

NEBRASKA CRIME COMMISSION

FY2026 Community-based Juvenile Services Aid [CB] Application

Nebraska Revised Statute §43-2404.02

Lead County/Tribe:	Scotts Bluff County	308 436-6674
Address of Applicant:	Address: 1725 10 th St	
	Gering	Ne 69341-2446
List of Partnering Counties/Tribes:	Banner and Morrill Counties	
Lead Project Contact:	Name: Tamera K. FRYE	
	Title: Diversion Director & Family Support	
	308436-6674	
	Email: tamera.frye@scottsbuffcountyne.gov	
	Address: 1725 10 th St	
	City: Gering	State: NE Zip Code: 69341-2446
Secondary Project Contact: (optional)	Name: NA	
	Title: NA	
	Phone: (NA)	
	Email: NA	
	Address: NA	
	City: NA	State: NA Zip Code: NA –
Financial Contact:	Name: Heather Hauschild	
	Title: Scotts Bluff County Treasurer	
	Phone: (308) 436-6600	
	Email: heather.hauschild@scottsbuffcountyne.gov	
	Address: 1825 10 th St	
	City: Gering	State: NE Zip Code: 69341 – 2446
Authorized Official:	Name: Mark Harris	
	Title: County Board Chair	
	Phone: (308) 436-6600	
	Email: mark.harris@scottsbuffcountyne.gov	
	Address: 1825 10 th St	
	City: Gering	State: NE Zip Code: 69341 – 2446

SECTION I: COMMUNITY PLANNING INFORMATION

Comprehensive Juvenile Services Community Plan: REQUIRED FOR FUNDING

This application is accepted only for communities with an approved Comprehensive Juvenile Services Community Plan submitted with the Nebraska Crime Commission. If your community does not have a comprehensive juvenile services plan, please contact the Nebraska Crime Commission.

1. Was the community plan utilized in drafting the grant application to ensure the requests align with and address the priorities outlined in the plan? ☒ Yes ☐ No
2. How do the requests in this application align with the strategies to address the priorities in the community plan? The staff at the SBCJS will work with at-risk youth and their families to build skills and increase protective factors. Specifically, staff will directly provide or provide referrals to tutoring, mediation, budgeting, life skills training, restorative justice practices, parenting classes, substance education, social-emotional skills, refusal skills, mental health promotion, community resources, resiliency skills, mental health services, and advocacy at 504 and IEP meetings.
3. Was the community plan reviewed for progress or updates at any other times throughout the year? ☒ Yes ☐ No
4. Have changes been made to the community plan since the last submission to the Crime Commission? ☒ Yes ☐ No If yes, explain: Staff has attended Panhandle Partnership meetings and discussed changes within in the Community Plan. The plan has not been made available from Panhandle Partnership at the time of this application.
5. List the current priorities in the community plan:
 - a. Chronic Absenteeism from School
 - b. Native American and Hispanic youth being overrepresented in youth who are chronically absent from school, and Native American youth being overrepresented in youth on probation
 - c. Higher rates of poverty than the state average
 - d. Higher rates of youth substance youth than the state average
 - e. Higher rates of youth experiencing loss of sleep due to worry, depression, and who have considered attempting suicide than the state average
6. What steps have been taken towards addressing these priorities? If approved, staff at Scotts Bluff County Juvenile Services will have the resources needed to fill a gap in services by providing Family Support Services to all youth in need who are struggling with the issues listed in the priorities above.
7. How is the community team evaluating progress with the needs and priorities in the community plan? The community team relies greatly on the data provided in the biannual Nebraska Risk and Protective Factors Student Survey, data received from UNO Juvenile Justice Institute, and community needs assessment.
8. Do changes need to be made to the community plan regarding any priority, including adding new priorities, to align with the requests in this application? ☐ Yes ☒ No
If yes, explain::

If yes, please submit a community plan addendum adding the new priority(s).
9. Did the community team vote and approve the requests in this application: ☐ Yes ☒ No
 - a. If no, how was this decision made: The lead project contact in conjunction with the director of Panhandle Partnership, Inc. who conducted the meetings to glean the information needed to draft the Juvenile Services Community Plan, consulted the needs identified in the plan, the County Needs Assessment, and the most recent data available to ascertain what services would be most beneficial to at-risk youth to try and prevent them from entering the juvenile justice system.
 - b. Provide the meeting date and agenda when the application was approved: The Community Plan has not been me available at the time of this application.

REFER TO PAGE 10 OF THE RFA FOR INSTRUCTIONS

SECTION II: PROGRAM SUMMARY

PROGRAM TYPE TABLE

Complete the table below for each program, service, or system improvement for which you are requesting funds. If a program has several funded components (e.g., staff salaries, curriculum, supplies, etc.), please combine these into a single row in the table. Round up or down to the nearest dollar. See RFA Appendix C for program definitions and Appendix D for program type classification.

Program Title	Over-arching Type	Program Type	Sub-program Type (if applicable)	New OR Current CBA Program	Amount Requested Per Program
Scotts Bluff County Family Support	Direct Intervention	Family Support	Family Support Program & Parenting Classes	Current	\$72,921
Panhandle Partnership, Inc.	System Improvement	Community Engagement	Community Planning, Backbone Support Organization	Current	\$6269
Scotts Bluff County Diversion	Direct Intervention	Diversion	Diversion	Current	\$43,776
					\$
					\$
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					\$
All programs listed in the table above must equal the total requested amount from the budget.					Total: \$ 122,966

REFER TO PAGE 11 OF THE RFA FOR INSTRUCTIONS

PROGRAM NARRATIVE

Fill out separately for each program or service listed in the Program Type Table

PROGRAM TITLE: Scotts Bluff County Family Support

1. If awarded, these funds will (check only one):
 - ☐ Create a new service/activity
 - ☐ Enhance an existing program funded by the grant
 - ☐ Continue an existing program funded by the grant
 - ☒ Expand, continue, or enhance an existing project not funded under the grant in the previous year
2. What allowable program type request on page 5 of the Request for Application does this program fall under:
Family Support Services
3. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding: ☒ Yes ☐ No
If yes, provide grant number(s): 25-CB-0527
4. Describe the sustainability status of the proposed project, including efforts undertaken toward maintaining sustainability and cost savings (if the program is not funded in future years, will it continue to succeed?): This is a relatively new program and is somewhat novel in the state as far as youth being able to receive family support services free of charge when they are not on probation, sustainability is still difficult to predict. If the program proves to be successful with continued growth, grant funding from other entities may be an option, but the county does not have funds to sustain the program in the absence of outside funding.
5. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less): In an attempt to prevent juveniles from entering the juvenile justice system, Scotts Bluff County aims to provide at-risk youth with family support services through a holistic approach. Family Support Services will consist of face-to-face assistance, coaching, role modeling, and education, which will be delivered by trained professionals at Scotts Bluff County Juvenile Services (SBCJS). The staff at the SBCJS will work with at-risk youth and their families to build skills and increase protective factors. Specifically, staff will directly provide or provide referrals to tutoring, mediation, budgeting, life skills training, restorative justice practices, parenting classes, substance education, social-emotional skills, refusal skills, mental health promotion, community resources, resiliency skills, mental health services, and advocacy at 504 and IEP meetings.
6. Provide a concise description of the social problem(s), community issue(s), and/or community need(s) the project will address. Include relevant local data specific to the applicant county/tribe describing the community need or issue that will be addressed by the proposed project (400 words or less):

Scotts Bluff County (SBC) encounters a spectrum of social problems affecting youth, rooted in economic disparities, limited access to resources, and chronic absenteeism. According to the Nebraska Department of Education, almost 64% of public-school students in SBC are on free/ reduced lunch compared to the state average (SA) of 40.5%. Economic struggles significantly impact youths, with studies correlating poverty to an increased likelihood of behavioral issues, substance abuse, and mental health (MH) concerns.

MH remains a pressing issue. The most recent Nebraska Risk and Protective Factors Student Survey (NRPFS) for SBC showed 8th, 10th, and 12th graders reporting depression at 42.5%, 57.6%, and 58.5% compared to the SA of 36.1%, 42%, and 42.9%. The rate of SBC 12th graders who had attempted suicide was three times higher than the SA. In SBC, limited access to MH services exacerbates these issues.

Substance abuse among adolescents is another concerning problem. Per the NRPFS, for 8th, 10th, and 12th graders, the percentage of youth reporting lifetime alcohol use is higher than the SA at 33.7%, 53.1%, and 60% compared to 28.3%, 42.6%, and 58.3%. Another startling statistic involving lifetime cocaine use reported by 10th graders showed a usage rate

of 6.1% compared to the SA of 0.7%. With the fentanyl crisis and powdered drugs, such as cocaine, being laced with fentanyl, such higher usage is not only worrying, but potentially fatal.

In rural areas like SBC, factors like isolation, lack of alternative activities, and easier access to substances due to close proximity to states where recreational marijuana is legal and known drug trafficking routes, in addition to antiquated notions that alcohol consumption by teenagers is a rite of passage, contribute to higher rates of experimentation and addiction among youth.

The culture of adults permitting underage drinking is starkly exhibited by the fact that 30% of 8th graders and 50% of 10th graders in SBC reported in the past 30 days they obtained alcohol by their parents purchasing it for them compared to the SA of 17.6% for both groups. This highlights another reason why Family Support Services, addressing the whole family, including parents, is so integral to protecting our children.

7. Is the issue above a stated issue in the comprehensive juvenile services plan? ☒Yes ☐No

Provide page number in community plan where this issue is referenced? Changes to the Community Plan have been discussed at community meetings, however, the finalized Community Plan has not been received from Panhandle Partnership, Inc.

8. Describe the intended impact of the program or service on the youth/family and the community. How will this be measured? Family support services play a crucial role in positively impacting at-risk youth and their communities. These interventions offer targeted support, equipping both youths and families with the tools necessary to navigate challenges effectively. By addressing criminogenic behaviors and enhancing family dynamics, these services aim to reduce delinquency rates among at-risk youth. The impact extends beyond individual behavior, fostering a healthier community environment by mitigating potential risks associated with juvenile delinquency and improving overall social cohesion.

Measuring the impact involves various metrics: decreased rates of recidivism among participating youth, improvements in family communication and functioning (for which we will be enlisting the help of the UNO Juvenile Justice Institute to devise a metric to measure this that will be obtained from participants through the use of motivational interviewing and regular check-ins), increased parental engagement in positive parenting practices (this will also be part of the new metric to be created), and reduced instances of behavioral issues among youth (which we will measure through initial interviews with the youth's parent/guardians, relevant school staff, and through our own observations to first establish a baseline and then regular check-ins with aforementioned people to see if the youth is experiences more or less instances of behavioral issues). Additionally, community-level indicators such as decreased crime rates, improved school attendance, and higher rates of community engagement can serve as measures of the program's success. Long-term evaluations assessing the sustained well-being of youth post-program participation will also gauge the effectiveness of family support services in promoting lasting positive changes within both the individuals and the community they belong to.

As this is a relatively new program, we will continue to enlist the assistance of professionals to help us turn our qualitative data into something that is measurable.

9. List, by agency name, up to five other programs/services operating within the community or service area that contribute to the solution of the stated problem, issue, or need. Indicate how this project coordinates with those programs/services:

	Agency Name	Description of Coordination
1	Scotts Bluff County Diversion	If funded, youth on diversion will have access to Family Support Services that are otherwise only available to youth on probation where a judge has court-ordered Family Support Services.
2		
3		
4		
5		

