

**Lancaster County Juvenile Justice Prevention Fund**  
**Application Form (2018-2019)**

*Applications are due no later than 5pm on Monday, March 26, 2018. No applications will be accepted past that time. Send all applications to Jenni Ryan at [jryan@lancaster.ne.gov](mailto:jryan@lancaster.ne.gov).*

I. **ORGANIZATIONAL INFORMATION:**

**Provide the following information in two pages using this format.**

A. Organization Name: \_\_\_\_\_  
(List fiscal agent for collaborations)

B. Address/9-digit Zip Code: \_\_\_\_\_  
\_\_\_\_\_

C. Chief Executive Officer: \_\_\_\_\_

1. Telephone Number: \_\_\_\_\_ 2. Fax: \_\_\_\_\_

3. Email Address: \_\_\_\_\_

D. Contact Person and Title: \_\_\_\_\_  
(If other than the Chief Executive)

1. Telephone Number: \_\_\_\_\_ 2. Fax: \_\_\_\_\_

3. Email Address: \_\_\_\_\_

E. Program Name: \_\_\_\_\_

F. Program Summary: (Provide a short, one-sentence summary of your grant proposal - to be used for media releases, etc.)

G. Purpose of Request:

\_\_\_\_\_  
(Signature of Chairperson of the Board)

\_\_\_\_\_  
(Signature of the Chief Executive Officer)

II. FUNDING REQUEST:

Total Amount Available: \$400,000 (contingent on County Board Budget)

Amount of this Request: \$\_\_\_\_\_

Mark the priority youth (ages 17 and under) your program will address:

Youth who are or have been involved in our juvenile justice system.

Youth with high truancy rates, at risk of dropping out of school.

Homeless youth without structure in their lives to enable to them to become productive adults.

Youth at risk of being removed from school due to documented behavioral issues.

Other: \_\_\_\_\_

Please answer the following questions.

1. How many youth will you serve during the course of the year?

2. List active “community partnerships” with your program:

3. What problem(s) will this program address? Provide data to support your identified problem(s).

4. What priority does your program address in our Comprehensive Juvenile Justice Services Plan?

5. Is this a new program? If no, please explain in detail how the program was previously funded and why this funding is needed.

6. If this program was previously funded, please indicate: number of youth served by the program during the last 3 years, and referral source(s) for youth in the program.

7. If this program was previously funded, please provide the number of youth successfully discharged from your program and share a success story.

8. How will the funding requested impact Lancaster County?

9. Please mark the following:

A. Current 501(c)3 status on file:	Yes	No
B. Completed 2015 audit or financial review on file:	Yes	No
C. Has there been any turnover in key personnel in the last year?	Yes	No
D. Has your agency had an unfavorable finding from a grant monitor?	Yes	No

**WORK PLAN**

Agency: \_\_\_\_\_

Best Practice Program:      Yes      No

Program: \_\_\_\_\_

Goal of Project: \_\_\_\_\_

Objective	Activities	Responsible Party	Documentation / Outputs	Impact on Goal

**BUDGET** (Total needs to match your Amount Requested for this grant listed on Page 2)

<b>Category</b>	<b>Amount</b>
<b>Personnel</b>	
<b>Personnel Total</b>	
<b>Consultants/Contracts</b>	
<b>Consultant/Contracts Total</b>	
<b>Travel</b>	
<b>Travel Total</b>	
<b>Operating Expenses</b>	
<b>Operating Expenses Total</b>	
<b>TOTAL</b>	

Budget Narrative

For each budget category (items A – D), please describe in detail all items requested in your budget. Your explanation should include how each item relates to the program being requested with this funding. Match may be shown in the Budget Narrative, but needs to be separated from the overall request.

A. Personnel (if you're requesting more than a 5% increase in salary from last year, please explain.)

B. Consultants/Contracts

C. Travel

D. Operating Expenses

- 8. Add Attachment (not to exceed 1 page) to email:
  - A. Board of Directors