

## Instructions for Evidence Based Program Funding Request

**The Funds Request form consist of 4 tabs.**

1. The Instructions page - Describes process for completing the worksheet.
2. The Funding Request Tab - Includes questions for the community partner to complete about the program/service that will be provided. Questions are provided in bold, and responses should be entered in the gray cell below the question.
3. J-Categories & Line Items Narrative - Community partner provides financial & budget cost/narrative.
4. Line-Item Glossary - Provides category & line-item descriptions.

**By submitting this form, the community partner acknowledges and understands the upcoming FY26-27 Juvenile Corrections Advisory Board (JCAB) Grant, measured outcomes will be based on three (3) mandatory outcomes. These outcomes will be reported quarterly to determine program designed capacity and a true success rate.**

**A spreadsheet of all referrals will be required to be submitted to KDOC on a monthly basis. This information will be utilized to effectively process and track data.**

Juvenile Corrections Advisory Board Program Funding Request		
Judicial District:		
Community Partner Name:		
	Address 1:	
	Address 2:	
	City/State/Zip	
	Name of Contact Person:	
	Contact Person Phone:	
	Contact Person Email:	
Program Overview		
Provide a description of the community partners mission and history.		
What experience does the community partner have with the justice-involved youth population to be served?		
Describe experience with current or past grant management that the community partner has.		
Provide what plans are in place to sustain the program/service after this grant period?		
Planning Process		
Describe the problem(s) and issue(s) the community partner proposes to be addressed that is negatively impacting youth in the community. This information should include an analysis of current activities addressing the problem, what is working, what is not, and identify existing gaps.		

**Implementation Timeline:** Provide a detailed description of the program's implementation timeline. Include the activities, tasks, responsibilities, and dates each will be completed by, to fully implement the program. Activities include staff recruitment, staff training, secure office, furniture and equipment, and any other additional details. To allow for the successful integration of evidence-based programs/services, Kansas Department of Corrections (KDOC) will allow programs a planning period of 90 days, starting on the date of award approval. This will allow time for staff to be hired, trained, and contracts with service providers to be established. The planning period is optional. If a program needs an extension of the planning period, a request may be submitted to KDOC, outlining the reason for the needed extension with an amended timeline for startup.

#### Program Description

**Why is the proposed program/service needed in the judicial district?** Please identify the specific risk/needs the program/service is seeking to address (i.e. criminogenic needs, responsivity, employment, etc.) and include current and relevant data that demonstrates a need for this program/service.

**Proposed Service/Program:** Provide a clear description of the program, including the specific day-to-day activities that will be used to achieve the goals of the program, where activity will be held, frequency of activities, who will be responsible for carrying out the activities, and a timeline of the program (i.e. length of the program, school year, number of sessions, number of weeks, etc.)

#### Participant Program Cost

**Will youth and/or families be charged a fee for participating in the program?** ☐ Yes ☐ No

If yes, provide details regarding how much the fee will be and/or if the fee can be waived.

#### Referral Process

**Provide the detailed process of how youth are referred to access the program, including what agency/organization can refer youth.**

**List the criteria of an effective referral and the method in which the agency/organization will provide the referral to the community partner (i.e. paper form, email, online).**

