**Application Cover Sheet**

**Northeast Regional Prevention Council Request for Grant Applications**

Applicant Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Official (Name/Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Type (indicate only one): ☐ Governmental entity ☐ Not-for-Profit (501(c)(3))

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website Address (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Counties for Implementation: (please check all that apply)

Ashland  Columbiana  Holmes  Lorain  Mahoning  Medina

Portage  Stark  Summit  Trumbull  Wayne

Total Amount Requested SFY 2026 $\_\_\_\_\_\_\_\_\_\_\_\_\_ SFY 2027 $\_\_\_\_\_\_\_\_\_\_\_

Total Estimated Number of Participants Per Year: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Has the agency previously received funding from the Ohio Children’s Trust Fund (OCTF)?

Yes  No If Yes, latest year of funding: \_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that the application packet I have submitted to the Northeast Ohio Regional Prevention Council, the Ohio Children’s Trust Fund is complete and accurate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CEO/ Authorizing Official Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Program Contact Date

**Northeast Region Application Submission Checklist**

A list of all required application materials is provided below. Applications missing any of these elements will be considered incomplete and will not be reviewed.

* Letter of Intent (Due April 2, 2025)
* Proposal Cover Sheet signed by authorized officials
* Competed Application Narrative and Workplan (Attachment A)
* Completed Budget Forms for SFY 2026 & SFY 2027 (Attachment B)
* Revenue/ Expense Statement
* Table of Organization for the Proposed Service(s)/ Program(s) with names and titles
* Job Description of Key Personnel
* Agency/ Individual Licensing Credentials
* Two Letters of Support from each county you are proposing to serve (required of all applicants)
* Additional Letters of Support for Partner Organizations (if applicable)

Any agency/ organization failing to submit a completed application by 3:00 pm on Monday, April 28, 2025 will not be considered.

**Applicant Background & Narrative Criteria**

**(ATTACHMENT A)**

1. **Applicant Background**

Please provide a detailed description of the organization’s work addressing the following three (3) components.

1. In 500 - 700 words, please provide a description of your organization’s qualifications, history and experience serving families and children. Please include specific examples of the types of services or programs provided to families and/or professionals, such as parent education classes or capacity building strategies for service providers.

1. In 300 to 400 words, please describe your agency’s policies and process for completing background checks (BCI and/or FBI) for those employees or contractors providing services directly to children and families as part of your proposed programming, including a statement verifying that background checks have been completed for those professionals who will be delivering services.

1. In 500 to 700 words, provide a detailed description of one or more completed projects (in the past three years) that demonstrate your organization’s experience in implementing a child abuse and neglect prevention program (or similar program) for families. The example(s) used in your response should address the following:

* Ability to serve families with varied needs and backgrounds.
* Delivery of primary and secondary prevention strategies related to child abuse and neglect (or similar program).
* Experience in conducting program evaluation including the type of evaluation conducted, the methodologies utilized, and how the results were utilized to inform program improvement.

**II. Program Narrative**

The program narrative must include the following elements to support the proposed program(s).

1. Program Summary: (400-500 words)

Identify the specific program(s) that you are planning to implement with the funding. Provide a brief summary of your selected program(s) from the approved list and include which county/ies you are proposing to serve in your implementation. Please include whether this program is new or whether you are seeking funding to sustain the operations of an existing program. Describe how your agency plans to implement your proposed program(s), discussing adherence to fidelity, delivery recommendations from the developer (i.e. group, individual, home based, virtual, etc.), and expected adaptations to meet the needs of your target population(s).

1. Alignment with Primary/ Secondary Prevention: (200-300 words)

Please explain how your proposed program(s) align(s) with Ohio’s definition of primary and/or secondary prevention programs for child abuse and neglect. Definitions of primary and secondary prevention strategies can be found in the Background & Purpose Section of this application.

1. Geographic Coverage and Impact: (200-300 words)

Please describe how the proposed program(s) will address existing needs or gaps identified in the county/ies that the program(s) will serve.

1. Target Population(s): (300 to 500 words)

Describe the intended target population(s) for your proposed program(s). Use demographic information and other characteristics to describe why you have chosen your intended participants and their risk factors for child abuse and neglect. Include the number of adults that you anticipate will participate in each of your program(s) by county and total using the provided example below.

|  |  |  |
| --- | --- | --- |
| Program Name | County | Proposed # of Participants |
| Ex. Triple P L3 Discussion Groups | Medina County | 20 |
| Lorain County | 25 |
| Ex. Active Parenting | Trumbull County | 45 |
|  |  |  |

1. Program Activities, Objectives and Intended Outcomes: (not to exceed 2000 words; may include tables and charts if needed)

Please describe the goals, proposed activities and intended outcomes of your proposed program(s) with their intended populations, including a work plan and discussion addressing the following:

* Identification of major activities
* Necessary training/hiring of personnel
* Responsible persons
* Anticipated start dates
* Implementation timeline/schedule
* Outreach methods to be used (by county)
* Program sustainability
* Process evaluation/ quality improvement process

1. Program Evaluation and Monitoring: (not to exceed 800 words)

Identify your intended program(s) outcomes and objectives and describe how you plan to evaluate your program(s). Describe your intended process for implementing and monitoring of selected data collection tools for each program, describing how you will implement within your intended setting(s) and adhere to timely reporting through OCTF’s website. Upon selection and award, the OCTF plans to convene webinars to ensure that service providers are aware of the assessment tools to utilize and the data entry procedures.

