_\_\_\_\_

Program Description: \_\_\_\_\_ Model Rating: \_\_\_\_\_

**5. PROGRAM INFORMATION & BUDGET Cont'd**

**Program Name:** \_\_\_\_\_

**Program's Performance Measures:** (Describe program performance measures, from the model program.)

**Local Site-Specific Performance Measures:** (Describe your realistic, relevant program performance measures, beyond that of the model program.)

**Grant Funds Requested:**

Activity	Unit of Measure	Cost per Unit	Quantity	Activity Total
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Total Grant Requested:** \_\_\_\_\_

40% Match to be provided: \_\_\_\_\_

**Total Program Budget:** \_\_\_\_\_

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## JUVENILE CONTINUUM GRANT FUND CHECKLIST

### **TITLE PAGE**

- Applicant information is complete/correct.
- Applicant Contact Information is provided.
- County(ies) Served is provided.
- Congressional District(s) provided.
- Certifying signature is complete.

### **CERTIFICATIONS PAGE**

- Information and Costs Certification was read and is signed and dated.
- Cancellation of Funding Certification was read and is signed and dated.

### **CONTINUUM INFORMATION & BUDGET PAGE**

#### Continuum Documentation

- Bylaws date is provided and most recent Bylaws are attached.
- Strategic Plan date is provided and most recent Strategic Plan is attached.
- Needs Assessment date is provided and most recent Needs Assessment is attached.
- Youth Board members question is answered and most recent Roster is attached.
- Copy of signed MOU is attached.

#### Continuum Coordination

- Continuum Coordination question is answered.

#### Budget Summary

- Budget Summary is complete and reflects projected Grant costs.

### **NEEDS STATEMENT PAGE**

- Needs Statement uses local data from local Needs Assessment, system assessment, and CAB members.
- Needs Statement does not use national or State sources for data.
- Problems and needs priorities are from or consistent with the Continuum Strategic Plan.
- Problems and needs address detention alternative needs & align with CYFD five funding priority areas.
- Statement provided clearly identifies needs/problems that will drive program responses.

### **PROGRAM RESPONSE PAGE**

- Statement provided clearly identifies program response to needs/problems.
- Program Response is from or consistent with the Continuum Strategic Plan.
- Program Response addresses alternatives to detention and aligns with CYFD five funding priority areas.
- Program Response addresses how program will support racial and ethnic equity.

**JUVENILE CONTINUUM GRANT FUND CHECKLIST, *continued***

**PROGRAM INFORMATION & BUDGET PAGES – PROGRAM 1**

- Provides FY23 and requested FY25 funds/funds requested and youth served/to be served.
- Identifies Model/Best Practice Program by name, provides its website, or provides "Other."
- Provides Model and local site-specific Performance Measures.
- Provides a clear Program description.
- Provides Activity-level Budget detail, with accurate unit costs and quantities.

**PROGRAM INFORMATION & BUDGET PAGES – PROGRAM 2**

- Provides FY23 and requested FY25 funds/funds requested and youth served/to be served.
- Identifies Model/Best Practice Program by name, provides its website, or provides "Other."
- Provides Model and local site-specific Performance Measures.
- Provides a clear Program description.
- Provides Activity-level Budget detail, with accurate unit costs and quantities.

**PROGRAM INFORMATION & BUDGET PAGES – PROGRAM 3**

- Provides FY23 and requested FY25 funds/funds requested and youth served/to be served.
- Identifies Model/Best Practice Program by name, provides its website, or provides "Other."
- Provides Model and local site-specific Performance Measures.
- Provides a clear Program description.
- Provides Activity-level Budget detail, with accurate unit costs and quantities.

**PROGRAM INFORMATION & BUDGET PAGES – PROGRAM 4**

- Provides FY23 and requested FY25 funds/funds requested and youth served/to be served.
- Identifies Model/Best Practice Program by name, provides its website, or provides "Other."
- Provides Model and local site-specific Performance Measures.
- Provides a clear Program description.
- Provides Activity-level Budget detail, with accurate unit costs and quantities.

**PROGRAM INFORMATION & BUDGET PAGES – PROGRAM 5**

- Provides FY23 and requested FY25 funds/funds requested and youth served/to be served.
- Identifies Model/Best Practice Program by name, provides its website, or provides "Other."
- Provides Model and local site-specific Performance Measures.
- Provides a clear Program description.
- Provides Activity-level Budget detail, with accurate unit costs and quantities.