

**APPLICATION FOR**  
**CHILDREN'S JUSTICE ACT**  
**FUNDING**

<b>A. APPLICANT AGENCY (Name, Address, Telephone, Fax Number, E-mail)</b>	<b>B. PROJECT DIRECTOR (Name, Address Telephone, Fax Number, E-mail)</b>
<b>C. OFFICIAL AUTHORIZED TO SIGN APPLICATION (Name, Title, Address, Telephone, Fax Number, E-mail)</b>	<b>D. FINANCIAL OFFICER (Name, Title, Address, Telephone, Fax Number, E-mail)</b>

Signature of Grantee - By signing I certify that everything is true to the best of my ability and that I understand the two attachments are part of this application.

**E. TYPE OF APPLICATION (Check one)**    1.  Private  Public  Other  
 (Check one)    2.  NEW  RENEWAL    Former Grant or Contract #:

<b>F. SHORT TITLE OF PROJECT (Do not exceed one typed line)</b>	<b>G. GEOGRAPHICAL AREA TO BE SERVED (List by County)</b>
<b>H. FEDERAL IDENTIFICATION NUMBER (FEIN)</b>	<b>I. POPULATION TO BE SERVED (Type and Numbers)</b>
<b>J. PROJECT DURATION (12 months maximum)</b> TOTAL LENGTH <input style="width: 80px; height: 30px;" type="text"/> MONTHS	<b>K. PROJECT COST</b> <b>GRANT FUNDS REQUESTED</b> \$

**L. PROJECT SUMMARY**

List Connect Kansas Outcomes to be addressed with this program:	

How will this project improve our Child Protective Services System?

List Program Specific Outcomes\* and Indicators\*\*:  
(must have at least three)

**\* Outcome: A specific, measurable benefit or change for an individual or population as a result of participating in program activities. Outcomes may relate to behavior, skills, knowledge, attitudes, values, condition, status, or other attributes.**

**\*\* Indicator: Specific items of information that track a program's success on outcomes. They describe observable, measurable characteristics or changes that represent achievement of an outcome. The number and percent of program participants who are demonstrating desired behaviors are indicators of how well the program is doing with respect to the outcomes.**

**INSTRUCTIONS - RESPOND TO THE FOLLOWING CATEGORIES INDICATING THE ITEM DESCRIPTION PRIOR TO THE RESPONSE:**

**M. BUDGET SUMMARY: Submit completed Budget Summary (Item M).**

**N. BUDGET DETAIL: Attach a Budget Narrative providing details about the items listed on the Budget Summary and any other relevant information. Your narrative should describe budget items for which you are requesting support. Calculation of the cost you are requesting in the award.**

**O. STATEMENT OF PROBLEM AND COMMUNITY NEED: Please describe the problem or community need your project is intended to address.**

- P. OUTCOMES:** Provide methodology for meeting each of the Program Specific Outcomes listed above (Item L-3). (Describe services to be provided to meet the outcomes above.)
- Q. PROJECT STAFF:** Include position descriptions and qualifications of all staff to be associated with this project, include organizational chart.
- R. APPLICANT AGENCY:** Include identifying information and describe how this program will fit with your overall agency mission, vision and guiding principles.
- S. MONITORING AND EVALUATIONS:** Describe your agency's internal monitoring of this program. Describe the process of planning, collecting, analyzing, and reporting results of the program.
- T. SUSTAINABILITY:** Provide an explanation of other sources of income for the project that will ensure continuance after the grant ends. List strategies that may be used to sustain this initiative or its programs after the grant ends.
- U. COMMUNITY COORDINATION AND APPLICATION CIRCULATION:** Describe the planning process including how the proposal was planned in collaboration with other stakeholders and how it will be ongoing.
- V. BACKGROUND AND SCOPE:** Include a brief description of this project and the general scope of services to be provided to clients.
- W. SERVICES TO BE PROVIDED:** Include all specific services to be provided under the grant. This can be in narrative format or in bullet format. Be specific.
- X. DELIVERABLES:** Include anything the grantee must provide back to SRS during the grant term and at completion of the grant. This is generally program or fiscal reports. Include the report format and time frames. (NOTE: Spell out reporting requirements for program reports and fiscal reports together.)
- Y. RISK ASSESSMENT TOOL:** This is used to determine how frequently we will monitor your agency (Item Y).

