Family Center for Children and Youth with Special Health Care Needs (Family Center)

Local Health Department Small Grant Cycle 2016-2017

Guidelines

Grant year: October 1, 2016 through September 30, 2017 (12-month period)

Objectives:

(1) Increase outreach efforts to families who have a child(ren)/youth with special health care needs (including all children who have, or are at an increased risk for: physical, developmental, behavioral or emotional conditions)

(2) Educate the community and target audiences about the Children's Special Health Care Services (CSHCS) and the Family Center's program and benefits

(3) Increase family support and involvement through implementation of family-centered activities in order to,

(4) Obtain feedback regarding improvements in the systems of care serving families, including LHD policies and procedures

Purpose:

Local Health Departments/Districts are eligible to apply for up to $10,000 to meet the objectives outlined above.

Here are some examples of opportunities to achieve these objectives:

- Hire a parent of a child with special health care needs to coordinate grant related activities
- Create and/or maintain parent advisory groups to the LHD
- Educate and promote CSHCS programming, including the Family Center and Children with Special Needs Fund, to parents who have children that may or may not be currently enrolled by using newsletters, attending outreach events in the community, social media, etc.
- Hold focus groups for targeted populations
- Use grant funds to provide financial assistance to remove barriers for families so they may be able to participate in the feedback process. This may include: paying stipends for attendance, childcare reimbursement, group/event refreshments, and transportation and/or mileage to and from meetings and forums related to the goals of the grant

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Guidelines (Cont'd)

Grant Requirements and Award Process

Please submit the grant application (including work plan) by the deadline listed below. If you were a grant recipient for the prior year, please submit a progress report on your current project alongside the current application.

Applications will be reviewed using a collaborative approach between the Family Center and CSHCS. Since this is a competitive grant process, preference will be given to the grant applicant that shows a demonstrated ability to meet/exceed the objectives and purpose of the grant. Notification of award will be made by the end of August 2016.

After the close of the grant period, a final grant report will need to be submitted. This grant report can be submitted as a narrative and should include proof of deliverables for the Work Plan and Budget submitted at the time of application. Examples of these proofs may include (but are not limited to): examples of marketing materials, sign-in sheets for events, satisfaction surveys, and proofs of outreach efforts.

Grant Deadlines

Grant Application Due Date: ***August 5, 2016***

Notification of Award: ***August 31, 2016***

Funding Awarded to Recipient after: ***October 1, 2016***

Funds Expend Date: ***September 30, 2017***

Final Grant Report due to Family Center: ***October 31, 2017***

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Grant Application

Please carefully read the criteria for submission.

The Family Center may also request additional information after the application is submitted.

Local Health Department and/or District Name: _____

Address: _____

County(ies): _____

Amount Requested: _____

Primary Contact Information:

Phone: _____

Email: _____

_____
Lead Project Coordinator Name

_____
Lead Project Coordinator Signature

_____
Health Officer Name

_____
Health Officer Signature

_____
Date

_____
Date

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Local Health Department Small Grant Cycle 2016-2017

Grant Application (Cont'd)

Please include the following information with your grant application:

Project Description and Work Plan

The Project Description and Work Plan include the overall goals and objectives of the project. Submit a work plan that states the project's objectives, activities, timeframe, and outcomes (work plan template attached).

Outcome Measures and Evaluation Component

Discuss outcomes and any other measurable benefits to be derived from the project in the form of project outcomes and an evaluation component. Outcomes should describe the project's expected results in terms that are quantifiable and time-limited and should be included in the work plan template.

Budget Section

Complete the budget form included in this application packet. Include a narrative of the proposed budget. Explain how the cost of the project was determined. Include any cost sharing that will occur among the project partners and identify expenses that will be cost-shared if any. Please note: the grant money is not intended to fund LHD staff.

Due Date: **August 5, 2016**

Please complete and return the grant application to:

Family Center
CSHCS
Attention: Lisa Huckleberry
320 S. Walnut – 6th Floor
Lansing, MI 48913

Fax: 517-241-8970
Scan as PDF and send: huckleberryl@michigan.gov

For questions, please call Lisa at (517) 335-0407 or send an email to huckleberryl@michigan.gov

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Budget Form

LHD Grant Application Budget Form

	Grant Funds	Other Funds	In Kind	TOTAL
Contractor				
LHD Support				
Supplies				
Mileage				
Participation Reimbursement				
Volunteer				
Other				
TOTAL				

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Budget Justification Narrative
(use additional pages as needed)

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Local Health Department Small Grant Cycle 2016-2017

Work Plan Project Narrative
(use additional pages as needed)

State the overall goal of the project, and list: objectives, timeframe andoutcomes

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Local Health Department (LHD) 2016-17 Small Grant Guidelines and Application

Work Plan Template

Objectives	Activities	Outcomes	How Measured