

Ohio Department of Youth Services

1. Program Title					
2. Project Period		Start Date	October 1, 2023	End Date	September 30, 2024
3. Type of Application		New	X	State	
		Continuation	N/A	Local	
4. Budget Summary		Funds Requested		\$	
<p>5. Project Director Information—the project director is the person responsible for project management and the primary point of contact for DYS staff.</p>					
Prefix		First Name		Last Name	
Position Title			Agency		
Address			City		Zip
Area Code and Phone			Area Code and Fax		
Email Address			County		
<p>6. Implementing Agency Information—the implementing agency is the agency that will operate the project. Please list the agency’s Director or President.</p>					
Prefix		First Name		Last Name	
Position Title			Agency		
Address			City		Zip
Area Code and Phone			Area Code and Fax		
Email Address			County		
<p>7. Subgrantee Information—the subgrantee is the unit of local government that will serve as the fiduciary agent for the subgrant. Please list the CEO. Private agencies and state supported universities may act as their own subgrantee.</p>					
Prefix		First Name		Last Name	
Position Title			Agency		
Address			City		Zip
Area Code and Phone			Area Code and Fax		
Email Address			County		
Subgrantee Congressional District(s)				DUNS Number	
Subgrantee Signature					

1. Problem Statement

Describe the issue/problem or condition to be improved upon. This may include the conditions in the geographic area, community, or family, and must detail the impact on the targeted youths. Statistics or other data should be used to substantiate the problem.

2. Program Description

Provide a detailed description of the program to be implemented and explain how it provides a solution to the problem. Please refer to page 5 of the guidelines for the criteria that should be included.

2. Program Description (Continued)

Provide a detailed description of the program to be implemented and explain how it provides a solution to the problem. An additional page may be inserted if needed.

3. Targeted Geographic Area

Explain why the geographic area was selected as the target and how the area will be impacted. Describe whether the activity will target a city, a community/neighborhood, a zip code, or a specific school or school district. Include detail about the city/community conditions and any demographic information relative to the targeted area.

4. Targeted Youth

Describe the youth in the targeted geographic area who will receive the program or services, or who will benefit from the system improvement. ***Other races may be incidental only.*** Youth must be between the ages of 10 and 17 and be at high risk of arrest due to specific risk factors and behaviors.

Population		Juvenile Justice	
American Indian		At risk Population (no prior offense)	
Asian		First Time Offenders	
Black African American		Repeat Offenders	
Hispanic or Latino (of any race)		Sex Offenders	
Native Hawaiian and Pacific Islander		Status Offenders	
Other Race		Violent Offenders	
Age		Other Juvenile Justice	
10 – 11		Mental Health	
12 – 13		Pregnant	
14 – 15		Substance Abuse	
16 – 17			
Gender		Geographic Information	
Male			NA
Female		Suburban	
		Urban	
TOTAL YOUTH TO BE SERVED			

5. Outreach and Referral

Explain how youth will be identified and recruited for participation in the program or service. Describe any outreach activities, referral sources, assessments, or other resources that will be used to reach minority youth and/or to ensure the most appropriate (at-risk) youth participate or benefit from system improvement.

6. Special Requirements

Demonstrate knowledge of adolescent development, demonstrate an understanding of trauma informed care, and explain the plan to engage families in services to youths

7. Organizational Experience and Abilities

Describe the experience and abilities of the applicant organization and program staff, and any contractors that may be used a part of program activities.

8. Performance Measures

Indicate target performance measures and describe how data for OJJDP's predetermined performance measures will be collected and progress will be measured for the following criteria.

The number of program youths served.

The number of service hours provided to youths.

The number of youths with a new offense while receiving services.

The number of youths who re-offended while receiving services.

The number of youths exhibiting the desired change in substance use, school attendance, family relationships, or anti-social behavior. Please specify area(s) of desired change that will be measured.

The number of youths completing program requirements.

The number of minority youths satisfied with the program.