

NEBRASKA CRIME COMMISSION
 FY2023 Community-based Juvenile Services Aid
 Supplemental [EB] Application
 Nebraska Revised Statute §43-2404.02

Agenda Item # 21

Lead County/Tribe:	Dodge	Date	<u>7/27/22</u>
Address of Applicant:	Address: 435 N. Park Ave #302		
	City: Fremont	State: NE	Zip Code: 68025 – 4977
	Phone: (402) 727-2725		
List of Partnering Counties/Tribes:	none		
Lead Project Contact:	Name: Meggie Studt		Phone: (402) 512-3970
	Title: Juvenile Diversion Director		
	Email: mstudt@dodgecountyne.gov		
	Address: 435 N. Park Ave #302		
	City: Fremont	State: NE	Zip Code: 68025 – 4977
Secondary Project Contact: (optional)	Name: Bri McLarty		Phone: (402) 727-2725
	Title: Deputy County Attorney		
	Email: bmclarty@dodgecountyne.gov		
	Address: 435 N. Park Ave #302		
	City: Fremont	State: NE	Zip Code: 68025 – 4977
Financial Contact:	Name: Micki Gilfry		Phone: (402) 727-2767
	Title: Dodge County Clerk Assistant		
	Email: clerk@dodgecountyne.gov		
	Address: 435 N. Park Ave		
	City: Fremont	State: NE	Zip Code: 68025 – 4977
Authorized Official:	Name: Bob Missel		Phone: (402) 727-2767
	Title: Chair-Dodge County Board of Supervisors		
	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
Diversion	Direct Intervention	Diversion	Diversion	current	\$6275
Truancy Diversion	Direct Intervention	School based	Truancy	current	\$6275
All programs listed in the table above must equal the total requested amount from the budget.					Total: \$ 12,550

REFER TO PAGE 10 OF THE RFA FOR INSTRUCTIONS

SECTION II: BUDGET

Budget Summary

Category	Requested Amount
Personnel (County/Tribe)	\$ 0
Travel (County/Tribe)	\$ 0
Operating Expenses (County/Tribe)	\$ 0
Contract Fee for Service (County/Tribe)	\$ 5550
Sub-Awards Total	\$ 7000
TOTAL AMOUNT REQUESTED	\$ 12,550

CONTRACTS (COUNTY/TRIBE)

All rates requested must be reasonable and consistent with those paid for similar services in the marketplace and in alignment with the work proposed. A market analysis may be required for any rate that is not verifiable as consistent with the rates in the market. Rates shall not exceed reimbursement rates from Medicaid and/or Probation Administration for the same or similar service.

Program Title <i>From Program Type Table</i>	Service Type <i>Example: Family Support, Community Youth Coaching, EM, Mediation, Counselor, etc.</i>	Provider Name	Rate	Number of Occurrences	Amount Requested
Diversion	Therapy	Capstone	\$75	74 <input checked="" type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$5550
CONTRACT FEES TOTAL					\$5550

REFER TO PAGE 16 OF THE RFA FOR INSTRUCTIONS

Sub-Award Budget Summary

Agency Name	Personnel	Travel	Operating Expenses	Contracts	Requested Amount
Aspire for Greatness	\$0	\$0	\$7000	\$0	\$7000
TOTAL AMOUNT REQUESTED					\$7000

SUB-AWARD OPERATING EXPENSES

All operating expenses must be necessary for program function and directly related to effectively meeting the program goals and outcomes. Operating expenses cannot be overarching expenses of an office, but rather for the program or service only. Pro-rate operating expenses accordingly. All allowable operating expenses will be reviewed on a case-by-case basis.

DO NOT CHANGE OR ADD CATEGORIES

AGENCY NAME: Aspire for Greatness

Program Title: Mentor	Detailed Budget Breakdown	Amount Requested
Food for Youth	Dry snacks, candy, etc to have at classes and programming. \$2000/52 weeks per year = average \$38 per week on food/snacks for youth.	\$2000
Incentives for Youth	\$5 or \$10 gift cards to local businesses.	\$5000
OPERATING EXPENSES TOTAL		\$7000

BUDGET NARRATIVE

1. If requesting funds for educational materials, list the name and purpose for each material: n/a
2. If requesting program equipment, list each item requested and purpose. Include three quotes: n/a
3. For each operating expense requested above, explain how each is necessary to meet the goals and outcomes of the program: Incentives are used for encouragement and reminders for students to achieve their goals. This could be gift cards, fidgets, journals, sketch pads, etc. Typically, we utilize \$5 or \$10 gift cards to local businesses.
Food for youth is a great incentive. For youth after school, they are typically hungry and having snacks on hand helps keep them focused and engaged.

REFER TO PAGE 7 OF THE RFA FOR ALLOWABLE/UNALLOWABLE EXPENSES

SUB-AWARD TOTAL *Fill out separate total for each Sub-Award*	
AGENCY: Aspire for Greatness	
PERSONNEL FEES	\$0
TRAVEL FEES	\$0
OPERATING FEES	\$7000
CONTRACT FEES	\$0
TOTAL AMOUNT REQUESTED	\$7000

Section III: Funding Disclosures

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

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 - County Board Chair

Signature of Authorized Official:

Date: