



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

Local Health Department Grants - 2014 Grant Application and Guidelines

Guidelines

Each Local Health Department (LHD) is eligible to receive up to \$10,000 for the following purpose:

- To increase outreach efforts to families who have a child(ren)/youth with special health care needs about the Children's Special Health Care Services (CSHCS) program and the benefits.
- To increase parent input and obtain feedback from families in the community regarding improvements in the system of care and how to more successfully involve, support, and incorporate family involvement into the LHD policy and procedure process.

Grants are not limited to, but can be used to hire a parent of a child with special health care needs and/or have staff coordinate efforts to develop parent support groups (must include a parent input component) or advisory groups to the LHDs. This grant can also be used to educate and promote CSHCS to parents who have children enrolled, or not enrolled, in CSHCS using newsletters, community events, social media, etc. In addition, LHDs can use this to assist with paying stipends for families to participate in the feedback process; childcare reimbursement so families can attend meetings and forums; group/event refreshments; and travel to and from meetings and forums related to the goals of the grant.

The grant funding must be expended by August 31, 2015. The work plan should be completed for the 12 month time period of September 1, 2014 through August 31, 2015. The grant application including the work plan is a part of this document. If you were a 2013 grant recipient, please submit a progress report on your current project, along with the 2014 grant application and work plan.

Application Process

Application deadline is **July 31, 2014**. Please complete and mail the grant application to:
Children's Special Health Care Services
Attention: Candi Bush, Director of FCCYSHCN
320 S. Walnut – 6th Floor
Lansing, MI 48913

For questions, please call Candi at (517) 241-7197 or send an email to bushc9@michigan.gov.

Review and Award Process

1. After examination of guideline compliance, CSHCS and FCCYSHCN staff will review the applications.
2. Applicants and notification of grantees is expected to be released mid-August, 2014.

Final Reporting

1. A final project report and evaluation are required and due to the FCCYSHCN within 30 days of the end of the grant.

FCCYSHCN Application for Expanding Outreach for CSHCS

Local Health Department: _____

Contact Person: _____ Signature _____

Phone Number: _____ E-mail: _____

Health Officer Name: _____ Signature _____

1. 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).

2. 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 be included in the work plan template.

3. Budget Section

Complete the form below. Include an explanation 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.

	Grant Funds	Other Funds	TOTAL
Contractor			
LHD Support Staff			
TOTAL			

Budget Justification Narrative:

Work Plan – State the overall goal of the project, and list objectives, activities, timeframe and outcome.

Project Goal:			
Objectives	Activities	Time Frames	Outcomes