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| **DEPARTMENT OF CHILDREN AND FAMILIES** **TRIBAL FAMILY SERVICES PROGRAM (FSP) ANNUAL GRANT APPLICATION** |
| Legal Name of Tribe | Grant Period: **FFY 2021**(October 1, 2020 – September 30, 2021) |
| Lead Tribal Agency Administering Program |  |  |
| Tribal Agency Director | Telephone | Email |
| Street Address of Tribal Agency | City | State | Zip Code |
| FSP Program Manager | Telephone | Email |
| FSP Fiscal Manager | Telephone | Email |
| FSP Allocation Amount | **$** | IDC Rate Attached[ ]  Yes [ ]  No | Budget Attached[ ]  Yes [ ]  No |
| Name of Tribal Official Authorizing Grant Application |  |  |
| Title of Tribal Official | Date Approved |  |  |
|  |
| **For DCF Use Only** | Date Application Received | Date Application Approved | DCF Grant Manager |

**GENERAL DESCRPTION OF FSP PROGRAM ADMINISTRATION**

**Directions**: Expand the text boxes as necessary for the descriptions.

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| Describe Tribal Agency Responsible for FSP Administration(Describe the tribal agency organization structure and management staff) |  |
| Describe the General Use of FSP Funds(Brief statement on how the FSP allocation will be used) |  |
| Describe how Individuals Access and Receive FSP Services |  |
| Describe the Geographic Service Area for FSP Services(Note any differences from the standard Tribal service area) |  |

**Allocations within the Tribe and Subcontracts** (If Applicable):

* If the lead Tribal agency for the FSP funds allocates any of the funds to other agencies within the Tribe, please list the other Tribal agency, allocation amount and purpose of the allocation.
* List any subcontracts of FSP funds with other service providers for services purchased for Tribal FSP participants.

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| **Subcontractor\* or other Tribal Agency Name** | **Purpose of Allocation/Subcontract** | **Amount of FSP Funds** |
|  |  | $ |
|  |  | $ |

*\*Note: Anything in the subcontractor budget line must also be listed above.*

**FINANCIAL ASSISTANCE TO FSP PARTICIPANTS**

**Directions**: IF FSP funds are used for financial assistance or in-kind assistance to tribal FSP participants, please describe the type of assistance.

If the Tribe provides financial or in-kind assistance to participants in the course of other services (domestic abuse, preventing removal of children, etc.) and tribal staff determine which participants receive assistance and the amount of the assistance, under the eligibility criteria section of the table the Tribe can note that eligibility is determined based on family need. If the Tribe operates a program where participants can apply for financial or in-kind assistance, describe what income and other eligibility criteria are used by the Tribe to approve participants to receive assistance.

Financial assistance: a form of monetary assistance available to participants that can be used to obtain services, meet daily living needs, purchase goods, or pay expenses.

In-kind assistance: a form of non-monetary assistance, goods or services offered free or at less than the usual charge.

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|  | **Financial Assistance**Examples of financial assistance include cash payments, gas cards, store gift cards, paying expenses for participants, debt forgiveness, or other types of financial assistance. | **In-Kind Assistance**Examples of in-kind assistance include food, clothing, housewares, diapers or other types of assistance where the participant receives a good or service provided by the tribal agency. |
| 1. Is this type of assistance provided?
 | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| 2. Describe type of assistance. | If yes, please describe: | If yes, please describe: |
| 3. Target population. | If yes, please describe: | If yes, please describe: |
| 4. Describe eligibility criteria. Include any limitations for assistance.  | If yes, please describe: | If yes, please describe: |
| 5. Maximum amount of assistance. | If yes, please provide the maximum amount of assistance: | If yes, please provide the maximum amount of assistance: |

**GENERAL DESCRIPTION OF FSP SERVICES**

**Directions**: For this section, indicate if FSP funds are used for the service area. If funds are used for a service area, then complete the detailed description for that service area in the grant application. Also indicate the target populations for the service area. Check all of the age groups that apply to that particular service. For example, for services to the entire family, check both the children and adult age groups.