<p>Each community partner must provide the referral form that will be utilized, to ensure the youth meets criteria outlined in the application to participate in the program. Referral form must include the following criteria. Provide the acceptable response that would allow youth to access the program.</p> <p>A. Demographics: The basic demographics of the program's target population(s). Include but not limited to: age and generation groups, sex, gender, or sexual orientation, nationality, race, educational level.</p> <p>B. Geographic Area to be Served: This might be an entire judicial district or one county in a multi-county district or one school in a school district, etc.</p> <p>C. Eligibility Criteria: Identify the requirements that a youth/youth's family must meet to participate in the program.</p> <p>D. Risk Level: Identification of youth risk level.</p> <p>E. Program Identifiers: Contact information, Program name, address where services will be provided, ways to provide referral (email, fax, online, etc.)</p>
<p>A.</p> <p>B.</p> <p>C.</p> <p>D.</p> <p>E.</p>
<p><b>Identification of Youth Risk Level</b></p> <p>Agency referral forms (if not utilizing an assessment form) should have questions to help establish youth risk levels.</p> <p>These questions should identify if the youth is exhibiting deviant behavior and establish factors that will help identify youth risk levels. The best measure of risky behavior accesses these four areas: Attitude and behaviors, History of Behavioral/Mental Health issues, Nature of Peer Group, and Family Life Stability. Below are examples the community partner can use to determine youth risk.</p> <p>Examples such as:</p> <p>A. Number or prior law enforcement contact, truancy issues at school, history of disruptive behavior, current and/or history of any substance use (drug/alcohol), etc.</p> <p>B. Identifying behavioral health: coping/self-control skills, history of suicidal ideation/attempts, history of struggle controlling thoughts, history of impulsive behavior, etc.</p> <p>C. Peer Group: Identify a way of establishing how youth classify their friend(s) group.</p> <p>D. Family Circumstances/Relationships: Identify if single parent household, history of incarceration of any parent, etc.</p>
<p>Identify the scores the program will use, per assessment type (YLS/CAFAS/MAYSI,etc) to be accepted into the program. Identify the process the program will utilize to determine the youths risk level. If your agency does not have access to these assessment tools/scores (i.e.: MAYSI-2, CAFAS, YLS/CMI, etc.), then your agency must have an established way to identify the risk level of each youth referred into the program.</p>
<p>Please provide details of how the evidence-based program will identify and address racial, ethnic, geographics, and other biases that may exist for the youth and/or the families, staff members, and the community.</p>
<p><b>Completion Criteria</b></p> <p>Specify the requirements and obligations that the youth and/or family must meet in order to successfully complete the program. Include how long the youth and/or family is expected to remain in the program to meet the completion criteria. Identify the expectations of completing assigned work such as workbooks/worksheets.</p>
<p>Specify the attendance expectations and identify the reasons the youth would be excused / removed from the program.</p>

<b>Evidence-Based Supporting Documentation</b>
Evidence-Based for Proposed Program/Service: Please include credentials or documentation supporting the proposal as promising, evidence-based program or practice, and data that supports the evidence-based and/or best practice is successful.

  

Provide which website was utilized to determine that the curriculum being utilized by the program is evidence-based and/or best practices. (i.e. crimesolutions.gov; OJJDP model programs guide; NREPP/SAMHSA; national reentry resource center, etc.)

  

<b>Monitoring and Evaluation</b>
Who will be responsible for annual evaluations of the program/service at a the provider level? Include name, title, phone number and email address.

  

Describe the process for monitoring and evaluating the program/service at the provider level. Include specific details/timelines of when and how the program will be evaluated along with what steps will be taken to complete the evaluation process.

  

<b>Measurable Outcomes</b>
<b>Mandatory Outcome Tracking</b> The following outcomes must be tracked and reported to KDOC quarterly. KDOC will provide a worksheet and instructions for tracking these outcomes at the time of award notification.  Target: 80% of youth successfully completed program/service requirements. Target: 80% of youth with no new arrests at completion of program/service. Target: 10% increased enrollment quarterly to assist in reaching desired enrollment.

  

<b>Additional Outcomes</b>
Please describe additional outcome measures that will be utilized to determine effectiveness of the program/service. Include what data will be measured, when it will be measured, and how it will be measured.

  

<b>Past Program Outcomes</b>
Is the proposed program a continued operation of a program that was assisting youth in the previous year? If yes, how many youth were served for each previous year?

  

<b>Projected Outcomes</b>
What is the projected number of youth to be served in FY26-27 to reach the program/service designed capacity?
How was the number of projected youth to be served in FY26-27 determined? What steps will be taken by the program/agency if projected enrollment is not being achieved?

<b>Memorandum of Understanding (MOU)</b>	
KDOC Supervision Standard: CSS-01-103 standards state that "Agency policy, procedures, and practice shall require a written Memorandum of Understanding (MOU) whenever the agency and another public or private entity enter into partnership. At a minimum the MOU shall outline the services, the cost of services (if applicable), and the entity responsible for the delivery of services". Please acknowledge that a signed copy of all agreements (MOU/MOA) will be provided to KDOC within 90 days if awarded funds?	
<input type="checkbox"/>	I acknowledge an MOU/MOA will be provided to KDOC within 90 days if awarded funds.
<b>Required On-Line Training</b>	
If awarded funds from this opportunity, each community partner will be required to complete the on-line training after the award letter is received and before funds will be released. The on-line training is an overview of several areas: the Juvenile Justice system in Kansas, Evidence Based Practices, Principles of Effective Intervention, Cognitive and Social Learning theories, and the Stages of Change. Please acknowledge that the on-line training will be completed within 90 days.	
<input type="checkbox"/>	I acknowledge the online training will be completed within 90 days if awarded funds.