10. Describe how the proposed program or service will operate from beginning to end:

- a. What agency(s) will implement this program: Scotts Bluff County Attorney's Office-Scotts Bluff County Family Support Services

b.	Age, Gender, and Race/Ethnicity targeted by this program: All youth ages 11-18 in need of assistance and their families.
c.	Explain how a referral is made to the program or service. Include who can make referrals, what the referral process looks like, etc. Family Support Services will be available to all youth in the community who need assistance. Many referrals will come from juvenile diversion, truancy, law enforcement agencies, runaway reports, and the schools but anyone can make a referral.
d.	Do all referrals get accepted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, explain: In theory, all referrals are accepted, but for any youth not on diversion or being referred for truancy, services are voluntary. If the Scotts Bluff County Juvenile Services is at capacity, priority acceptance will be given to diversion and truancy youth.
e.	Explain the criteria to determine if the youth is appropriate after receiving the referral. Include the screening and/or assessment tools used to determine program eligibility, program appropriateness, and programming needs: Youth appropriateness for Family Support Services will be determined by the presence of risk and/or protective factors, criminogenic history, and scores on the NSAT, Brain Injury Awareness Assessment.
f.	What is the maximum capacity of youth this program can serve at one time? 80 but will vary depending on how extensive a youth's needs are.
g.	How many youths are anticipated to be served by this program during the project period: 150
h.	Describe the services/programming activities that will be provided for <u>this</u> funded program (do not include other activities your agency provides): Face-to-face assistance, coaching, role modeling, education, skills building, tutoring, mediation, budgeting, life skills training, restorative justice practices, practice-based programming, parenting classes, substance education, social-emotional skills, refusal skills, mental health promotion, community resources, resiliency skills, advocacy at 504 and IEP meetings, and referrals to mental health services and other services the youth/family has that staff are unable to provide in-house.
i.	What type of programming and/or practices are you utilizing? Check all that apply. <input checked="" type="checkbox"/> Evidence-based <input checked="" type="checkbox"/> Promising <input checked="" type="checkbox"/> Cultural-based <input checked="" type="checkbox"/> Research-based <input checked="" type="checkbox"/> Practice-based
j.	Provide specific examples of the programming/practices selected above. Do not just cite research articles. If utilizing practice-based programming, include the positive results you have seen in the community. Community service, youth assigned to community service, routinely receive feedback, as do staff assigning them, that the youth showed great initiative and pride in their work giving back to the community. Youth Assigned to community service frequently report back to staff that not only do they find the act of giving back to their community fun and enjoyable but that they learn a great deal of life skills and information. They find this endeavor exciting and a noticeable increase in their self-esteem is not unusual.
k.	Describe the ways youth leave the program. What does termination look like? Completion? Successful completion? All youth enrolled in Family Support Services will have a successful program completion plan assigned to them at their first or 2 nd meeting. Successful Completion will include them fulfilling all aspects of their plan. Termination will happen when a youth is not making satisfactory progress or efforts and specifically for diversion youth receiving family support services, termination due to unsatisfactory progress will be referred to the County Attorney for possible filing. For youth not on diversion, they will receive coaching to help get them back on track, but after a set amount of time, if this does not happen, they will simply be advised that they are no longer eligible for services.
l.	Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished: Community events, staffing with local agencies like schools and law enforcement agencies and the Lakota Lutheran Center and Gaudalupe Center to ensure that our marginalized populations (who are disproportionately affected by chronic absenteeism in Scotts Bluff County) are aware of the availability of Family Support Services.
m.	Is there a cost to youth and/or families to participate in this program or service? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Amount: \$ 0 If yes, explain what steps are taken to ensure costs are not a barrier to program participation: NA

<p>n. Describe how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery? Upon exiting Family Support Services, participants will be asked to complete satisfaction surveys. The results of these surveys will be used to make the program more effective for participants.</p>
<p>o. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: Upon entry into the program, every 1-2 months, and upon exit.</p>
<p>11. Refer to the Risk, Criminogenic, and Protective factors listed in Appendix B in the RFA. Identify up to three protective factors and explain how your program or service targets them. Include key activities or services to be provided, and the skills and knowledge to be gained by the youth: Use of Positive Coping Skills – We will work with the youth on identifying and practicing positive coping skills in addition to providing them with journals and workbooks to aid them in this endeavor.</p> <p>Consistent Discipline – We will be trained in Common Sense Parenting and provide these classes to parents in addition to modeling appropriate discipline, coaching parents on implementing appropriate and effective discipline, and role-playing scenarios with them.</p> <p>Access to academic support – we will be providing youth who need it with tutoring.</p>
<p>12. <i>If the program currently operates, regardless of funding source:</i></p>
<p>a. How long has this program been operating? Less than a year.</p>
<p>b. Provide a narrative that highlights the progress made by this program or service toward the above stated community need:</p> <p>Family Support has provided face-to-face assistance, coaching, role modeling, and education, by Scotts Bluff County Juvenile Services (SBCJS). The staff at the SBCJS has worked with at-risk youth and their families to build skills and increase protective factors. Specifically, staff provides referrals to tutoring, mediation, budgeting, life skills training, restorative justice practices, parenting classes, substance education, social-emotional skills, refusal skills, mental health promotion, community resources, resiliency skills, mental health services, and advocacy at 504 and IEP meetings.</p>
<p>c. How does this program continue to address the above stated need in the community and why is continued funding necessary?</p> <p>Community events, staffing with local agencies like schools and law enforcement agencies and the Lakota Lutheran Center and Gaudalupe Center are aware of the availability of Family Support Services</p> <p>Additionally, community-level indicators such as decreased crime rates, improved school attendance, and higher rates of community engagement are serving as measures of the program's success. Long-term evaluations assessing the sustained well-being of youth post program is proving the effectiveness of family support services in promoting lasting positive changes within both the individuals and the community they belong to..</p>
<p align="center">ER TO PAGE 11 OF THE RFA FOR INSTRUCTIONS*</p>

PROGRAM NARRATIVE: SYSTEM IMPROVEMENT

Fill out separately for each new system improvement request listed in the Program Type Table

PROGRAM TITLE: Panhandle Partnership, Inc.

1. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding: ☒ Yes ☐ No
If yes, provide grant number(s): 25-CB-0527
2. Describe the specific identified need in your community plan that will be addressed by this program or service. Provide local community data that supports this need: The Panhandle Partnership provides support to the CBA applicants so that they can address the issues identified in the Community Plan.
3. Is this program or service necessary to meet the statutory community planning requirement in NRS §43-2404.01:
☒ Yes ☐ No Explain: The Panhandle Partnership has been completing a regional plan, rather than individual counties, for 15 years and each of the 11 counties rely on this support and collaboration.
 - a. Does this program or service fall under administration, including financial administration, grant administration, coordination, and grant writing: ☐ Yes ☒ No
 - b. Does this program or service fall under community engagement, including collective impact, community planning, and backbone support: ☒ Yes ☐ No
4. Provide a description of the system improvement service by answering the following:
 - a. Explain the purpose of the system improvement service: Building a collaboration among agencies, networks, and the broader community to find creative solutions to improve the quality of life and communities in the panhandle.
 - b. Describe the key activities that will be provided by this program or service: Attending all 11 county meetings of the county commissioners to explain the Regional Community Plan and its requirement for counties to be able to apply for CBA funds and to obtain their consent and a Memorandum of Understanding.
 - c. List the expected changes that the service will likely bring to your community. Explain how program success will be measured. Include how you will know when community needs have been met: The organization of meetings necessary to complete the Community Plan and the completion of the Community Plan would not be possible without the System Improvement activities provided by the Panhandle Partnership. Program success will be measured by the timely completion of the Community Plan with input from all counties in the panhandle. As far as the question, "Include how you will know when community needs have been met," this is much more applicable and possible to measure when applied to direct service programs. Even for direct service programs, the definition of incredibly intricate and complex needs being met can be described differently by various people and agencies. The Panhandle Partnership's goal, in addition to completing the Regional Community Plan, is to provide support to all programs receiving CBA funds to help their endeavor in achieving success.
5. Describe the sustainability efforts undertaken for your proposed program, including efforts being made toward cost savings, and the sustainability status of your proposed program (if the program is not funded in future years, will it continue to succeed?): The Panhandle Partnership braids funding from numerous sources. The biggest impact would be that without this funding, the Partnership may not be able to continue coordinating and completing the Community Plan required for counties to apply for CBA funding.
6. *If the program currently operates, regardless of funding source:*
 - a. How long has this program been operating: 26 years
 - b. Provide a narrative to justify continued funding of this program or service. What has been accomplished by this system improvement program? What work is still necessary to accomplish to justify continued funding: The organization of meetings necessary to complete the Community Plan and the completion of the Community Plan would not be possible without the System Improvement activities provided by the Panhandle Partnership.
 - c. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)? ☒ Yes ☐ No
If yes, describe: We conduct ongoing developmental evaluations that are completed by the Leads of Systems of Care in the Panhandle including Birth to 8, Older Youth, Housing & Homelessness, Substance use and Suicide Prevention, and Respite in addition to evaluations completed by our members.

SECTION III: BUDGET

Budget Summary

Category	Requested Amount
Personnel (County/Tribe)	\$ 83,610
Travel (County/Tribe)	\$ 3,654
Operating Expenses (County/Tribe)	\$ 25,845
Contract Fee for Service (County/Tribe)	\$ 3,588
Sub-Awards Total	\$ 6,269
TOTAL AMOUNT REQUESTED	\$ 122,966

Budget Requirements	
All budget requests must be allowable , cost effective , and necessary for project activities . All requests must comply with the following:	
DIRECT	All costs must be direct expenses. No indirect organizational costs may be requested.
ALLOCABLE	Costs can be allocated to the grant to the extent they support grant funded activities. Grant funds cannot provide general support to the operations/programs of the organization receiving funding.
ACTUAL	Only actual expenses may be charged to the grant. Charges cannot be based upon budgeted or estimated amounts. EXAMPLE: The project budget anticipates the portion of the project coordinator's time spent on the grant funded activity will be 10% or 4 hours/week. The actual weekly time spent fluctuates between 0 hours and 2.5 hours/week. The actual time spent each week and not the budgeted cost is the amount that can be charged to the grant and time sheets must justify the hours.

REASONABLE	A cost is considered reasonable if the nature of and the price paid for the goods or services reflects the action that a practical person would have taken given the circumstances. In determining the reasonableness of a particular cost, the following criteria will be considered: • In accordance with generally accepted accounting principles and business practices • An “arm’s length” transaction • Consistent with established practices of the grantee • Consistent with market prices for comparable goods or services in your area.
NECESSARY	All expenses must be necessary to achieve the outcomes of the program. Expenses must be directly related to the program, be necessary to carry out the function of the program or service and must be necessary to effectively meet the program goals and outcomes.

PERSONNEL TABLE (COUNTY/TRIBE EMPLOYEES)

Program Title	Position Title and Employee Name	Agency Name	New or Existing (N or E)	Percent Time Devoted	Current Annual Salary	Projected Annual Salary	Percent Salary Requested	Requested Wages	Requested Fringe	Requested Total
Family Support Services	Family Support Services Specialist- Isabel Campos	Scotts Bluff County Attorney	E	100%	\$35,402	\$43,680	100%	\$43,680	\$17,763	\$61,443
Diversion	Intake and Date Entry Specialist- To be hired	Scotts Bluff County Attorney	N	100%	\$0	\$20,592	100%	\$20,592	\$1,575	\$22,167
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
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				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
REFER TO PAGE 15 OF THE RFA FOR INSTRUCTIONS								Requested Wages Total	Requested Fringe Total	Requested Total
								\$64,272	\$19,338	\$83,610
TOTAL PERSONNEL										

PERSONNEL TABLE BUDGET BREAKDOWN

Fill out for each position listed in the table above

1. Program Title and Position Title: Family Support Services, Family Support Services Specialist

2. Is this position new or existing: ☐ New ☒ Existing

3. If existing, describe how this position is currently funded and the need to fund the position by this funding source: This position is currently funded by 25-CB-09-527. The county does not have funds to sustain the position in the absence of outside funding.

4. Does this position spend 100% of their time on the proposed project? ☒ Yes ☐ No

a. If no, what percent of this position's time is dedicated to this proposed project? 100%

b. What are the other duties of this position not included in proposed project? NA

5. Provide all funding sources and amounts currently contributing to this **position**. The percent of total column should equal 100%: See RFA page 15 for example.

