

## Guidelines

**Grant year:** October 1, 2017 through September 30, 2018

### **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 for Children and Youth with Special Health Care Needs (Family Center) 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 and Family Center programming and benefits 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

## **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 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 objectives and purpose of the grant. Notification of award will be made by after September 15, 2017.

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**

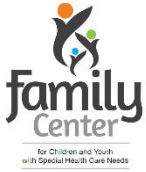
Grant Application Due Date: **August 30, 2017**

Notification of Award after: **September 15, 2017**

Funding Awarded to Recipient after: **October 1, 2017**

Funds Expend Date: **September 30, 2018**

Final Grant Report due to Family Center: **October 31, 2018**



Local Health Department (LHD) Small Grant Cycle 2017-2018

**Grant Application**

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



## **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 salaries/wages or mileage.

Due Date: **August 30, 2017**

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

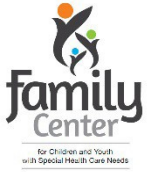
Scan as PDF and send: [huckleberryl@michigan.gov](mailto:huckleberryl@michigan.gov)

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

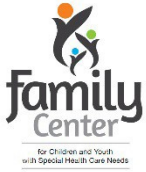
**Local Health Department (LHD) Small Grant Cycle 2017-2018**

**LHD Grant Application Budget Form**

	Grant Funds	Other Funds	In Kind	TOTAL
Contractor				<b>0.00</b>
LHD Support	<del></del>	<del></del>		<b>0.00</b>
Supplies				<b>0.00</b>
Mileage				<b>0.00</b>
Participation Reimbursement				<b>0.00</b>
Volunteer				<b>0.00</b>
Other				<b>0.00</b>
<b>TOTAL</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

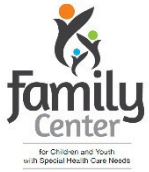


## **Budget Justification Narrative**



## Work Plan Project Narrative

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



Family Center for Children and Youth  
with Special Health Care Needs  
**Local Health Department (LHD) Small Grant Cycle 2017-2018**



**Work Plan Template**

Objectives	Activities	Outcomes	How Measured