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| **COMPLETE AND RETURN APPLICATION BY FEBRUARY 22, 2019 to:**  [**kyle.gustafson@judicial.state.co.us**](mailto:kyle.gustafson@judicial.state.co.us) | | | | | | | | |
| **SCAO use only:** | Prior FY Award | Awarded: | | $ | | | Spent: | $ |
| Current FY Award | Awarded: | | $ | | | Spent: | $ |
| Score: |  | Grant |  | | Deny |  | Amount: | $ |
| Comments: |  | | | | | | | |

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| Section 1. Applicant Information | | | |
| Judicial District Information: *Include the judicial district number, elected District Attorney name, and the counties served by the district.* | | | |
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| Primary Contact Name: | | | |
| Email: | **Office Phone:** | **Alt. Phone:** | |
| Mailing Address: | **City:** | **CO** | **Zip:** |
| Amount Requested: *How much funding are you requesting for FY 2020?* | | **$** | |

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| Section 2. Adult Diversion Program Information | | | | | | |
| Program Status: *Is this a new or existing program?* | *New* |  | *Existing* |  | *Year Started* |  |
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| Target Population: *Describe the program’s target population of defendants and identify how many defendants you anticipate will be served this year. If able, please explain how that population was chosen and the calculation of anticipated program volume or target caseload was reached.* | | | | | | |
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| Partner Organizations: *If applicable, identify any partnering organizations. Include name, point of contact, phone, email, and mailing address. Partner organizations are defined as organizations expected to provide services, supervision, or support in executing the adult diversion agreement with defendants.* | | | | | | |
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| Partner Organization’s Roles and Responsibilities: *Please describe any collaborative efforts, partnerships, or contract support that will be part of this program. Include what service(s) partners will provide and their respective qualifications for providing that service for the diversion program.* | | | | | | |
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| *\*\* If this is a first-time request for funding or if you have had a change in partnership, please include with the application a letter of commitment from each partner organization clearly stating their understanding of their role in the District Attorney’s adult diversion program.\*\** | | | | | | |

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| Section 3. Adult Diversion Program Narrative | | | | | | | | | | | | | |
| Part A – Need for Adult Diversion | | | | | | | | | | | | | |
| *Help the Committee understand the need for adult diversion funding in your district.* | | | | | | | | | | | | | |
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| Part B – Description of Adult Diversion Program | | | | | | | | | | | | | |
| B (1). Description of Adult Diversion Program: *Describe the adult diversion program you have implemented or are looking to create.* | | | | | | | | | | | | | |
| *\*\* Programs must provide a copy of the adopted policies, procedures, and/or guidelines delineating eligibility criteria for case acceptance in their final year-end reporting in July/August.* | | | | | | | | | | | | | |
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| B (2). Accountability and Victim Restoration: *How will your program prevent the commission of additional criminal acts, facilitate the ability to pay restitution, and/or restore victims of crime?* | | | | | | | | | | | | | |
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| B (3). Program Planning: *What is your implementation plan? What training or resources will be needed for staff?* | | | | | | | | | | | | | |
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| B (4). Program Outcomes: *How will you know if your adult diversion program is successful? Please describe what outcomes you will measure in determining the effectiveness of your program.* | | | | | | | | | | | | | |
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| Part C – Eligibility Criteria and Supervision Plan | | | | | | | | | | | | | |
| C (1). Eligibility Criteria: *What are the eligibility criteria for defendants to participate in adult diversion?* | | | | | | | | | | | | | |
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| C (2). Screening Process: *How are defendants selected for adult diversion?* | | | | | | | | | | | | | |
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| C (3). Supervision Plan: *Describe the nature of supervision of defendants. How will you determine their successful completion of the program?* | | | | | | | | | | | | | |
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| Part D – Treatment Plan Information | | | | | | | | | | | | | |
| D (1). Description of Treatment Referral Plan: *What process will be employed to determine if a treatment assessment referral is necessary?* | | | | | | | | | | | | | |
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| D (2). Description of Treatment Outcomes: *How will the program track a client’s successful participation in treatment and evaluate the effectiveness of treatment options in the community?* | | | | | | | | | | | | | |
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| D (3). Description of Treatment Assessment Process: *Who will provide assessment? If the treatment provider and assessment agency are the same, what oversight will be in place to ensure people are not over assessed into treatment?* | | | | | | | | | | | | | |
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| D (4). Treatment Need: *What is the anticipated number of people who may need treatment, if possible to estimate?* | | | | | | | | | | | | | |
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| Part E – Goals, Objectives, Outcomes and Timeframes | | | | | | | | | | | | | |
| *Please briefly note the program’s overarching goals. Complete the form below in full and add goal/objective/outcome/timeframe sections as needed. Each objective should be relative to the corresponding program goal and include measurable outcomes and timeframes for how the program will address this goal during the active funding year cycle.* | | | | | | | | | | | | | |
| Program Goal: | | | | | | | | | | | | | |
| Objective: | | | | Objective: | | | | | | Objective: | | | |
| Outcomes: | | | | Outcomes: | | | | | | Outcomes: | | | |
| Timeframe: | | | | Timeframe: | | | | | Timeframe: | | | | |
| Program Goal: | | | | | | | | | | | | | |
| Objective: | | | | Objective: | | | | | | Objective: | | | |
| Outcomes: | | | | Outcomes: | | | | | | Outcomes: | | | |
| Timeframe: | | | | Timeframe: | | | | | | Timeframe: | | | |
| Program Goal: | | | | | | | | | | | | | |
| Objective: | | | | Objective: | | | | | | Objective: | | | |
| Outcomes: | | | | Outcomes: | | | | | | Outcomes: | | | |
| Timeframe: | | | | Timeframe: | | | | | | Timeframe: | | | |
| Program Evaluation: *How will data required by the statute be collected and reported? Who will be responsible for this?* | | | | | | | | | | | | | |
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| Section 4. Adult Diversion Budget | | | | | | | | | | | | | |
| Budget Narrative: *Explain program needs relative to anticipated expenses. What fees, if any, will be charged to the defendant? What is the anticipated cost per defendant and relative formula for this estimate?* | | | | | | | | | | | | | |
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| Instructions for Table: *Please estimate the total dollar amount of expenses that will be funded from this grant and the total dollar amount that will be supported by other sources. Example: if you anticipate an in-kind or match support from your current budget to cover partial personnel costs in the amount of $20,000 but you anticipate the total personnel need to be $50,000, the funded by grant column should indicate $30,000. Please divide your projected expenses as outlined by category in the table below.* | | | | | | | | | | | | | |
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| Expenses Category | | **Funded by Grant\*** | | | | **Funded by Other Sources** | | | | | | **Total** | |
| Personnel: | |  | | | |  | | | | | |  | |
| Training: | |  | | | |  | | | | | |  | |
| Consultants/Contract Support: | |  | | | |  | | | | | |  | |
| Operating: | |  | | | |  | | | | | |  | |
| Correctional Treatment: | |  | | | | \*see C.R.S. 18-19-103 \* | | | | | |  | |
| Non-Correctional Treatment: | |  | | | |  | | | | | |  | |
| Other: *please specify* | |  | | | |  | | | | | |  | |
| *\*Quarterly fiscal reporting will only track expenses related to grant monies distributed, not outside funding.* | | | | | | | | | | | | | |
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| # of Defendants to be supervised (est.) |  | | **Avg. Monthly Supervision Fee** | |  | | | **Total Anticipated Defendant Fees** | | | | |  |
| Match or In Kind Support: | | | $ | | | | **Grant-Funding Requested** | | | | $ | | |
| Total Cost for Adult Div. Program | | | $ | | | |

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| ***Signature*** |

*I have reviewed the information contained in this request and certify that is true and correct to the best of my knowledge.*

District Attorney printed name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

District Attorney signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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