Funding Source	Percent of Total	Dollar Amount
25-CB-0527	100%	\$61,443

6. Are existing funds currently allocated to the support of this position that will be used for a different purpose if this request is awarded? ☐ Yes ☒ No

Briefly describe how this request complies with the non-supplanting requirement (*the replacing of existing funds that currently support this position with these grant funds*):

7. Provide job description (If existing position, paste in the official job description. If new, type a brief summary of the anticipated duties.): This position carries a caseload of youth and families and provide face-to-face assistance, coaching, role modeling, education, skills building, tutoring, mediation, budgeting, life skills training, restorative justice practices, practice-based programming, parenting classes, substance education, social-emotional skills, refusal skills, mental health promotion, community resources, resiliency skills, advocacy at 504 and IEP meetings, and referrals to mental health services and other services the youth/family has that staff are unable to provide in-house.

8. Was there an annual salary increase: ☐ Yes ☒ No
If yes, what percent: 3.5%

a. If yes, did the governing board determine the annual salary increase: ☐ Yes ☒ No
i. If yes, attach the governing board meeting minutes supporting the salary increase.

b. If the governing board did not approve the annual salary increase, provide explanation for the salary increase: NA

9. Provide a personnel budget breakdown on the following:

1. Breakdown of wages for this position: Hours 2080 x hourly rate \$21= (total) \$43,680
2. Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested.
 - i. FICA: \$3,342
 - ii. Retirement: \$2,948
 - iii. Insurance: Health = \$11,220, Dental + \$180
 - iv. Other (such as LTD, LIFE, ADD, etc.): Fringe Type: Life & Disability Amount: \$73

REFER TO PAGE 15 OF THE RFA FOR INSTRUCTIONS

PERSONNEL TABLE BUDGET BREAKDOWN

Fill out for each position listed in the table above

10. Program Title and Position Title: Family Support Services, Intake and Data Entry Specialist

11. Is this position new or existing: ☒ New ☒ Existing

12. If existing, describe how this position is currently funded and the need to fund the position by this funding source: NA

13. Does this position spend 100% of their time on the proposed project? ☒ Yes ☐ No

a. If no, what percent if this position's time is dedicated to this proposed project? NA

b. What are the other duties of this position not included in proposed project? NA

14. Provide all funding sources and amounts currently contributing to this **position**. The percent of total column should equal 100%: See RFA page 15 for example.

Funding Source	Percent of Total	Dollar Amount
New Position	NA	NA

15. Are existing funds currently allocated to the support of this position that will be used for a different purpose if this request is awarded? ☐ Yes ☒ No

Briefly describe how this request complies with the non-supplanting requirement (*the replacing of existing funds that currently support this position with these grant funds*): New Position

16. Provide job description (If existing position, paste in the official job description. If new, type a brief summary of the anticipated duties.): This position will assist with processing intakes into the new Family Support Services program, administering assessments and surveys in addition to making collateral contacts to assist with measuring the impact of Family Support Services, will enter youth into JCMS, and provide general support to the staff providing Family Support Services.

17. Was there an annual salary increase: ☐ Yes ☒ No
If yes, what percentage:

a. If yes, did the governing board determine the annual salary increase: ☐ Yes ☒ No NA
i. If yes, attach the governing board meeting minutes supporting the salary increase.

b. If the governing board did not approve the annual salary increase, provide explanation for the salary increase: NA

18. Provide a personnel budget breakdown on the following:

3. Breakdown of wages for this position: Hours 1144 x hourly rate \$18= (total) 20,592

4. Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested.

i. FICA: \$1,575

ii. Retirement: NA

iii. Insurance: NA

iv. Other (such as LTD, LIFE, ADD, etc.): Fringe Type: Life & Disability Amount: NA

REFER TO PAGE 15 OF THE RFA FOR INSTRUCTIONS

TRAVEL (COUNTY / TRIBE)

This section is travel requested for county/tribe employees.

Position Traveling ¹	Travel Purpose ²	Mileage (# of Miles x 0.67)		Meals ³	Lodging ⁴ (# of Nights x per diem amount)		Requested Total
Diversion/Family Support Services Director	Meetings, training, schools, local agencies	260 x.670	\$210	\$0	0 x \$0	\$0	\$210
Family Support Services Specialist	Meetings, training, schools, local agencies	260 x.670	\$170	\$0	0 x \$0	\$0	\$170
Intake & Data Entry Specialist	Meetings, training, schools, local agencies	260 x.670	\$170	\$0	0 x \$0	\$0	\$170
Diversion/Family Support Services Director	NJJA Conference	580 x.670	\$389	\$157	3 x \$110	\$330	\$876
Family Support Services Specialist	NJJA Conference	0 x.670	\$0	\$157	3 x \$110	\$330	\$487
Morrill County Diversion Director	NJJA Conference	476 x.670	\$312	\$157	3 x \$110	\$330	\$799
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
SUB-AWARD TRAVEL REQUESTED TOTAL							\$2,712

1. Position Traveling: If the county/tribe has more than one funded program, also include program type.

2. Travel Purpose: examples include personal vehicle to serve youth, NJJA conference, etc.

3. Meals: Meal reimbursement must follow [NE DAS policy](#) and utilize the NE DAS [expense reimbursement form](#) to calculate total expense.

4. Lodging: [Per Diem Lookup](#)

OPERATING EXPENSES (COUNTY / TRIBE)

All operating expenses must be necessary for program function and directly related to effectively meeting the program goals and outcomes. Operating expenses cannot be overarching expenses of an office, but rather for the program or service only. Pro-rate operating expenses accordingly. All allowable operating expenses will be reviewed on a case-by-case basis.