If you are planning to incorporate additional evaluation measures, please clearly identify your indicators for risk reduction, intended measurement tools, and outcomes as related to demonstrating program success. Describe how you will collect baseline data and outcome data. Please provide a copy of your tool(s) with your application along with any evidence supporting the validation of these tools for your target population.

1. Staff and Organizational Capacity: (300-400 words)

Please discuss how your current organizational structure and staff capacity would support the proposed program(s) for successful implementation. Please include the following (200-300 words):

* 1. Key Staff Description: Please describe the specific roles and qualifications of key staff positions who will operate and/or provide direct oversight of the program(s), including facilitation and direct service to program participants. Please attach a job description and/or training requirements for all positions identified

1. Project Partners: If your selected program(s) require(s) partnership for implementation, please provide a letter of support from each relevant partner. Please provide a list below of program partners (if applicable) and attach your letters of support to this application.

1. Anticipated Challenges: (200-300 words)

Discuss any anticipated challenges during program implementation or start up and how you plan to overcome these challenges.

1. Supplanting Attestation: Provide a written statement verifying that, if awarded, this funding will not supplant other current state and local public funds provided by the Northeast Ohio Regional Prevention Council.

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| **SFY 2026 Budget Attachment B** | | | |
| **Name of Organization** | **County or Counties / Region** | | |
| **Director/President** | **Email** | | **Phone** |
| **Contact Person** | **Email** | | **Phone** |
| **Total Amount Requested** | **Funding Period Start Date**  July 1, 2025 | | **Funding Period End Date**  June 30, 2026 |
| **Program(s) to be Provided:** | | | |
|  | | | |
| **Expenditures Description-Please list detailed expenditures for each budget category.** | | | |
| **Personnel Services**  Personnel costs for each of the people whose time is spent working directly with the service/program should be listed here; include fulltime and part-time staff, consultants and trainers. Please list fulltime equivalency (FTE) units for each position (i.e. 1 FTE=40 hours). If staff will require training, please include these costs in your explanation separately. | | | |
| Explanation: | | Total Amount Requested | |

|  |  |
| --- | --- |
|  | |
| **Service/Program Materials and Supplies**  Includes costs of any program related materials or supplies such as curriculums, printing of brochures, training materials, books, videotapes, etc. Transportation assistance (i.e. gas cards or bus passes) for program participants and/or child care expenses may be included in this category. Other items can include but not limited to postage, office supplies, food for group programming, promotional printing/advertising, etc. Please note that if the proposal includes the purchase of any educational toys or materials, they must be *directly related* to carrying out the program or delivering the service. Please provide the estimated number of materials to be purchased, along with the unit cost of each item. | |
| Explanation: | Total Amount Requested |
|  | |
| **Travel**  Includes any associated travel costs which are relevant to the service being proposed. Reimbursement for travel-related costs may not exceed the rate limits identified on the Allowable/Unallowable Expenditures Guidance document. The current reimbursement rate is 50 cents per mile. | |
| Explanation: | Total Amount Requested |
|  | |

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| --- | --- |
| **Other**  Provide a description of indirect costs or administrative fees, which are **capped at 15%.** Provide any other expenses that are not personnel, service/program materials and supplies, or travel with a description of each expense. Expenses such as rent, utilities, phones, etc. | |
| Explanation: | Total Amount Requested |
| **Budget Summary** | |
| Please list the total amount requested from each category above. | |
|  | Total Amount Requested |
| 1. Personnel Services |  |
| 2. Service/Program Materials and Supplies |  |
| 3. Travel |  |
| 4. Other |  |
| **Total Budget** |  |

Important information about the budget:

* Please review the Allowable and Unallowable Expenses (Attachment C).
* Grocery Store Gift Card Incentives to promote family/parent engagement are only allowed at $10 per session, per participant.
* Gas cards are no longer permitted for incentives per OCTF.
* There is a 5% cap on food and beverage purchased for use during group parent education sessions.
* Please calculate mileage reimbursement at the current rate of 50 cents per mile. Awardees will be notified of any future changes to the mileage rate and adjustments.
* If you have staff who will need training for new programming or expect that you will need to have additional staff trained for implementation of your proposed program(s), please plan to build this costs into your budget for Personnel.

|  |  |  |  |
| --- | --- | --- | --- |
| **SFY 2027 Budget Attachment B** | | | |
| **Name of Organization** | **County or Counties / Region** | | |
| **Director/President** | **Email** | | **Phone** |
| **Contact Person** | **Email** | | **Phone** |
| **Total Amount Requested** | **Funding Period Start Date**  July 1, 2026 | | **Funding Period End Date**  June 30, 2027 |
| **Program(s) to be Provided:** | | | |
|  | | | |
| **Expenditures Description-Please list detailed expenditures for each budget category.** | | | |
| **Personnel Services**  Personnel costs for each of the people whose time is spent working directly with the service/program should be listed here; include fulltime and part-time staff, consultants and trainers. Please list fulltime equivalency (FTE) units for each position (i.e. 1 FTE=40 hours). If staff will require training, please include these costs in your explanation separately. | | | |
| Explanation: | | Total Amount Requested | |

|  |  |
| --- | --- |
|  | |
| **Service/Program Materials and Supplies**  Includes costs of any program related materials or supplies such as curriculums, printing of brochures, training materials, books, videotapes, etc. Transportation assistance (i.e. gas cards or bus passes) for program participants and/or child care expenses may be included in this category. Other items can include but not limited to postage, office supplies, food for group programming, promotional printing/advertising, etc. Please note that if the proposal includes the purchase of any educational toys, they must be *directly related* to carrying out the program or delivering the service. Please provide the estimated number of material to be purchased, along with the unit cost of each item. | |
| Explanation: | Total Amount Requested |
|  | |
| **Travel**  Includes any associated travel costs which are relevant to the service being proposed. Reimbursement for travel-related costs may not exceed the rate limits identified on the Allowable/Unallowable Expenditures Guidance document. The current reimbursement rate is 50 cents per mile. | |
| Explanation: | Total Amount Requested |
|  | |

|  |  |
| --- | --- |
| **Other**  Provide a description of indirect costs or administrative fees, which are **capped at 15%.** Provide any other expenses that are not personnel, service/program materials and supplies, or travel with a description of each expense. Expenses such as rent, utilities, phones, etc. | |
| Explanation: | Total Amount Requested |
| **Budget Summary** | |
| Please list the total amount requested from each category above. | |
|  | Total Amount Requested |
| 1. Personnel Services |  |
| 2. Service/Program Materials and Supplies |  |
| 3. Travel |  |
| 4. Other |  |
| **Total Budget** |  |

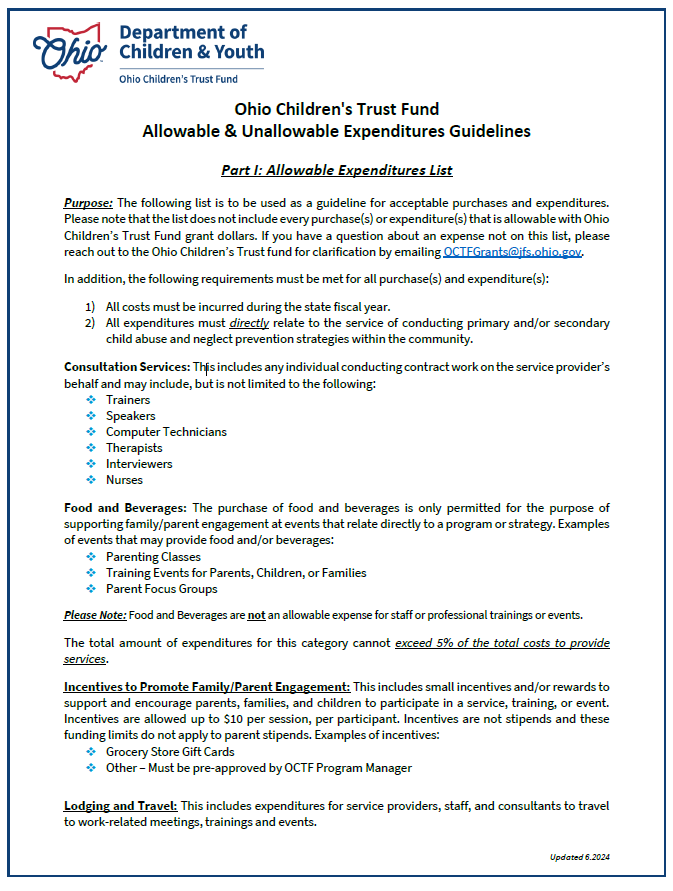
Important information about the budget:

* Please review the Allowable and Unallowable Expenses (Attachment C).
* Grocery Store Gift Card Incentives to promote family/parent engagement are only allowed at $10 per session, per participant.
* Gas cards are no longer permitted for incentives per OCTF.
* There is a 5% cap on food and beverage purchased for use during group parent education sessions.
* Please calculate mileage reimbursement at the current rate of 50 cents per mile. Awardees will be notified of any future changes to the mileage rate and adjustments.
* If you have staff who will need training for new programming or expect you will need to have additional staff trained for implementation of your proposed program(s), please plan to build these costs into your budget.

**ATTACHMENT C**

**Ohio Children’s Trust Fund**

**Allowable and Unallowable Expenditures Lists**



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AI-generated content may be incorrect.

A screenshot of a computer screen

AI-generated content may be incorrect.