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| FSP Service Area | Part of FSP Services**(Yes/No)** | Target Populations – Check All That Apply |
| Young Children 0-5 | Children 6-13 | Teens 14-18 | Young Adults 19-25 | Adults 26-59 | Elderly 60+ |
| Domestic Abuse |  |  |  |  |  |  |  |
| Permanency for Children |  |  |  |  |  |  |  |
| Preventing Removal of Children |  |  |  |  |  |  |  |
| Family Self Sufficiency |  |  |  |  |  |  |  |
| Youth Services |  |  |  |  |  |  |  |
| Child/Respite Care |  |  |  |  |  |  |  |

**Comments on Service Areas and Target Populations**:

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# DCF Service Area 1: Domestic Abuse (see page 10 in the FSP Program Guidelines and Service Requirements for additional guidance)

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| **Describe the Target Population that will be Served**: |
| **Projected Number of Persons that will be Served:** |
| **Outcomes:** Choose **one or more** of the following outcomes:* Victim/survivors will have strategies for enhancing their safety.
* Victims/survivors will have knowledge of available community resources.
* Victims/survivors will receive advocacy, counselling or supportive services.
* Victims/survivors will receive crisis intervention or shelter services.
* The community will be educated on the causes and impacts of domestic abuse.

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| Outcome Indicator 1 | Outcome Measurement How will data be collected?What are the measurements? | Activity or event descriptionDescribe the service provided, event or activity:Include the name of curriculum or presenters used. |
| Choose an item. |  |  |
| **Baseline Data:** Describe how baseline data will be established and utilized. Include data in the annual report.  | **Goals and Objectives** Use SMART Goals. Include how many participants will be served. Include the timeframe for each event. |
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| **Outcome Indicator 2** | **Outcome Measurement**How will data be collected?What are the measurements? | **Activity or event description**Describe the service provided, event or activity:Include the name of curriculum or presenters used. |
| Choose an item. |  |  |
| **Baseline Data:** Describe how baseline data will be established and utilized. Include data in the annual report. | **Goals and Objectives**Use SMART Goals. Include how many participants will be served. Include the timeframe for each event. |
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| **Outcome Indicator 3** | **Outcome Measurement**How will data be collected?What are the measurements? | **Activity or event description**Describe the service provided, event or activity:Include the name of curriculum or presenters used |
| Choose an item. |  |  |
| **Baseline Data:** Describe how baseline data will be established and utilized. Include data in the annual report. | **Goals and Objectives:** Use SMART Goals. Include how many participants will be served. Include the timeframe for each event. |
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| **Lead Staff Person** | **Job Title** | **Telephone** | **Email** |

# DCF Service Area 2: Permanency for Children (see page 13 in the FSP Program Guidelines and Service Requirements for additional guidance)

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| **Describe the Target Population to be Served**: |
| **Projected Number of Persons to be Served**: |
| **Outcome:** Tribal children will achieve permanency through reunification, long-term guardianship or adoption. |
| Outcome Indicator | **Outcome Measurement**How will data be collected?What are the measurements? | **Activity or event description**Describe the service provided, event or activity:Include the name of curriculum or presenters used |
| Number and % of tribal children who achieve permanency through:* Reunification
* Guardianship
* Adoption
 |  |  |
| **Baseline Data:** Describe how baseline data will be established and utilized. Include data in the annual report. | **Goals and Objectives:** Use SMART Goals. Include how many participants will be served. Include the timeframe for each event. |
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| **Lead Staff Person** | **Job Title** | **Telephone** | **Email** |

# DCF Service Area 3: Preventing Removal of Children (see page 13 in the FSP Program Guidelines and Service Requirements for additional guidance)

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| **Describe Target Population to be Served**: |
| **Projected Number of Persons to be Served**: |
| **Outcome:** Children at risk of being placed out of home will remain safely in their home due to prevention services provided to their families. |
| Outcome Indicator | **Outcome Measurement**How will data be collected?What are the measurements? | **Activity or event description**Describe the service provided, event or activity:Include the name of curriculum or presenters used |
| Number and % of at risk children who remain safely in their home due to prevention activities. |  |  |
| **Baseline Data:** Describe how baseline data will be established and utilized. Include data in the annual report. | **Goals and Objectives:** Use SMART Goals. Include how many participants will be served. Include the timeframe for each event. |
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| **Lead Staff Person** | **Job Title** | **Telephone** | **Email** |

# DCF Service Area 4: Family Self Sufficiency (see page 16 in the FSP Program Guidelines and Services Requirements for additional guidance)

