

**THE OHIO CHILDREN'S TRUST FUND
APPLICATION FOR FUNDING
FISCAL YEARS 2004 & 2005**



COVER PAGE

PROGRAM/SERVICE NAME:	
APPLICANT NAME (Funds sent here):	IMPLEMENTING AGENCY (Delivers Services):
ADDRESS:	ADDRESS:
FEDERAL TAX ID NUMBER:	
CONTACT PERSON:	PROGRAM/SERVICE DIRECTOR:
TELEPHONE:	TELEPHONE:
FAX :	FAX:
E-MAIL:	E-MAIL:
AMOUNT REQUESTED YEAR 1: \$	AMOUNT REQUESTED YEAR 2: \$

We certify to the best of our knowledge that data in this application is correct and this document has been duly authorized by the governing body of the Applicant. We further certify that if this application is approved, that said program/ service will be carried out in accordance with the current Ohio Children's Trust Fund Biennial State Plan.

SIGNATURE _____
APPLICANT-AUTHORIZED OFFICIAL

SIGNATURE _____
PROGRAM/SERVICE DIRECTOR

DATE: _____

DATE: _____

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NARRATIVE PAGE

PROGRAM/ SERVICE

NAME: _____

**ANSWER THE FOLLOWING QUESTIONS SEPARATELY REGARDING EACH
PROGRAM/SERVICE
FOR WHICH FUNDING IS REQUESTED**

1. Identify the issue this program/service will address. Provide information such as its prevalence (how widespread), frequency of occurrence, the short term and long term effects of this issue and how it relates to child abuse and neglect.
2. How will this program/service *help prevent* child abuse and neglect ?
3. Who will be served by this program/ service ? Please be specific with regards to relevant demographics.
4. How many people will receive services each fiscal year (July 1- June 30) ?
***NOTE: If Trust Fund monies constitute only 25% of the TOTAL program/ service budget, then list only 25% of the total number to be served.**

of adults= _____ # of children/ teens= _____
5. Describe the proposed program. Indicate **how, when and where services will be provided.**
6. What are the desired outcomes this program/service will accomplish? *Please be specific and describe outcomes in measurable terms.*
7. How will achievement of individual outcomes be evaluated ?
--Indicate what methods and instruments will be used to measure effectiveness/ outcomes. Please attach a copy of the instrument/ evaluation tool.

--Specify when evaluation will be done and whether it will involve all participants or a sample of participants; if using a sample, specify sampling methodology and sample size.



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PROPOSED DELIVERABLES

COUNTY _____
PROGRAM/ SERVICE _____
NAME: _____

PROVIDE A ***CONCISE BUT SPECIFIC*** DESCRIPTION OF ***EACH SERVICE*** FOR WHICH FUNDING IS REQUESTED (THE DELIVERABLE(S)). USE A SEPARATE PAGE FOR EACH SERVICE & INCLUDE DETAILS WHICH DESCRIBE THE TARGET POPULATION, HOW MANY WILL BE SERVED, WHAT THE SPECIFIC SERVICE WILL BE, WHERE & WHEN THE SERVICE WILL BE PROVIDED. ***ALSO SPECIFY WHAT THE INDIVIDUAL UNIT OF SERVICE WILL BE & HOW MANY UNITS ARE PLANNED FOR THE GRANT YEAR. PLEASE FOLLOW THE EXAMPLES BELOW.***

EXAMPLES

DELIVERABLE- Provide 10-session series of parent education classes based on the 3STEP-curriculum 4 times a year. Each series will serve 20 parents of school-age children.
UNIT OF SERVICE=1 parent attending 1 class session
TOTAL UNITS PLANNED= 20 parents attending a 10 session series of classes = 200 units x 4 series per year =800 units

DELIVERABLE - Publish and distribute to 1,000 TANF parents a quarterly newsletter (Jan., April, July, Oct.) with helpful parenting tips and information about free or inexpensive community activities & resources for families.
UNIT OF SERVICE = 1 TANF parent receiving 1 copy of the newsletter
TOTAL UNITS PLANNED = 1,000 parents receive 1 newsletter=1,000 units x 4 times per year = 4,000 units

DELIVERABLE- A *Parent Educator* will make twice monthly home visits to 20 teen parents of newborns. Visits will include information & demonstrations about infant care, health issues and child development.
UNIT OF SERVICE = 1 teen parent receiving 1 home visit
TOTAL UNITS PLANNED = 20 teen parents x visits twice per month=40visits per month x 12 months=480 units