

## Guidelines

### **Grant year:**

October 1, 2022, through September 30, 2023

### **Objective:**

Increase family support, knowledge, and advocacy skills through implementation of in person, face-to-face, family-centered support/educational groups for families of children with special health care needs (including all children who have, or are at an increased risk for: medical, physical, developmental, behavioral, or emotional conditions).

And/or

Increase family support, knowledge, and advocacy through implementation of online/social media, family-centered support/educational groups for families with children with special health care needs (including all children who have, or are at an increased risk for: medical, physical, developmental, behavioral, or emotional conditions).

### **Purpose:**

Local Health Departments/Districts are eligible to apply for up to \$5,000 to meet the objectives outlined above. Due to the competitive nature of this grant and its purpose, we have had to prioritize activities in which we can fund.

Those who are requesting funding for online/social media groups are eligible to apply for up to \$5,000, with up to \$2,500 going towards online/social media groups. There is an additional page (page 7) that will need to be completed to request funding for online/social media groups.

Here are the requirements of the grant to receive funding:

- A parent of a child with special health care needs must be hired/contracted/reimbursed to coordinate and lead all grant related activities to receive funding. LHD Staff, who are the parent of a child with a special health care need, may only be used to fulfill this requirement if they are not reimbursed/compensated for time spent on grant activities. They may donate their time under "in-kind."
- In person, face-to-face, family-centered support/educational groups must be run by the hired/contracted/reimbursed parent to receive funding (up to \$5,000 total with or without online/social media).
- Online/social media, family-centered support/educational groups must be run by the hired/contracted/reimbursed parent to receive funding (up to \$2,500 of the \$5,000 total may be used towards online/social media).

## **Guidelines (Cont'd)**

Here are some examples of activities that we can fund to meet objective of the grant: Funds may be used to reimburse educational speakers on disability related topics. Presenters are not a requirement to receive funding through this grant. You are encouraged to partner with other local agencies for educational opportunities during group meetings. Here is a small sampling of options:

- Community Mental Health (CMH)
- Intermediate School District/Regional Education Service Agency (ISD/RESA)
- Women, Infants, and Children (WIC)
- Hospitals/Health Care Providers
- Local chapters of national/international diagnosis specific associations
- Disability related, community-based organizations

Use grant funds to provide financial assistance to remove barriers for families' participation in the support/educational groups. This may include paying stipends for attendance; childcare reimbursement (on site or in home); group refreshments; transportation and/or mileage to and from support/educational groups. Mileage may not be used for staff.

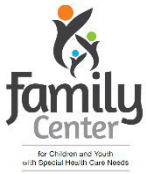
## **Grant Requirements and Award Process**

Please submit completed grant application in its entirety by the deadline listed below.

Applications will be reviewed by a review committee within the Family Center. Since this is a competitive grant process preference will be given to the grant applicant that shows a demonstrated ability to meet/exceed the objective and purpose of the grant. Demonstrating the use of "in-kind" is not required for this grant, however it is highly encouraged. Notification of award will be made after Friday, September 23, 2022.

Semi-annual reports are required. Grant reports can be submitted as a one-paragraph narrative that includes proof of deliverables for the Work Plan and Budget submitted at the time of application. This may include examples of marketing materials, sign-in sheets for events, satisfaction surveys, proof of outreach efforts, and updated budget with expenditures. Original itemized receipts or scanned copies of original itemized receipts will be required with each grant report.

## **Grant Requirements and Award Process (Cont'd)**



## Local Health Department (LHD) Small Grant Cycle 2022-2023

After the close of the grant period, a final grant report must be submitted. This grant report can be submitted as a narrative and must 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 support/educational groups, satisfaction surveys, and an updated budget showing expenditures. Original itemized receipts or scanned copies of original itemized receipts will be required with final grant report.

**\*\* Please note, all grant awards are contingent upon availability of funds.\*\***

As a courtesy we have included a rubric at the end of this grant application packet. The rubric is not intended to be filled out with the application. The Family Center uses this tool to score applications.

### **Grant Deadlines**

Grant Application postmarked and mailed deadline: **September 7, 2022**

Notification of award after: **September 23, 2022**

Funding awarded to recipient after: **October 1, 2022**

Funds expend Date: **September 30, 2023**

Semi-annual report deadline: **April 7, 2023**

Final grant report postmarked and mailed to Family Center: **October 31, 2023**

# Grant Application

Local Health Department and/or District Name: \_\_\_\_\_

Address: \_\_\_\_\_

County(ies): \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Primary Contact Information: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Lead Project Coordinator Name

\_\_\_\_\_  
Health Officer Name

\_\_\_\_\_  
Lead Project Coordinator Signature

\_\_\_\_\_  
Health Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **Grant Application (Cont'd)**

Please include the following information with your grant application:

### **Work Plan Project Narrative and Work Plan Template**

The Work Plan Project Narrative and Work Plan Template 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. Original itemized receipts or scanned copies of original itemized receipts will be required with final grant report. Please note: grant money is not intended to fund LHD staff salaries/wages, benefits, and/or mileage.