DO NOT CHANGE OR ADD CATEGORIES

Program Title:	Detailed Breakdown of Costs	Amount Requested
Examples: Communication Conference Registration Educational Materials Incentives Postage Transportation for Youth	Verizon Wireless Cellphone \$40/month X 12 months = \$480. NJJA conference \$150 registration x 2 = \$300 3 rd Millennium Classes 65 x \$30/class = \$1963 Sonic 15 @ \$5.00 = \$75 Subway 15 @ \$5.00 = \$75 2 rolls of stamps x \$60/roll = \$120 Gas Vouchers 45 @ \$10.00 = \$450	
Communication	NA	\$0
Conference Registration	NJJA conference registration \$175 x 4 = \$700 HJSA conference registration \$225 x 4 = \$900 Training to get certified as a mediator specializing in family issues \$1,800 x 2 = \$3,600 Local training, averaging \$75 x 12 trainings x 3 staff = \$2,700	\$7,900
Dues & Subscriptions	NA	\$0
Educational & Program Materials	Hazelden workbooks for Anger Management, Decision Making, Stress Management, and Conflict Resolution – 1 Facilitator Guide & 30 Youth Workbooks = \$199 x 4 = \$796 Instant Help Self-Guided workbooks for teens including Anger Workbook, Self-Esteem Workbook, Anxiety Workbook, Conquer Negative Thinking, Depression, Self-Harm, Self-Confidence, Executive Functioning, Resilience, Trauma & Adversity, ADHD, Stress Reduction, Social Media, Sexual Trauma, Gender Quest, Self-compassion, PTSD, & Overcoming Suicidal Thoughts \$20/each x 50 = \$2,000 Common Sense Parenting participant books - \$16 x 40 = \$640 Common Sense Parenting workbooks - \$20 x 40 = 800 Wreck This Journal - \$10/each x 20 = \$200 Burn After Writing Journal - \$10/each x 10 = \$100 Various educational books – approximately \$20/each x 20 = \$200 Online evidence-based classes designed for juveniles \$75/class x 100 classes = \$7,500. Alarm clocks to help youth & parents with truancy issues to assist in getting youth up and forming healthy habits. \$15/each x 7= \$105	\$12,341
External Fees for Youth	\$100/month x 12 months = \$1,200 to pay for fees for youth to attend art classes, yoga, karate, YMCA day passes, other sports, etc.	\$1,200
Food for Youth	\$100/month x 12 months = \$1,200 After school snacks	\$1,200
Incentives for Youth	\$200/month x 12 months = \$2,400 Smaller incentives for achieving smaller goals and larger incentives to be provided to youth upon successful completion of their service plan and when they achieve major milestones. i.e. sports equipment, art supplies, phone cords, water bottles, car accessories, lego sets or books	\$2,400

Postage	Postage for a standard sized letter is \$.73 x 300 letters = \$219 Postage for an oversized letter is \$1.50 x 150 letters = \$225	\$444
Program Equipment	NA	\$0
Transportation for Youth	TriCity Roadrunner to help with transportation needs like school and appointments for diversion and family support services. \$3.00 one way x 3 appointments x 20 = \$360.	\$360
OPERATING EXPENSES TOTAL		\$25,845

1. For each operating expense requested above, explain the following:

- a. How is each request necessary to meet the goals and outcomes of the program? The statewide conferences and local trainings provide staff with the necessary training required to provide the most effective services to youth and their families making sure they are abreast of the most innovative treatment modalities available.

The Family Support Services Specialist obtaining training to be a certified mediator will make it possible for mediation services to be provided to participants in-house. Youth and families often refuse referrals for mediation services due to anxiety about the unknown and having to discuss sensitive topics with someone they view as a complete stranger. Having the Family Support Services Specialist be a certified mediator will increase the chances that participants will agree to participate in mediation and make mediation services more effective as the services will be provided by someone with whom they are familiar and already have established a rapport.

The Hazelden facilitator guides and workbooks enable staff to provide classes to youth on important topics.

The Instant Help Self-Guided Workbooks allow youth to work through issues at their own pace and staff will routinely check in with them to see how they are progressing and what parts they are finding helpful.

The "Wreck This Journal" and "Burn After Writing Journal" provide youth with an opportunity to practice reflective journaling which has been shown to have many positive outcomes such as promoting critical thinking skills, self-discovery, reflection, problem solving, stress reduction, help processing strong and difficult emotions, providing a healthy outlet for teens to express themselves, and interpersonal development. On an anecdotal note, since we first began purchasing these journals for youth in 2016 as part of the bibliotherapy program, they have been a favorite activity of the youth.

Alarm clocks will aid in helping truancy youth and parents form healthy habits in getting to school on time and responsibility.

External Fees for Youth offer youth the ability to be involved in pro-social activities which many of them would not have access to otherwise.

Food for youth fulfills several roles. Youth usually come to our offices after school and are hungry and cannot concentrate on things like anger management class or tutoring until they have had something to eat.

Incentives for youth will be used to motivate youth to progress through the goals in their service plan. Smaller incentives will be given to youth when they achieve goals on their service plan. Larger incentives will be provided to youth upon successful completion of their service plan and when they achieve major milestones such as successfully completing their service plan.

Postage is necessary for relaying written information to program participants.

Transportation for youth is critical in our area as traditional bussing, Uber, or other forms of transportation are not readily available in our rural area. Transportation often stands in the way of being able to get to necessary resources.

- b. How is each request reasonable and cost effective? The statewide conferences and local trainings are non-negotiable costs.

The training to get certified as a mediator is another set price training/certification.

The Hazelden facilitator guides and workbooks provide invaluable information to participants and are on par with similar curriculum pricing.

The Instant Help Self-Guided Workbooks, anecdotally, have been extremely useful for youth, are on par pricewise with other, similar workbooks, and due to the dire mental health shortage in our area, provide a sort of stopgap while youth wait up to 6 months to get in to see a mental health provider.

Considering the positive feedback youth provide on “Wreck This Journal” and “Burn After Writing Journal”, these journals are invaluable to the youth who respond well to journaling and are inexpensive.

External Fees for Youth provide an integral part of Positive Youth Development at a relatively low cost.

Food for youth is purchased as economically as possible.

Incentives for youth will be purchased as economically as possible.

Postage prices are set by the USPS

TriClty Roadrunner rates are set by the County. . Transportation often stands in the way of being able to get to necessary resources.

2. If requesting program equipment, provide the following:

- a. List each item requested and purpose: NA
- b. Purchase date of equipment being replaced: NA
- c. Date and description of most recent program equipment request: NA
- d. Include three quotes: NA

REFER TO PAGE 17 OF THE RFA FOR ALLOWABLE/UNALLOWABLE EXPENSES

CONTRACTS (COUNTY/TRIBE)

A contract is required for a service to be considered a contract

All rates requested must be reasonable and consistent with those paid for similar services in the marketplace and in alignment with the work proposed. A market analysis may be required for any rate that is not verifiable as consistent with the rates in the market. Rates shall not exceed reimbursement rates from DHHS or Probation Administration for the same or similar service.

