

FUNDING OPPORTUNITY FOR TRIAL COURTS

Court Improvement Program Data Grant

The State Court Administrative Office-Child Welfare Services division (SCAO-CWS) invites all trial courts to apply for a Court Improvement Program (CIP) Data grant. The CIP is a federally-funded program that is designed to improve the quality and depth of child protective proceedings while ensuring foster youth's safety, timely permanency, and well-being.

Purpose

This funding opportunity is specific to the *Michigan CIP Data Collection and Analysis Grant*. Projects funded by this grant must be used to improve child abuse/neglect proceedings utilizing a data-informed approach.

Priority Funding

The following areas will be given priority for funding through this grant.

- Provision of court orders to parties and the Department of Health and Human Services on the same day the court hearing is held.
- Electronic exchange of the petition and order for after-hours removal requests.
- Evaluation of current juvenile court projects.
- Sharing of information between the court and agency to track cases, determine the average length of time between hearings, and identify system improvements to ensure timely permanency for foster youth.
- Implementation of strategies to achieve timely and complete court orders.
- Evaluation to help identify reforms to improve child protection outcomes.
- Consultation to review the accuracy and completeness of the court's Permanency Indicators Reports.

Other projects may receive funding depending on the availability of resources.

Funding and Match Requirements

SCAO-CWS has allocated \$100,000 under this program to fund grants to trial courts to enhance court performance, improve timeliness to permanency, and/or ensure foster youths' safety and well-being.

To be eligible for a grant under this program, the court must be willing to provide a 25 percent match. This match requirement may be fulfilled by in-kind contributions of services, equipment, or property (e.g., the court may use the value of an individual's time spent on the project as the match requirement unless the person is federally funded as federal funds may not be used as match).

Application Period

Applications may be submitted between July 16, 2015 and August 28, 2015, and awards will be issued by September 18, 2015. All grant funding must be obligated by September 30, 2016. Grants issued under this program are for one year, but funding may be extended an additional 2 years depending on Michigan's CIP grant funding levels, which are determined annually.

For questions about this funding opportunity or if you want to know if an idea falls under this grant, please contact Kelly Wagner at 517-373-8671 or WagnerK@courts.mi.gov.

**Request for Funding
SCAO-CWS Court Improvement Program
Data Collection & Analysis Grant**

Applicant Name & Title: _____

Court & Address: _____

Email: _____

Phone: _____

Date Application Submitted: _____

Amount of Request: _____

- 1. Please describe the project and its purpose.**

- 2. Please clearly indicate what will be measured, and how the results will be measured.**

- 3. Please include the attached Budget Summary with this application.**

Submit applications to Suzy Crittenden at CrittendenS@courts.mi.gov by August 28, 2015.

BUDGET SUMMARY

SCAO-Child Welfare Services Data Collection & Analysis Grant Application

Court Name: _____

| Budget Summary | | |
|-----------------|---|------------|
| Budget Category | | Total Cost |
| A | Personnel | \$ |
| B | Fringe Benefits | \$ |
| C | Contractual | \$ |
| D | Supplies/Operating | \$ |
| E | Travel | \$ |
| F | Equipment | \$ |
| G | Match requirement (25%) | \$ |
| H | Total Project Cost (by Funding Source) | \$ |

Person Completing Budget (Signature)

Date

Print Name

Email

Contact Number

| Personnel | | | |
|------------------------|---------------------|---------------------|--------|
| Name/Position | Salary (Hours/Rate) | Fringe (Hours/Rate) | Amount |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Personnel Total | | | \$ |

| Consultant/Contractual Expenses | | |
|-----------------------------------|-----------------------------------|------------|
| Name of Contractor & Organization | Unit Cost of Service & # of Units | Total Cost |
| 1. | | \$ |
| Service to be provided: | | |
| 2. | | \$ |
| Service to be provided: | | |
| 3. | | \$ |
| Service to be provided: | | |
| Total Contractual | | \$ |

| Equipment | | |
|------------------------|--------------------------------|------------|
| Item | Unit Cost of Item & # of units | Total Cost |
| | | |
| | | |
| Total Equipment | | \$ |

| Travel for Participants | | |
|-------------------------|-------------|------------|
| Type of Travel Expense | Computation | Total Cost |
| | | |
| Total Travel | | \$ |

Please send this Budget Summary with your CIP grant application to Suzy Crittenden at CrittendenS@courts.mi.gov by August 28, 2015.