**BUDGET SUMMARY**  
(Item M)

FUNDING SOURCE	AMOUNT REQUESTED
1. Salaries A. Gross Salary B. Fringe Benefits C. Total A and B	
2. Travel and Subsistence	
3. Furniture and Equipment	
4. Supplies	
5. Consultant	
6. Staff Training and Education	
7. Building, Space, and Maintenance	
8. Other (Specify)	
9. Other (Specify)	
10. Other (Specify)	
11. Indirect Cost	
TOTAL of 1 - 11	

# Risk Assessment Tool

(Item Y)

**Grantee's Name:**

**Fiscal Year End:**

**This “Risk Assessment” form is used to determine how frequently we will monitor your agency. Please select only one number listed under the “Scale” column which accurately reflects your agency and insert this number in the “Score” column. [If the scale you need is not indicated, please use the #1 scale.] Please contact the Program Manager at (785) 296-4653 if you have any questions.**

<u>Risk Category:</u>	<u>Scale:</u>	<u>Score:</u>
Financial Viability	<ol style="list-style-type: none"> <li>1. Three month cash reserve on hand.</li> <li>2. Less than three month reserve but access to other sources of revenue.</li> <li>3. No reserve or access to other funds.</li> </ol>	
Methodology to Accomplish Tasks	<ol style="list-style-type: none"> <li>1. Methodology is clearly described and sufficient.</li> <li>2. Methodology is only partially described or insufficient.</li> <li>3. Methodology is neither clearly described nor sufficient.</li> </ol>	
Staff Experience and Qualifications	<ol style="list-style-type: none"> <li>1. All staff are qualified and experienced in performing stated activities of grant.</li> <li>2. Majority of staff are qualified and experienced in performing stated activities.</li> <li>3. Fewer than 50% of staff are qualified and experienced at performing stated activities.</li> </ol>	
Organization Experience	<ol style="list-style-type: none"> <li>1. Organization has been providing services listed in grant.</li> <li>2. Organization has provided services similar to those listed in grant.</li> <li>3. Organization has not provided same or similar services in the past.</li> </ol>	
Staffing Levels	<ol style="list-style-type: none"> <li>1. Staffing level sufficient to provide services in grant.</li> <li>2. Staffing level insufficient but plans and resources in place in increase level.</li> <li>3. Staffing level insufficient with no plans or resources to increase.</li> </ol>	
Legal Investigations	<ol style="list-style-type: none"> <li>1. No investigations conducted regarding allegations of</li> </ol>	

	<p>wrongdoing.</p> <ol style="list-style-type: none"> <li>2. One or more investigations conducted but allegations unfounded.</li> <li>3. One or more investigations conducted and allegations confirmed.</li> </ol>	
Operating System	<ol style="list-style-type: none"> <li>1. 1. State of the art computer system.</li> <li>2. 2. Computer system several years old and beginning to show signs of being obsolete.</li> <li>3. Current computer system obsolete or no computer system at all.</li> </ol>	
Top Level Management	<ol style="list-style-type: none"> <li>1. 1. Top level management (Program Director, Financial Director, Executive Director, etc.) has been in place for more than year and past work experience in program.</li> <li>2. Top level management new to the organization but have work experience in same or similar programs.</li> <li>3. Top level management new to the organization and have no same or similar work experience.</li> </ol>	
Facility and Equipment Adequacy	<ol style="list-style-type: none"> <li>1. 1. Facility and equipment capable of handling additional needs of grant.</li> <li>2. Facility and equipment need slight upgrade to meet grant requirements.</li> <li>3. Facility and equipment need significant upgrade to meet grant requirements.</li> </ol>	
Accreditation/Licensing (assumes grant will not be issued unless properly licensed)	<ol style="list-style-type: none"> <li>1. 1. Organization properly licensed and program has been accredited by a recognized source.</li> <li>2. Organization meets licensing requirements and is seeking accreditation by recognized source.</li> <li>3. Licensing requirement met but not accredited.</li> </ol>	
Growth of Organization	<ol style="list-style-type: none"> <li>1. 1. Organization has seen small to moderate amounts of growth which has been well-planned and not rushed.</li> <li>2. Small to moderate rapid growth in programs and services offered.</li> <li>3. Moderate to high rapid growth in programs and services offered.</li> </ol>	
Time since Last Audit	<ol style="list-style-type: none"> <li>1. 1. Audit completed by CPA or SRS within the last year. Results of audit are available for review.</li> <li>2. Audit completed by CPA or SRS within the last three years. Results of the audit are available for review.</li> <li>3. No audit or more than three years since last audit by SRS or CPA or organization does not make audit results available for review.</li> </ol>	
Other Service Sources	<ol style="list-style-type: none"> <li>1. 1. More than two organizations capable of performing services of grant (competition) within specified area.</li> <li>2. Two organizations capable of providing services of</li> </ol>	

	<p>grant within specified area.</p> <p>3. Organization is the only source in the area capable of providing services.</p>	
Funding Sources	<p>1. Organization relies little on SRS grants and contracts for funding (less than 25%).</p> <p>2. SRS grants and contracts account for 25% to 75% of total funds.</p> <p>3. Organization relies heavily on SRS sources for funding (more than 75% of total).</p>	