### Community Partner Budget Justification Worksheet

**Instructions:**

Please enter information for **Amount Requested** and **Justification** columns. Columns are unlocked so you can copy and paste into the appropriate field in the workbook provided by fiscal.

For any item budgeted, a defined justification for line item **MUST** be provided.

Example: For shredding, Jayhawk will pick up shredding containers four times a month at a rate of \$100 per pick up = \$400 per month x 12 months = \$4,800 per year. Justify the use of the line items budgeted for.

Only enter a dollar amount for the line items listed below if budgeting funds for that particular budget category and line item.

Budget Category	Line Item Descriptors	Amount Requested	Justification
<b>Personnel: Enter each position title, position salary, and if position is full-time / part-time.</b>			
	Salary	\$0.00	
	Benefits	\$0.00	
<b>Personnel Total</b>		<b>\$0.00</b>	
<b>Agency/Facility Operations</b>			
	Building Insurance	\$0.00	
	Building Maintenance & Trash Services	\$0.00	
	Computer Maintenance	\$0.00	
	Copier Maintenance	\$0.00	
	Postage Meter Rental	\$0.00	
	Rent	\$0.00	
	Shredding	\$0.00	
	Utilities	\$0.00	
	Vehicle Costs (tags, taxes, registration)	\$0.00	
	Vehicle Insurance	\$0.00	
	Vehicle Maintenance	\$0.00	
	Other (Provide Specific service and detailed budget information requesting funding for in the Justification column)	\$0.00	
	Other (Provide Specific service and detailed budget information requesting funding for in the Justification column)	\$0.00	
<b>Agency Operations Total</b>		<b>\$0.00</b>	
<b>Client Services</b>			
	Academic Education Services	\$0.00	
	BIP Evaluations	\$0.00	
	BIP Treatment/Groups	\$0.00	
	Client Incentives	\$0.00	
	Cognitive Behavioral Skill Tools	\$0.00	
	Drug Testing Services	\$0.00	
	Electronic Monitoring Services	\$0.00	
	Housing Assistance	\$0.00	
	MH Evaluations	\$0.00	
	MH Treatment/Groups	\$0.00	
	Sex Offender Evaluations	\$0.00	
	Sex Offender Treatment/Groups	\$0.00	
	Subsistence Assistance	\$0.00	
	SUD Evaluations	\$0.00	
	SUD Treatment/Groups	\$0.00	
	Surveillance Services	\$0.00	
	Transportation Assistance	\$0.00	
	Vocational Education Services	\$0.00	
	Other (Provide Specific service and detailed budget information requesting funding for in the Justification column)	\$0.00	
	Other (Provide Specific service and detailed budget information requesting funding for in the Justification column)	\$0.00	
	Other (Provide Specific service and detailed budget information requesting funding for in the Justification column)	\$0.00	
<b>Client Services Total</b>		<b>\$0.00</b>	
<b>Communications</b>			
	Cell Phone	\$0.00	
	Internet Services	\$0.00	
	Land Line	\$0.00	
	Other (Provide Specific service and detailed budget information requesting funding for in the Justification column)	\$0.00	
	Other (Provide Specific service and detailed budget information requesting funding for in the Justification column)	\$0.00	
<b>Total Communications Category</b>		<b>\$0.00</b>	
<b>Contractual: If grantee contracts with another entity to provide services, there must be a contract between the two parties. The contract must include a description of the services to be provided and the cost to provide those services.</b>			
	Contractual Intake Workers	\$0.00	
	Membership Dues	\$0.00	
	Outsourced (Subcontract) Expenses	\$0.00	
	Outsourced (Subcontract) Personnel	\$0.00	
<b>Contractuals Total</b>		<b>\$0.00</b>	
<b>Equipment</b>			
	Computer		
	Printer		

	Other (Provide Specific service and detailed budget information requesting funding for in the Justification column)		
	Other (Provide Specific service and detailed budget information requesting funding for in the Justification column)		
	Other (Provide Specific service and detailed budget information requesting funding for in the Justification column)		
<b>Total Equipment Category</b>		<b>\$0.00</b>	
<b>Supplies</b>			
	Drug Testing Supplies	\$0.00	
	Group Supplies	\$0.00	
	Office Supplies	\$0.00	
	Postage	\$0.00	
	Printing	\$0.00	
	Other (Provide Specific service and detailed budget information requesting funding for in Justification column)	\$0.00	
	Other (Provide Specific service and detailed budget information requesting funding for in Justification column)	\$0.00	
	Other (Provide Specific service and detailed budget information requesting funding for in Justification column)	\$0.00	
<b>Total Supplies Category</b>		<b>\$0.00</b>	
<b>Training: Training allowed for Evidence-Based Training only. Provide specific details including: proposed training, number of staff to attend, cost of training, etc.</b>			
	Fuel or Mileage	\$0.00	
	Per Diem	\$0.00	
	Registration	\$0.00	
	K-Tag/Tolls/Parking	\$0.00	
	Other (Provide Specific service and detailed budget information requesting funding for in Justification column)	\$0.00	
<b>Training Total</b>		<b>\$0.00</b>	
<b>Travel: Explain need for all travel requests for this program/service. Local travel policies prevail. Mileage rates apply.</b>			
	Fuel or Mileage	\$0.00	
	Per Diem	\$0.00	
	Vehicle Maintenance/Registration/Tags	\$0.00	
	Vehicle Insurance	\$0.00	
	K-Tag/Tolls/Parking	\$0.00	
	Other (Provide Specific service and detailed budget information requesting funding for in Justification column)	\$0.00	
<b>Travel Total</b>		<b>\$0.00</b>	
<b>Total</b>		<b>\$0.00</b>	

BUDGET CATEGORIES & BUDGET LINE ITEMS GLOSSARY	
<i>Academic Education Services</i>	Expenditures for classes or counseling directed at improving a client's ability to read, write, and perform mathematical computations, including literacy classes, basic education classes, GED preparation classes, and GED exams.
<i>Client Incentives</i>	Expenditures for rewarding client behavior such as gift cards and movie passes.
<i>Client Services</i>	Purchases grantee makes on behalf of the client.
<i>Cognitive Behavioral Skill Tools</i>	Expenditures for any cognitive behavioral skill tools completed as individualized work with clients.
<i>Drug Testing Services</i>	Expenditures for initial drug testing and confirmation drug testing by laboratories.
<i>Drug Testing Supplies</i>	Expenditures for rubber gloves, biohazard bags, collection supplies, drug and/or alcohol screens/tests, adulteration strips, and other drug and alcohol analysis supplies.
<i>Electronic Monitoring Services</i>	Expenditures for EMD or GPS equipment and services, and telephone service for indigent clients assigned to EMD or GPS.
<i>Housing Assistance</i>	Expenditures for the housing of an offender including utility assistance, rental deposits, emergency rental assistance for clients, or temporary/emergency lodging of indigent clients.
<i>Payout Fund</i>	Monies set aside for paying employees unused leave (such as PTO, annual leave, and sick hours) when an employee retires.
<i>Subsistence Assistance</i>	Expenditures for clothing, hygiene, medication assistance, and client meals.
<i>SUD Evaluations</i>	Expenditures for drug and alcohol assessments.
<i>Surveillance Services</i>	Expenditures for surveillance services, including wage and mileage, should be included in this line item. The budget narrative should itemize the expenses, indicate the number of required contacts or work hours, and the cost for such. If the surveillance person is an employee and receives benefits, wages and benefits should be included in the Salary and Benefits category.
<i>Training</i>	Expenditures associated with employee training, including meals, lodging, mileage, vehicle rentals or other transportation cost, gasoline, and seminar or training registration.
<i>Transportation Assistance</i>	Expenditures for bus tokens or vouchers for taxi cab rides or gasoline/gas card in order to ensure a client's attendance at required meetings, programs or services.
<i>Travel</i>	Expenditures associated with everyday trips including meals, lodging, and mileage for business and gasoline.
<i>Vehicle Costs</i>	Expenditures for registration, taxes and tags.
<i>Vehicle Maintenance</i>	Expenditures for oil changes, tires, tune-ups, etc.
<i>Vocational Education Services</i>	Expenditures for career and technical education for clients designed to prepare clients for employment as skilled or semiskilled workers and technicians.