**FOSTER CARE COURT IMPROVEMENT PROGRAM**

**INSTRUCTIONS FOR COMPLETING**

**FY2017 FCCIP SPECIAL PROJECT GRANT APPLICATION**

*This instructions sheet is intended as a tool to assist applicants to submit complete and timely applications and does not need to be submitted with your application.*

The applicant cover sheet should be signed by BOTH the organization’s director/administrative authority and financial authority. The remainder of the grant application should be in narrative form, with the applicant answering each of the questions listed. The narrative portion of the application should not exceed five (5) pages in duration. Applications should be submitted on 8½ x 11" paper, utilizing one-inch margins and 12 point font. In addition to the cover sheet and narrative detailing the project for which you are seeking funding, the application should include the proposed budget request (separate Excel document). At least one letter of support is required. If the proposed project is from a non-court agency, a letter from the court is required. (Letters can be mailed directly to FCCIP, or can accompany the application. Letters received after **Tuesday, May 31, 2016** may not be considered.)

**Signed and Scanned application emailed to** [**FCCIP@mdcourts.gov**](mailto:FCCIP@mdcourts.gov) **by 5:00pm on Tuesday, May 31, 2016. *Applications must be signed and scanned as PDF files.* *Hard copies do not need to be submitted, but will be accepted.***

Projects will be scored on their responses to the categories listed below. Each category’s point value is designated after the heading. There is a total of 150 possible points. Scoring will be determined by the application review committee and considered by the committee in making funding determinations.

Any questions concerning the format and/or submission of this application should be directed to FCCIP, at (410) 260-1427 or[***fccip@mdcourts.gov***](mailto:fccip@mdcourts.gov)



**Administrative Office of the Courts**

**Foster Care Court Improvement Program**

**2009-A Commerce Park Drive**

**Annapolis, Maryland 21401**

**NOFA#: N17000826P**

**Grant Application Cover Sheet**

**Applicant Organization Name**:

**Office/Department/Unit** (if applicable)**:**

**Project/Program Name:**

**Address**:

**City**: **State**: **ZIP**:

**Federal Employee Identification Number (FEIN)**: **DUNS**:

**Amount Requested:** $ **Match** *(*if applicable*)*:

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Organization**  **Personnel** | **Name** | **Phone Number** | **Email** |
| Administrative Judge/ Organization Director: |  |  |  |
| Court Administrator/ Administrative Clerk: |  |  |  |
| Project Manager: |  |  |  |
| Project Finance Manager: |  |  |  |

|  |  |
| --- | --- |
| **Authorizing Signatures**  *By signing below, the applicant agrees to abide by all terms of the Judiciary’s General Conditions as well as the terms of the Special Conditions for FY2017 FICCP Special Project Grants.* | |
| **Director/Administrative Authority:** | **Financial Authority:** |
|  |  |
| *Signature* | *Signature* |
|  |  |
| *Printed Name* | *Printed Name* |

*Title Date Title Date*

**Please compile your application into one PDF document and submit your application to:** [**fccip@mdcourts.gov**](mailto:fccip@mdcourts.gov) **by Tuesday, May 31, 2016**

**I. Project Goal (10)**

*What is the goal of your project?*

**II. Project Summary (20)**

*How will this innovative project facilitate the timely permanency and well-being for abused and neglected children in processing CINA and related Guardianship and Adoption proceedings?*

*How will you accomplish your project goals?*

*Explain, in detail, what your project does.*

*How will your project operate?*

*Who will carry-out the project activities?*

**III. Project Period**

*Identify the date in which the project will begin as well as the date of completion.*

**IV. Statement of Need (25)**

*Why is your project needed?*

*What specific population will you serve? (Using available census or other local population data)*

*What research/data is available to demonstrate the need within your community?*

*How is this need currently being addressed in your community?*

**V. Outcomes and Goals (25)**

*Outline, in detail, the specific, measurable outcomes your project will achieve over the project period. (This can be done through a narrative or in a separate chart.)*

*Detail which strategic category or categories the project activities will fall under, i.e. Court Function, Capacity Building, and/or Systemic Reform.*

*What, if any, specific results will be produced?*

*How many clients (individuals/families) will you serve?*

*What specific and measurable benefit to these clients is expected?*

*What specific and measurable benefit to the court is expected?*

*What other measurable outcomes are expected?*

*What hurdles do you anticipate facing in reaching these goals and how will you work to overcome them?*

**VI. Evaluation (25)**

*Explain how you evaluate your project to determine if the outcomes described in V. (above) are being achieved.*

*How will your project evaluate its impact on barriers to timely permanency and well-being for these youth and families?*

*How will your project evaluate the impact of the assistance provided the courts in processing CINA and related Guardianship and Adoption proceedings?*

*What formal and informal methods will be used?*

*What specific data will be collected to demonstrate the benefit to the individuals the project serves?*

*Who will be responsible for evaluation?*

*What hurdles to successful evaluation do you anticipate, if any?*

**VII. Benefits to the Court (15)**

*How will this project facilitate the elimination of barriers to timely permanency and well-being for these youth and families?*

*How will this project assist the courts in processing CINA and related Guardianship and Adoption cases?*

*What other ways will this project benefit the courts?*

**VIII. Court Collaboration (10)**

*How will this project work in collaboration with the courts? (Please attach a letter of support from the court.)*

**IX. Community Collaborations (5)**

*Will this project work in collaboration with other community organizations?*

*Describe any collaborative relationships anticipated. (example: DSS, CASA, community education, etc.)*

*What has been the result of those collaborations? (for new projects, what is the expected result?)*

**X. Resources to Support the Project (5)**

*What resources are currently supporting the project?*

*What funding sources are available to support the project in the future?*

*Please identify any soft matches for the project (including volunteer resources).*

*Will volunteers be utilized to support the project’s activities?*

**XI. History of Organization (5)**

*Describe the organization seeking funding for the proposed project.*

*What is the history of the organization?*

*What are the organization’s notable accomplishments?*

*What is the organization’s relationship to the community to be served (describe any*

*collaborative efforts/partnerships)?*

**XII. Project Budget (5)**

1. *Please identify the total project costs as well as the amount of funding requested from other sources to support this project.*

1. *Please complete the attached budget form indicating the line item requests for the project.*

1. *Provide a narrative summary of the budget request submitted to explain all line item requests.*

1. *Please indicate below your funding needs for this project over the time period for which funding is being requested.*