Agenda Item #____

16

NEBRASKA CRIME COMMISSION

FY2023 Community-based Juvenile Services Aid [EB] Application

Nebraska Revised Statute \$43-2404.02

Lead County/Tribe:	Dodge	Phone: (402) 727-2725			
A	Address: 435 N. Park Ave #302				
Address of Applicant:	City: Fremont	State: NE	Zip Code: 68025 – 4977		
List of Partnering Counties/Tribes:	None				
	Name: Meggie Studt		Phone: (402) 512-3970		
	Title: Juvenile Diversion Director	- Priorie. (402) 512-3970			
Lead Project Contact:	Email: dcastudt@dcaoffice.us				
	Address: 435 N. Park Ave #302				
<	City: Fremont	State: NE	Zip Code: 68025 – 4977		
	Name: Bri McLarty	Dhana (400) 707 0705			
	Title: Deputy County Attorney	Phone: (402) 727-2725			
Secondary Project Contact: (optional)	Email: dcamclarty@dcaoffice.us				
Contact. (optional)	Address: 435 N. Park Ave #302				
*	City: Fremont	State: NE	Zip Code: 68025 – 4977		
94	Name: Micki Gilfry	Dhone: (402) 727 2767			
	Title: Dodge County Clerk Assistant	Phone: (402) 727-2767			
Financial Contact:	Email: clerk@dodgecountyne.gov				
	Address: 435 N. Park Ave				
	City: Fremont	State: NE	Zip Code: 68025 – 4977		
AC	Name: Bob Missel	1	(400) 707 0767		
	Title: Chair-Dodge County Board of Supervi	Phone: (402) 727-2767			
Authorized Official:	Email: bob@nebraskacoin.com				
	Address: 435 N. Park Ave				
	City: Fremont	State: NE	Zip Code: 68025 – 4977		

SECTION I: PROGRAM SUMMARY

PROGRAM TYPE TABLE

Complete the table below for each program, service, or system improvement for which you are requesting funds. If a program has several funded components (e.g., staff salaries, curriculum, supplies, etc.), please combine these into a single row in the table. Round up or down to the nearest dollar.

Program types and definitions are located on the Juvenile Justice Institute's website.

Program Title	Over-arching Type	Program Type	Sub-program Type (if applicable)	New OR Current CBA Program	Amount Requested Per Program
Truancy Diversion	Direct Intervention	School Based	Truancy	Currently funded	\$49,003

All programs listed in the table above must equal the total requested amount from the budget.

Total: \$ 49,003

REFER TO PAGE 10 OF THE RFA FOR INSTRUCTIONS

	PROGRAM NARRATIVE: CURRENTLY FUNDED
	Fill out separately for each existing program or service listed in the Program Type Table, including System Improvement Programs
	PROGRAM TITLE: Truancy Diversion
1.	Is this program or service currently [CB]/[EB] funded: 🔲 Yes 🔲 No If No, proceed to <i>Program Narrative: New Request</i>
2.	Briefly describe the need for additional funding that is not being met in the [CB] request: We applied for CB and JS last grant cycle to cover this second position as the CB grant cannot cover 2 positions and contracts. Dodge County is allotted around \$110,000 and that usually only covers personnel for the director, contracts/consultant fees, and trainings/mileage. We have to have a supplemental grant to have a second position. There are no other funds available for this. There are no county funds for this position.
3.	Briefly describe how the county/tribe has supported this program or service, and how program sustainability has been planned if grant funding is not available: The County is supporting this position and has moved Diversion to a bigger office to provide sufficient room to house this position. However, there are no county funds to support this position at this time. If grant funding is not available we would look to other community agencies to help through United Way and Fremont Family Coalition. We would also apply for the JS grant.
4.	List other funding used to support this program, including any match or partial funding provided by the county/tribe: The only other funding used to support the truancy program comes from the CBA grant.
5.	Would this program or service be able to operate with a partial funding award? ☐ Yes ☒ No
6.	Would a partial funding award for this program or service be accepted? ☐ Yes ☒ No If Yes, briefly describe what, if any, changes to services would be implemented: N/a
7.	Was a program narrative for this program submitted in the pending 2023 [CB] application: ⊠ Yes ☐ No If Yes, skip questions 7-10 and proceed to budget section.
8.	Provide a status update of the program or service implementation during year 1 (July 1, 2021-June 30, 2022): n/a
9.	Describe any barriers encountered implementing the program or service in year one and how they were addressed: n/a
10.	. What was the year one goal for this program or service? n/a
	a. Provide a status update on the progress implementing the year one goal: n/a
	b. Was this original goal modified?
	REFER TO PAGE 10 OF THE RFA FOR INSTRUCTIONS