Program Title <i>From Program Type Table</i>	Service Type <i>Example: Family Support, Community Youth Coaching, EM, Mediation, Counselor, etc.</i>	Provider Name	Rate	Number of Occurrences	Amount Requested
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
Family Support Services	Tutoring	Amanda Serda	\$23	156 <input checked="" type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$3,588
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
CONTRACT FEES TOTAL					\$3,588
REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS					

CONTRACTS NARRATIVE

Fill out for each contract listed in the table above

SERVICE TYPE AND PROVIDER NAME:

1. Describe the service being contracted, including the referral process for youth to participate in the contracted service:
Individual tutoring for youth who are struggling with grades or truancy issues.
2. Did the county use an application process to determine the provider for this service? ☒ Yes ☐ No
Explain: Family Support and Diversion reached out to areas schools with the needs of youth. Amanda was selected because of her experience and her position with ESU in teaching Title 1 youth. She also holds a master's degree in special education.
3. Does the County/Tribe currently have a contract in place with the provider? ☐ Yes ☐ No
4. Describe how the contracted service is **allowable**, **cost effective**, and **necessary for project activities**: Per the RFA, tutoring is an allowable cost. \$23/hour for a short hour, independent contractor tutor is very cost effective. The majority of youth who will be served struggle with academic performance. *It is our hope that having an in-house tutor will aid these young people greatly.*

REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS

Sub-Award Budget Summary

Agency Name	Personnel	Travel	Operating Expenses	Contracts	Requested Amount
Panhandle Partnership, Inc.	\$4,608	\$1,661	\$	\$	\$6,269
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
TOTAL AMOUNT REQUESTED					\$6,269

SUB-AWARD NARRATIVE

AGENCY NAME: Panhandle Partnership, Inc.

1. Does the agency currently receive any Crime Commission grants (state or federal): ☒Yes ☐No
If yes, provide grant number(s): 25-CB-0527
2. Describe agency's current scope of services or operations: (250 words) Panhandle Partnership was incorporated 25 years ago and is a backbone organization and catalyst for collaboration operating within the framework of Collective Impact. The five tenants of collective impact are: common agenda, shared measurement, continuous communication, mutually reinforcing activities and a backbone organization. The Partnership is a membership organization with over 70 local and statewide members, and it facilitates multi-county, multi-agency systems for early childhood, older youth, substance abuse and suicide prevention, lifespan respite and housing/homelessness. Their Vision: Collective Impact for Thriving and Equitable Panhandle Communities. Their Mission: We build collaboration among agencies, networks and the broader community to find creative solutions to improve the quality of life and communities in the Panhandle.

REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD PERSONNEL TABLE (NON-COUNTY/TRIBE EMPLOYEES)

AGENCY NAME: Panhandle Partnership, Inc.

Program Title	Position Title and Employee Name	Agency Name	New or Existing (N or E)	Percent Time Devoted	Current Annual Salary	Projected Annual Salary	Percent Salary Requested	Requested Wages	Requested Fringe	Requested Total
Backbone Organization	Executive Director Faith Mills	Panhandle Partnership	E	5%	\$68,307	\$68,307	5%	\$3,415	\$363	\$3,778
Backbone Organization	Operations Coordinator, Connor Wilburn	Panhandle Partnership	E	1.5%	\$50,000	\$50,000	1.5%	\$750	\$80	\$830
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
SUB-AWARD PERSONNEL TOTAL								Requested Wages Total	Requested Fringe Total	Requested Total
								\$4,165	\$443	\$4,608

SUB-AWARD PERSONNEL TABLE BUDGET BREAKDOWN

Fill out for each position listed in the table above

AGENCY NAME: Panhandle Partnership, Inc.

1. Program Title and Position Title: Executive Director

2. Is this position new or existing: ☐ New ☒ Existing

3. If existing, describe how this position is currently funded and the need to fund the position by this funding source: The position is currently funded with Federal, State, local and private grants and contracts in addition to current CBA funding.

4. Does this position spend 100% of their time on the proposed project? ☐ Yes ☒ No

a. If no, what percent of this position's time is dedicated to this proposed project? 5%

b. What are the other duties of this position not included in proposed project? See job description below

5. Provide all funding sources and amounts currently contributing to this **position**. The percent of total column should equal 100%: See RFA page 15 for example.

Funding Source	Percent of Total	Dollar Amount
Federal, State and local grants & contracts	90%	\$61,477
Private Funding	5%	\$3,415
CBA	5%	\$3,415

6. Are existing funds currently allocated to the support of this position that will be used for a different purpose if this request is awarded? ☐ Yes ☒ No

Briefly describe how this request complies with the non-supplanting requirement (*the replacing of existing funds that currently support this position with these grant funds*): Funds requested for this position will be used as they have been in the past, to pay for staff time dedicated to CBA. No funds will be supplanted.

7. Provide job description (If existing position, paste in the official job description. If new, type a brief summary of the anticipated duties.): The Executive Director is the key management leader of Panhandle Partnership, Inc. The Partnership is a unique nonprofit with core values centered on collaboration and servant leadership. Additionally, the Partnership does not provide direct services and instead focuses on building cross-sector collaboration. The Executive Director is responsible for overseeing the administration, initiatives and strategic plan of the organization. Other key duties include relationship-building, facilitation, and service to the organization's broad-based membership. The position reports directly to the Board of Directors and is based in Scottsbluff, NE.

GENERAL RESPONSIBILITIES:

1) Board Governance: Works with board in order to fulfill the organization mission.

- Responsible for leading Panhandle Partnership in a manner that supports and guides the organization's mission as defined by the Board of Directors and the organization's members.
- Responsible for communicating effectively with the Board and providing, in a timely and accurate manner, all information necessary for the Board to function properly and to make informed decisions.

2) Financial Performance and Viability: Develops and maintains resources sufficient to ensure the financial health of the organization.

- Responsible for the fiscal integrity of Panhandle Partnership, to include submission to the Board a proposed annual budget and monthly financial statements, which accurately reflect the financial condition of the organization.
- Responsible for fiscal management that generally anticipates operating within the approved budget, ensures maximum resource utilization, and maintenance of the organization in a positive financial position.
- Responsible for developing and maintaining strong relationships with statewide funders.