Grant Application Deadline: **August 24, 2022**

Please complete and return the grant application by:

Scanning as a PDF and sending to: [cschcsfc@michigan.gov](mailto:cschcsfc@michigan.gov)

This is the preferred method of submission.

Or Fax: 517-241-8970

Or by mailing postmarked by August 24, 2022, to:

Family Center for CYSHCN

Attention: Aleisha Leavitt

PO Box 30734

Lansing, MI 48909 -8234

For questions, please call Aleisha Leavitt at (517) 241-3126 or send an email to [leavitta1@michigan.gov](mailto:leavitta1@michigan.gov).

\*\*If you do not receive an email receipt within two weeks of sending your application, please contact the Family Center. An email response will be sent to the primary contact for all applications that are received. Email is the preferred method to receive the application.\*\*

## LHD Grant Application Budget Form

	Grant Funds	Other Funds	In-Kind	TOTAL
Contractor				
LHD Support	<del></del>			
Supplies				
Mileage				
Participation Reimbursement				
Volunteer	<del></del>			
Other				
<b>TOTAL</b>				

## **Budget Justification Narrative**

State a detailed breakdown for all funds that are being requested: the amount requested for each budget category and a detailed list of how the amount will be spent (use additional pages as needed).

## **Work Plan Project Narrative**

State the overall goal of the project, and list: objectives, timeframe, and outcomes (use additional pages as needed).



## Work Plan Template

<b>OBJECTIVE:</b>	Increase family support, knowledge, and advocacy through implementation of in person, face-to-face, family-centered support/educational groups for families with children with special health care needs (including all children who have, or are at an increased risk for: medical, physical, developmental, behavioral, or emotional conditions). Outcomes are to be specific, measurable, attainable, relevant to the objective, and time limited (SMARTIE criteria).
<b>OBJECTIVE ACTIVITIES:</b>	
<b>OBJECTIVE OUTCOMES:</b>	
<b>OBJECTIVE MEASUREMENT:</b>	

Please use additional pages for objective if needed.

## Work Plan Template

<b>OBJECTIVE:</b>	Increase family support, knowledge, and advocacy through implementation of online/social media, family-centered support/educational groups for families with children with special health care needs (including all children who have, or are at an increased risk for: medical, physical, developmental, behavioral, or emotional conditions). Outcomes are to be specific, measurable, attainable, relevant to the objective, and time limited (SMARTIE criteria).
<b>OBJECTIVE ACTIVITIES:</b>	
<b>OBJECTIVE OUTCOMES:</b>	
<b>OBJECTIVE MEASUREMENT:</b>	

Please use additional pages for objective if needed.

LHD Small Grant Rubric Total Points:       /21      

LHD: \_\_\_\_\_ Region: \_\_\_\_\_

County/Countries: \_\_\_\_\_

Sent Final Grant Report from Previous Year w/Application \_\_\_\_\_

Date Received: \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_ Total Amount Approved: \$ \_\_\_\_\_

Reviewer: \_\_\_\_\_

	Exemplary 3 Points	Adequate 2 Points	Needs Improvement 1 Point	Missing 0 Points	Score	Comments
Budget Form	Budget Form is clear and easy to understand. Budget Form includes use of other funds and/or in-kind to show sustainability.	Budget Form is clear and easy to understand.	Budget Form lacks required information or unclear and difficult to read.	Budget Form includes unallowable expenditures (staff wages, mileage, or benefits)		Strengths:  Weaknesses:
Budget Justification Narrative	Budget Justification Narrative is complete and contains all required information. Budget Justification Narrative is linked to activities and outcomes.	Budget Justification Narrative is complete but is not related to activities and outcomes.	Budget Justification Narrative lacks required information or unclear and difficult to read.	Budget Justification Narrative includes unallowable expenditures (staff wages, mileage, or benefits)		Strengths:  Weaknesses:



	Exemplary 3 Points	Adequate 2 Points	Needs Improvement 1 Point	Missing 0 Points	Score	Comments
Objective Measurements	Measurements are easy to understand and are a true measurement of the outcome.	Measurements are easy to understand but may not be a true measurement of the outcome.	Measurements are not easy to understand and may not be a true measurement of the outcome.	Measurements are not easy to understand and are not a true measurement of the outcome.		Strengths:  Weaknesses:
Writing Technique	Uses exemplary grammar and is easy to comprehend.	Uses adequate grammar and is easy to comprehend.	Uses acceptable grammar, but is not easy to comprehend	Fails to use acceptable grammar and is difficult to comprehend		Strengths:  Weaknesses: