|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEPARTMENT OF CHILDREN AND FAMILIES**  **TRIBAL FAMILY SERVICES PROGRAM (FSP) ANNUAL GRANT APPLICATION** | | | | |
| Tribe | | Grant Period: **FFY 2017**  (October 1, 2016 – September 30, 2017) | | |
| Street Address | | City | State | Zip Code |
| Tribal Agency Administering Program | |  |  | |
| Tribal Agency Director | | Telephone | Email | |
| FSP Program Manager | | Telephone | Email | |
| FSP Fiscal Manager | | Telephone | Email | |
| FSP Allocation Amount | **$** |  |  | |
| Name of Tribal Official Authorizing Grant Application | |  |  | |
| Title | Date Approved | Telephone | Email | |
|  | | | | |
| **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.

|  |  |
| --- | --- |
| Describe Tribal Agency Responsible for FSP Administration (Indicate other types of services provide by the agency) |  |
| Describe the General Approach to Delivery of FSP Services (Indicate how individuals access and receive 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 the lead agency for the FSP funds allocates any of the funds to other agencies within the Tribe, please list the agency, allocation amount and purpose of the allocation. Also list any subcontracts of FSP funds with services providers other than the Tribe for services purchased for Tribal FSP participants.

|  |  |  |  |
| --- | --- | --- | --- |
| **Allocations of FSP Funds**  (If Applicable) | **Agency Name** | **Purpose of Allocation/Subcontract** | **Amount of FSP Funds** |
|  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

**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.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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**:

|  |
| --- |
|  |

**FINANCIAL ASSISTANCE**

**Directions**: IF FSP funds are used for financial assistance or in-kind assistance to tribal FSP participants, please describe the type of 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 that the participant can use to meet daily living needs, purchase goods or pay expenses. 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.

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** | **In-Kind Assistance** |
| Provided (Yes/No) | Provided (Yes/No) |
| 1. Describe type of assistance. |  |  |
| 1. Target population. |  |  |
| 1. Describe eligibility criteria. |  |  |
| 1. Maximum amount of assistance. |  |  |

# DCF Service Area 1: Domestic Abuse

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe the Target Population and Planned Service Activities**: | | | |
| **Projected Number of Persons to be Served**: | | | |
| **Outcome:** Choose one or more of the following outcomes:   * Participants will have strategies for enhancing their safety. * Participants will have knowledge of available community resources. * Participants will receive advocacy, counselling or supportive services. * Participants will receive crisis intervention or shelter services. * The community will be educated on the causes and impacts of domestic abuse. | | | |
| Outcome Indicator | Data Source | Data Collection Method | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| **Lead Staff Person** | **Job Title** | **Telephone** | **Email** |

# DCF Service Area 2: Permanency for Children

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe the Target Population and Planned Service Activities**: | | | |
| **Projected Number of Persons to be Served**: | | | |
| **Outcome:** Tribal children will achieve permanency through reunification, long-term guardianship or adoption. | | | |
| Outcome Indicator | Data Source | Data Collection Method | |
| Number and % of tribal children who achieve permanency through:   * Reunification * Guardianship * Adoption |  |  | |
| **Lead Staff Person** | **Job Title** | **Telephone** | **Email** |

# DCF Service Area 3: Preventing Removal of Children

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe Target Population and Planned Service Activities**: | | | |
| **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 | Data Source | Data Collection Method | |
| Number and % of at risk children who remain safely in their home due to prevention activities. |  |  | |
| **Lead Staff Person** | **Job Title** | **Telephone** | **Email** |

# DCF Service Area 4: Family Self Sufficiency

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe Target Population and Planned Service Activities**: | | | |
| **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 | Data Source | Data Collection Method | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| **Lead Staff Person** | **Job Title** | **Telephone** | **Email** |

# DCF Service Area 5: Youth Services

|  |  |  |  |
| --- | --- | --- | --- |
| **Describe Target Population and Planned Service Activities**: | | | |
| **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 | Data Source | Data Collection Method | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| **Lead Staff Person** | **Job Title** | **Telephone** | **Email** |

# DCF Service Area 6: Child Care and Other Services

|  |  |  |
| --- | --- | --- |
| Service Area | Describe Target Population and Planned Service Activities | Projected Number of Persons to be Served |
| 1. Respite Care |  |  |
|  | Explain how respite care providers are paid with FSP funds: | |
| 1. Child Care |  |  |
|  | 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 |  |  |