

LOCAL ALLOCATION PLAN

STATE FISCAL YEARS 2004 & 2005



COUNTY _____

- ' Local Prevention Advisory Board
- ' Family & Children 1st Council (functioning as the Local Prevention Advisory Board)

CONTACT PERSON:

STREET ADDRESS:

CITY/ STATE/ ZIP:

PHONE:

FAX:

E-MAIL:

ASSURANCE

I certify that all information in this document is accurate and true to the best of my knowledge, and that grants awarded from Ohio Children's Trust Fund monies will support only primary and secondary child abuse/ neglect prevention efforts, will not be targeted to families or individuals case managed by the public children services agency, and will not be used to supplant existing funding. I further assure that this plan was approved by the Local Prevention Advisory Board/ Family & Children First Council as a whole and that the Board/ Council will adhere to all other provisions outlined in the current Ohio Children's Trust Fund Biennial State Plan.

Printed Name of Board/ Council Chair

Signature of Board/ Council Chair

Date

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ACTIVE INVOLVEMENT OF COMMUNITY MEMBERS IN THE PROCESS OF IDENTIFYING & PRIORITIZING PREVENTION NEEDS & EVALUATING APPLICATIONS

<u>NAME</u>	<u>REPRESENTS</u>	<u>HELPED IDENTIFY NEEDS</u>	<u>HELPED PRIORITIZE NEEDS</u>	<u>EVALUATED APPLICATIONS</u>

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PREVENTION NEEDS & PRIORITIES

EXPLAIN HOW YOUR COUNTY-S CHILD ABUSE/ NEGLECT PREVENTION NEEDS WERE *IDENTIFIED*.

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DESCRIBE THE PROCESS BY WHICH THE IDENTIFIED PREVENTION NEEDS WERE PRIORITIZED.

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LOCAL PREVENTION NEED(S): <i>Please be specific in defining each need</i>	PRIORITY RANK FOR THIS BIENNIUM	X = WILL RECEIVE FUNDING THIS BIENNIUM

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APPEAL PROCESS

DESCRIBE YOUR APPEAL PROCESS IN DETAIL.

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APPLICANTS APPROVED FOR FUNDING

APPLICANT NAME	PROGRAM/ SERVICE NAME	ADDRESSES PREVENTION PRIORITY #	YEAR 1 AMOUNT	PROJECTED YEAR 2 AMOUNT

PLEASE ATTACH THE COVER PAGE & PROPOSED DELIVERABLES PAGE(S) FROM EACH APPLICATION APPROVED FOR FUNDING.



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MONITORING

DESCRIBE HOW YOU WILL MONITOR EACH GRANTEE TO ASSURE THAT

- g SERVICES ARE BEING DELIVERED AS PROJECTED
- g EVALUATION OF INDIVIDUAL OUTCOMES IS BEING REGULARLY CONDUCTED
- g THEY ARE MANAGING OCTF MONIES IN A FISCALLY ACCOUNTABLE MANNER



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HOW WILL THE TECHNICAL ASSISTANCE NEEDS OF GRANTEES BE DETERMINED ?

HOW WILL THE TECHNICAL ASSISTANCE NEEDS OF GRANTEES BE ADDRESSED ?

(WHAT KIND OF ASSISTANCE DO YOU ANTICIPATE NEEDING FROM TRUST FUND STAFF ?
Please be specific.