

## **Guidelines**

**Introduction:** The Michigan Department of Health and Human Services (MDHHS) Children's Special Health Care Services (CSHCS) Division is partnering with the Family Center for Children and Youth with Special Health Care Needs (Family Center) to offer small grant opportunities for school districts and/or schools to reduce bullying for students with special health care needs. Successful organizations will create or expand a peer-to-peer support program which replicates the Statewide Autism Resources and Training (START) peer-to-peer program while incorporating anti-bullying initiatives specific to students with special health care needs. Students with special health care needs includes students who have physical, developmental, behavioral, or emotional conditions that impact their activities of daily living. An informational webinar will be held Monday, January 31, 2022 at 1:00 pm for interested organizations. Please register for the webinar at <https://www.eventbrite.com/e/bullying-prevention-initiative-grant-technical-assistance-webinar-tickets-208594570977>.

**Grant year:** October 1, 2022 through September 30, 2023

### **Objectives:**

- (1) Create safe cultures for children with special health care needs within school communities.
- (2) Provide or enhance the school environment for peer support for youth with special health care needs.
- (3) Increase social and emotional support in schools for children with special health care needs.
- (4) Expand anti-bullying efforts for youth with special health care needs.

### **Purpose:**

School districts and/or schools are eligible to apply for grants up to but no greater than \$10,000 to support programs that meet the objectives outlined above. **Please note: There is no guarantee of future funding for this initiative.**

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
- 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.

## **Bullying Prevention Initiative Grant Cycle 2021-2022**

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

#### **Grant Requirements and Award Process**

Please submit a completed grant application by the deadline. Late applications will not be considered for funding. Please use the grant application template provided. Applications that are not on the provided template will not be considered for funding.

Applications will be deidentified and reviewed by a diverse committee which includes staff from 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.

Notification of award will be made after Friday, July 1, 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. 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.

START Project Peer to Peer Pre and Post Surveys will also be required. These include "Parent of the Peer Surveys", "Peer Surveys", "Parent of the Student with ASD Surveys", "Student with ASD Surveys, and Teacher Surveys". The surveys will need to be completed by each participant at the beginning of the program and again at the end of the program. All pre and post surveys will need to be emailed by Friday, June 30, 2023.

#### **Grant Deadlines**

Deadline to have application emailed: **March 18, 2022**

Notification of award after: **July 1, 2022**

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

First semi-annual report emailed to CSHCS by end of: **April 28, 2023**

Surveys emailed to CSHCS by end of: **June 30, 2023**

Funds expended by: **September 29, 2023**

Final report emailed to Family Center by end of: **October 31, 2023**



## **Grant Application**

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

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

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

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

Project Coordinator: \_\_\_\_\_

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

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

\_\_\_\_\_  
Administrative Approval Name

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

\_\_\_\_\_  
Administrative Approval Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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

A completed grant application includes:

- **Work Plan Project Narrative** which includes a brief description of the applying organization, project description, overall project goals, project objectives, and a timeline to achieve outcomes. The Narrative should not exceed two (2) pages. ***Please use the template provided.***
- **Work Plan Template** (attached) which describes activities that will meet the grant objectives, expected outcomes from the project, and specific metrics to measure success. Goals and outcomes should be specific, measurable, attainable, relevant, and time-limited (SMART). ***Please use the template provided.***
- **Budget Form** (attached) which outlines the budget for project expenditures. Please include other funding sources and in-kind contributions as appropriate. ***Please use the template provided.***
- **Budget Narrative** which includes how project costs were determined, an explanation of expenditures in each category from the Grant Application Budget Form, and description of in-kind or other funding sources. The Budget Narrative should not exceed one (1) page. ***Please use the template provided.***

Grant Application Deadline: **March 18, 2022**

**Applications received after the deadline will not be considered for funding.**

Grant applications must be emailed to Kate Jones at [cshcsfc@michigan.gov](mailto:cshcsfc@michigan.gov).

**\*\* An email will be sent out to the primary contact for all applications that are received. If you do not receive an email receipt within two weeks of sending your application, please call 517-335-9096.\*\***

## **Budget Justification Narrative**

Provide 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 1:</b>	Contribute to the creation of safe cultures within school communities for children with special health care needs. (SMART Goal Criteria)
<b>OBJECTIVE 1 ACTIVITIES:</b>	
<b>OBJECTIVE 1 OUTCOMES:</b>	
<b>OBJECTIVE 1 MEASUREMENT:</b> (How will we know the activities works?)	

Please use additional pages for each objective if needed.

<b>OBJECTIVE 2:</b>	Provide or enhance the school environment for peer support for youth with special health care needs. (SMART Goal Criteria)
<b>OBJECTIVE 2 ACTIVITIES:</b>	
<b>OBJECTIVE 2 OUTCOMES:</b>	
<b>OBJECTIVE 2 MEASUREMENT:</b> (How will we know the activities works?)	

Please use additional pages for each objective if needed.



<b>OBJECTIVE 3:</b>	Increase social and emotional support in schools for children with special health care needs. (SMART Goal Criteria)
<b>OBJECTIVE 3 ACTIVITIES:</b>	
<b>OBJECTIVE 3 OUTCOMES:</b>	
<b>OBJECTIVE 3 MEASUREMENT:</b> (How will we know the activities works?)	

Please use additional pages for each objective if needed.

<b>OBJECTIVE 4:</b>	Expand anti-bullying efforts for youth with special health care needs. (SMART Goal Criteria)
<b>OBJECTIVE 4 ACTIVITIES:</b>	
<b>OBJECTIVE 4 OUTCOMES:</b>	
<b>OBJECTIVE 4 MEASUREMENT:</b> (How will we know the activities works?)	

Please use additional pages for each objective if needed.

## **Bullying Prevention Initiative**

### **Budget Form**

		Grant Funds	Other Funds	In-Kind	TOTAL
Salary and Wages					
Supplies					
Marketing and Promotion					
Mileage					
Participation Incentives					
Other:					
TOTAL					