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| **Describe Target Population to be Served**: |
| **Projected Number of Persons to be Served**: |
| **Outcome:** Chose one or more of the following outcomes for assisting low income families to achieve self-sufficiency:* Low-income people become more self-sufficient.
* The conditions in which low-income people live are improved.
* Low-income people own a stake in their community.
* Partnerships among supporters and providers of services to low-income people are achieved.
* Agencies increase their capacity to achieve results.
* Low-income people, especially vulnerable populations, achieve their potential by strengthening family and other

supportive environments. |
| Outcome Indicator 1 | **Outcome Measurement**How will data be collected?What are the measurements? | **Activity or event description**Describe the service provided, event or activity:Include the name of curriculum or presenters used |
| Choose an item. |  |  |
| **Baseline Data:** Describe how baseline data will be established and utilized. Include data in the annual report. | **Goals and Objectives:** Use SMART Goals. Include how many participants will be served. Include the timeframe for each event. |
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| **Outcome Indicator 2** | **Outcome Measurement**How will data be collected?What are the measurements? | **Activity or event description**Describe the service provided, event or activity:Include the name of curriculum or presenters used |
| Choose an item. |  |  |
| **Baseline Data:** Describe how baseline data will be established and utilized. Include data in the annual report. | **Goals and Objectives:** Use SMART Goals. Include how many participants will be served. Include the timeframe for each event. |
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| **Outcome Indicator 3** | **Outcome Measurement**How will data be collected?What are the measurements? | **Activity or event description**Describe the service provided, event or activity:Include the name of curriculum or presenters used |
| Choose an item. |  |  |
| **Baseline Data:** Describe how baseline data will be established and utilized. Include data in the annual report. | **Goals and Objectives:** Use SMART Goals. Include how many participants will be served. Include the timeframe for each event. |
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| **Lead Staff Person** | **Job Title** | **Telephone** | **Email** |

# DCF Service Area 5: Youth Services (see page 18 in the FSP Program Guidelines and Service Requirements for additional guidance)

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| **Describe Target Population to be Served**: |
| **Projected Number of Persons to be Served**: |
| **Outcome:** Choose one or more of the following outcomes for serving youth:* Reduce rate of non-marital pregnancy for youth and promote abstinence to prevent non-marital pregnancy.
* Increase high school graduation rates for youth.
* Promote positive behavior through improved social and other interpersonal skills and responsible decision making.
* Increase economic self-sufficiency through employment, vocational training and post-secondary education.
* Develop independent living skills for youth.
* Support youth to successfully live independently by providing transitional services after they leave home.
 |
| Outcome Indicator 1 | **Outcome Measurement**How will data be collected?What are the measurements? | **Activity or event description**Describe the service provided, event or activity:Include the name of curriculum or presenters used |
| Choose an item. |  |  |
| **Baseline Data:** Describe how baseline data will be established and utilized. Include data in the annual report. | **Goals and Objectives:** Use SMART Goals. Include how many participants will be served. Include the timeframe for each event. |
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| **Outcome Indicator 2** | **Outcome Measurement** | **Activity or event description** |
| Choose an item. | How will data be collected?What are the measurements? | Describe the service provided, event or activity:Include the name of curriculum or presenters used. |
| **Baseline Data:** (keep in mind that baseline data will relied upon in the annual report) | **Goals and Objectives:** (Use SMART Goals) |
| Describe how baseline data will be established and utilized. | Include how many participants will be served. Include the timeframe for each event. |
|  |  |  |
| **Outcome Indicator 3** | **Outcome Measurement** | **Activity or event description** |
| Choose an item. | How will data be collected?What are the measurements? | Describe the service provided, event or activity:Include the name of curriculum or presenters used. |
| **Baseline Data:** (keep in mind that baseline data will relied upon in the annual report) | **Goals and Objectives:** (Use SMART Goals) |
| Describe how baseline data will be established and utilized. | Include how many participants will be served. Include the timeframe for each event. |
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| **Lead Staff Person** | **Job Title** | **Telephone** | **Email** |

# DCF Service Area 6: Child Care and Other Services (see page 20 in the FSP Program Guidelines and Service Requirements for additional guidance)

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| Service Area | Describe Target Population and Planned Service Activities | Projected Number of Persons to be Served |
| 1. Respite Care:
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|  | Define what situations respite care is provided for. |
|  | Explain how respite care providers are paid with FSP funds: |
| 1. Child Care
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|  | Explain how FSP funds are used to supplement the Wisconsin Shares or Tribal CCDBG child care programs: |
|  | Explain how child care providers are paid with FSP funds: |
| 1. Other Services
 |  |  |
| **Lead Staff Person** | **Job Title** | **Telephone** | **Email** |