

## Bullying Prevention Initiative (BPI) Grant Packet 2024-2025 Guidelines

### Introduction and Purpose

The Michigan Department of Health and Human Services (MDHHS) Children's Special Health Care Services (CSHCS) program is offering grant opportunities for school districts and/or schools to implement peer-to-peer programs aimed at reducing bullying for students with special health care needs. Successful organizations will create or expand a peer-to-peer support program utilizing the Statewide Autism Resources and Training (START) peer-to-peer program model to incorporate anti-bullying initiatives specific to students with any special health care need, including students who have physical, developmental, behavioral, or emotional conditions.

Michigan school districts and/or schools are eligible to apply for grants up to **\$5,000** to support peer-to-peer programs that meet the objectives outlined below. To qualify for funding, schools must complete the attached application describing their project goals, timeline for activities, expected outcomes, and a brief budget narrative. Applicants will be deidentified and reviewed by a committee which includes staff from the Children's Special Health Care Services (CSHCS) Division, the Family Center, the Michigan Department of Education, and other partners. This is a competitive grant process. Preference will be given to applications that demonstrate the ability to meet/exceed the objectives of the grant. In-kind donations and matching fund resources are not required. However, preference will be given to applicants that incorporate these types of contributions to achieve sustainability.

### Objectives

Grants will be evaluated based on the extent to which the applicants meet the following objectives:

- 1) Create a more inclusive school community for students with special health care needs.
- 2) Create or expand peer support opportunities for students with special health care needs.
- 3) Increase social and emotional support in schools for students with special health care needs.
- 4) Expand anti-bullying efforts for students with special health care needs.

The following categories are eligible for funding (must be connected to **START peer-to-peer support program**):

- Salaries and wages
- Marketing and promotion
- Participation incentives for students (up to 10% of the awarded grant amount)
- Training for staff, students, and/or families
- Curriculum and programming
- Special events for program promotion
- Supplies
- Mileage and transportation costs

These funds **may not** be used for capital expenditures, endowment funds, equipment, furniture, murals, etc. Please see the "Bullying Prevention Initiative Grant Allowable and Unallowable Items" document on the CSHCS Bullying Prevention Initiative website for additional information.

**Please note: There is no guarantee of future funding for this initiative and grantees may not receive funding for more than three consecutive grant cycles.**

## Bullying Prevention Initiative (BPI) Grant Packet 2024-2025 Application

To be considered for funding, a completed grant application must be submitted by **11:59 pm on Friday, March 15, 2024**, to the Family Center email address listed below. Grantees will be notified of the status of their application on or after **May 17, 2024**. Grant funds will be awarded to recipients after **October 1, 2024** (beginning of the fiscal year), and need to be expended by **September 30, 2025** (end of the fiscal year). All grantees will be required to submit a Final Grant Report by **October 31, 2025**. Failure to submit a Final Grant Report may result in disqualification for future funding. *Please note that changes to proposed activities and/or budget deviations more than 15% for each category require submission of a grant amendment form for preapproval.*

Grant application and final report must be emailed by the respective deadlines to [cshcsfc@michigan.gov](mailto:cshcsfc@michigan.gov).

All BPI forms and information can be found on our website:

[www.michigan.gov/mdhhs/assitance-programs/cshcs/bullying-prevention-initiative](http://www.michigan.gov/mdhhs/assitance-programs/cshcs/bullying-prevention-initiative)

Applicant School/District: \_\_\_\_\_

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

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

Primary Contact: \_\_\_\_\_ Primary Contact Email: \_\_\_\_\_

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

Please describe any additional funding you will use to supplement activities:

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1. Provide a brief narrative of your proposed peer-to-peer bullying prevention program and describe how activities will achieve program objectives (please refer to objectives 1-4 listed on page one of this packet.) If you currently have a peer-to-peer program, please provide a brief history of the current program and how this funding will expand/enhance the program: (Limit 300 words)

2. Please give a brief timeline of planned activities: (Limit 150 words)

3. Provide a breakdown of how funds will be utilized, including the amount requested for each budget category. (Note that participation incentive costs may not exceed 10% of the awarded grant amount.)

	Grant Funds	Other Funds	In-Kind	TOTAL
Salary and Wages				
Supplies				
Marketing and Promotion				
Mileage				
Participation Incentives				
Other				
<b>TOTAL</b>				