SECTION II: BUDGET

Budget Summary

Category	Requested Amount
Personnel (County/Tribe)	\$ 49,003
Travel (County/Tribe)	\$ 0
Operating Expenses (County/Tribe)	\$ 0
Contract Fee for Service (County/Tribe)	\$ 0
Sub-Awards Total	\$ 0
TOTAL AMOUNT REQUESTED	\$ 49,003

	PERSONNEL TABLE (COUNTY/TRIBE EMPLOYEES)									
Program Title	Position Title and Employee Name	Agency Name	New or Existing (N or E)	Percent Time Devoted	Current Annual Salary	Projected Annual Salary	Percent Salary Requested	Requested Wages	Requested Fringe	Requested Total
Juvenile Intervention Specialist	JIS (unknown- not hired yet)	Dodge County Attorney's Office	Е	100%	\$39,312	\$39,520	100%	\$39,520	\$9483	\$49,003
								Requested Wages Total	Requested Fringe Total	Requested Total
	REFE	R TO PAGE 13 OF	THE RFA	FOR INSTR	UCTIONS	TOTAL F	PERSONNEL	\$39,520	\$9483	\$49,003

		PERSONNEL TABLE BUDGET BREAKDOWN * Fill out for each position listed in the table above *
1.	Р	Program Title and Position Title: Juvenile Intervention Specialist
2.	ls	s this position new or existing: New 🔀 Existing
3.	s 2 ir fr	existing, describe how this position is currently funded and the need to fund the position by this funding ource: This position is currently funded. However, the person in the position took a new job in November 021. This position is vital in helping the director with truancy cases as they tend to take more time and adividual one on one time with the juveniles and families. If this position is funded it eases the caseload form one person (the director) to work with more detail and have a lower caseload for two people, which in turn gives better outcomes for the juveniles we serve.
4.	B fu w a	riefly describe how this request complies with the non-supplanting requirement (the replacing of existing unds that currently support this position with these grant funds): Funding being requested for this position will not be used to replace any state, local, or tribal funds that would, in the absence of these funds, be made vailable for grant purposes. This position is 100% grant funded. There are no further funds available for this osition.
ant	cip	e job description (If existing position, paste in the official job description. If new, type a brief summary of the pated duties.): Job Title Juvenile Intervention Specialist
To ong effect place part Free Emidive	pre oin ort t em ner no plo ersi	vent youth from entering the juvenile justice and child welfare systems by providing crisis intervention and ag case management for youth ages 11-18 that have law enforcement contact. This position is a community to prevent uncontrollable citations, subsequent citations, and escalation that could lead to out of home nent and probation contact. This position is also able to connect families to resources and services in riship with Probation, County Attorney's Office, Fremont Public Schools, Fremont Family Coalition, and not Area United Way. Yee will assist the Juvenile Diversion Director in other juvenile services to include: Coverage of truancy on services as needed and other duties as assigned. Hours will be full time: 40 hours flexible schedule at y – Friday, but hours may vary. Will require some nights and weekends.
	1)	include: Receive intakes from law enforcement and staff cases with County Attorney and Diversion staff to prevent court involvement.
		Provide case management for youth ages 11-18 with status offenses, youth who obtain additional citations, and/or truancy referrals. Assist law enforcement, schools, families, and other entities by providing targeted interventions for youth exhibiting at rick behaviors such as substance use truency, represents at a
	4) 5)	exhibiting at-risk behaviors such as substance use, truancy, runaways, etc. Collaborate with local schools to provide services for youth who have missed less than 20 days of school. Complete intake and assessments with youth and families. Based on findings from assessment, connect
	6)	families to appropriate community services and resources. Participate in regular community meetings including; Truancy Task Force, Fremont Family Coalition, and Juvenile Services meetings.
95	7)	Follow all grant requirements through the Crime Commission.

8) Main duties will include working with truant and uncontrollable youth.

(Continued on next page)

Oualifications / Skills

- Bachelor's Degree in Criminal Justice or related field, major course work in criminal justice; social sciences; education; or closely related fields (Bachelor's degree not required, but strongly considered)
- Experience with direct services or social work accepted in lieu of education
- Field experience working with juveniles
- Bilingual (not required, but strongly considered)
- Knowledge of community resources and counseling/social work practices with high risk populations
- Experience working with persons in crisis
- Good documentation skills
- Excellent written and verbal communication skills, ability to establish rapport.
- Ability to motivate others towards achieving goals.
- Ability to work independently with strong sense of focus, task-oriented, non-judgmental, open personal qualities, clear sense of boundaries
- Ability to work cooperatively with staff and volunteers
- Exhibit initiative, responsibility, flexibility and leadership
- Ability to maintain flexible attitude and approach towards assignments and successfully operate under guidelines
- A strong sense of and respect for confidentiality involving both clients and fellow employees
- Ability to work in a variety of settings with culturally-diverse families and communities with the ability to be culturally sensitive and appropriate
- Ability to operate telephone, copier, fax machine, and computer
- Must be proficient in MS Office software Word, Excel, and Outlook

Minimum Qualifications

Graduation from a senior high school or equivalent supplemented by college-level coursework in human or behavioral sciences, or other specialized training with some experience in a capacity related to the position and

Y I I I I I I I I I I I I I I I I I I I
ram; or any equivalent combination of education and experience which provides the desirable knowledge,
ties and skills.
Was there an annual salary increase of more than 5.8%: ☐ Yes ☐ No **This is not a recommendation of what a salary increase rate should be, rather if the rate exceeds the CPI Midwest rate then justification by county board action must be provided. **
a. If yes, did the governing board determine the annual salary increase: — Yes — No i. If yes, attach the governing board meeting minutes supporting the salary increase.
b. If the governing board did not approve the annual salary increase, provide explanation for the salary increase above 5.8%: n/a
Provide a personnel budget breakdown on the following: a. Breakdown of wages for this position (Hours x hourly rate = total): \$19/hour x 2080 = \$39,520 FT (\$1520 per pay period) plus \$6,000 stipend (insurance) = \$45,520 b. Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested. i. FICA: 7.65% of gross \$45,520 = \$3482.28 ii. Retirement: n/a iii. Insurance: n/a iv. Other (such as LTD, LIFE, ADD, etc.) Please specify: \$6,000 stipend for insurance

*REFER TO PAGE 14 OF THE RFA FOR INSTRUCTIONS

Section III: Funding Disclosures

Disclosure of Pending Applications

Applicants are to disclose any pending applications, submitted within the last 12 months for federally and/or state funded grants that include requests for funding to support the <u>same project proposed</u> under this solicitation and <u>will cover the identical cost</u> items outlined in the budget in the application under this solicitation.

Mark none if there are no pending applications.

Program from Program Type Table	Funding Agency	Grant/Project Name	Name/Phone/Email for Point of Contact at Funding Agency
None	None	None	None

Section IV: Memorandums of Understanding

Counties or tribes applying as a group must submit a current copy of the MOU signed by each participating county board chair or tribal council chair confirming their commitment to the proposed joint project(s) in this application and agreeing to join with the Lead county/tribe. It is preferred that MOU's include the electronic signature of each county or tribe's respective signature. If not possible, a scanned copy will be accepted with the application.

Section V: Electronic Submission

As Lead Project Contact of this grant application, I assure that this electronic PDF submitted to the Nebraska Crime Commission is the final document which will be signed by the Authorized Official. I acknowledge I am required to submit an electronic copy to the Nebraska Crime Commission. The electronic copy must be submitted as a PDF version of the original Microsoft Word document. I acknowledge that a scanned version of the electronic copy will not be accepted.

Meggie Studt	12/22/2021		
Typed Name of Lead Project Contact	Date		

Section VI: Signature

CERTIFICATION

I certify the information in this application is accurate and as the Authorized Official for this project, hereby agree to comply with all provisions of the grant program, requirements outlined in the Request for Application, requirements of the Nebraska Crime Commission, and all other applicable federal and state laws.

I authorize the lead project contact, secondary project contact and financial contact to act on behalf of the Authorized Official for grant management purposes and fulfillment of the grant program.

Note: The Authorized Official must be the County Board Chair or Tribal Council Chair. If more than one county or tribe is participating in the grant application then the signature of the Lead County Board Chair or Tribal Council Chair is required.

Name and Title of Authorized Official: Bob Missel, Chair Dodge County Board of Supervisors	
Signature of Authorized Official:	
Date:	