3) Organization Mission and Strategy: Works with board, members, and staff to ensure that the mission is fulfilled through initiative development, strategic planning and community outreach.

- Responsible for overseeing of Panhandle Partnership's work groups that carry out the organization's mission.
- Provide key input regarding initiative development.
- Responsible for strategic planning to ensure that Panhandle Partnership can successfully fulfill its mission into the future.
- Responsible for the enhancement of Panhandle Partnership's image by being active and visible in the community and by working closely with other professional, civic and private organizations.

4) Organization Operations. Oversees and implements appropriate resources to ensure that the operations of the organization are appropriate.

- Responsible for the effective administration of Panhandle Partnership operations.
- Responsible for the hiring and retention of competent, qualified staff.
- Responsible for overseeing a multitude of contracts and subcontracts
- Collaborate with Board Chair for signing all notes, agreements, and other instruments made and entered into and on behalf of the organization.

Professional Qualifications:

- A bachelor's degree
- Transparent and high integrity leadership
- Nonprofit management experience preferred
- Budget management skills, including budget preparation, analysis, decision-making and reporting
- Strong organizational abilities including planning, delegating, program development and task facilitation
- Ability to convey a vision of Panhandle Partnership's strategic future to stakeholders
- Knowledge of donor relations unique to nonprofit sector
- Skills to collaborate with and motivate board members and organizational members
- Strong written and oral communication skills
- Ability to engage diverse stakeholders
- Demonstrated ability to oversee and collaborate with staff

- Strong public speaking ability

Actual Job Responsibilities:

1. Planning and operation of annual budget.
2. Adherence to and development of employment and administrative policies and procedures for all functions and for the day-to-day operation of the nonprofit.
3. Serve as Panhandle Partnership's primary spokesperson to the organization's constituents, the media and the general public.
4. Establish and maintain relationships with member organizations
5. Establish and maintain relationships with various organizations throughout the state and utilize those relationships to strategically enhance Panhandle Partnership's mission.
6. Report to and work closely with the Board of Directors and organization members to seek their involvement and direction regarding initiative development.
7. Supervise and collaborate with organization staff.
8. Support Panhandle Partnership work groups and serve as a liaison between work groups, board of directors, and membership.
9. Strategic planning and implementation.
10. Oversee organization Board and committee meetings.
11. Oversee marketing and other communications efforts.
12. Review contracts for services to be approved by the Board of Directors.
13. Other duties as assigned by the Board of Directors.

8. Was there an annual salary increase: ☐ Yes ☒ No

If yes, what percent? NA

a. If yes, did the governing board determine the annual salary increase: ☐ Yes ☐ No

i. If yes, attach the governing board meeting minutes supporting the salary increase.

b. If the governing board did not approve the annual salary increase, provide explanation for the salary increase:

9. Provide a personnel budget breakdown on the following:

1. Breakdown of wages for this position: \$68,307 annual salary x 5% FTE = \$3,415
2. Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested.
 - i. FICA: $\$3,415 \times 7.65\% = \261
 - ii. Retirement: $\$3,415 \times 3\% = 102$
 - iii. Insurance:
 - iv. Other (such as LTD, LIFE, ADD, etc.): Fringe Type: Amount:

REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD PERSONNEL TABLE BUDGET BREAKDOWN

Fill out for each position listed in the table above

AGENCY NAME: Panhandle Partnership, Inc.

10. Program Title and Position Title: Operations Manager

11. Is this position new or existing: ☐ New ☒ Existing

12. If existing, describe how this position is currently funded and the need to fund the position by this funding source: This position is currently funded with Federal, State, local and private grants and contracts in addition to current CBA funding.

13. Does this position spend 100% of their time on the proposed project? ☐ Yes ☒ No

a. If no, what percent if this position's time is dedicated to this proposed project? 1.5%

b. What are the other duties of this position not included in proposed project? see job description below

14. Provide all funding sources and amounts currently contributing to this **position**. The percent of total column should equal 100%: See RFA page 15 for example.

Funding Source	Percent of Total	Dollar Amount
Federal, State and local grants & contracts	93.5%	\$46,750
Private funding awards	5%	\$2,500
CBA	1.5%	\$750

15. Are existing funds currently allocated to the support of this position that will be used for a different purpose if this request is awarded? ☐ Yes ☒ No

Briefly describe how this request complies with the non-supplanting requirement (*the replacing of existing funds that currently support this position with these grant funds*): Funds requested for this position will be used as they have been in the past, to pay for staff time dedicated to CBA. No funds will be supplanted.

16. Provide job description (If existing position, paste in the official job description. If new, type a brief summary of the anticipated duties.):

The Panhandle Partnership Operations Manager is a critical member of a two-person team. The role requires attention to detail, proactive problem solving, self-initiative, flexibility, and accountability. The Panhandle Partnership is based on servant leadership.

The Operations Manager position is a permanent, full-time, 40 hours/week position.

Responsibilities include the operation of the Panhandle Partnership Training Academy, website maintenance, marketing and messaging, administrative functions of daily operations, and supporting the Executive Director as needed. Critical to success are the ability to develop efficient processes, problem-solve, competence in Office Suite, high technological proficiency, effective marketing skills, relationship-building, and professionalism in all encounters.

Panhandle Partnership Training Academy

- effective messaging and promoting of the Training Academy and its value to the Nebraska Panhandle and surrounding areas
- serve partners via coordination of regional trainings
- effective marketing and messaging of available trainings
- maintain collaborative relationship with Western Nebraska Community College and maintain compliance with processes and paperwork
- ensure regional resources are utilized
- track Training Academy participation
- maintain Training Academy budget for review by PPI team

- maintain files for all Training Academy operations

Website Maintenance

- maintain up-to-date website content
- perform biannual review of Western Nebraska Resource Guide and update accordingly
- work with website developer to ensure proper functioning

Marketing and Messaging

- develop clear, consistent, and aesthetically appealing messaging for all Panhandle Partnership operations
- high technological proficiency utilizing Constant Contact, Canva, and PROMO
- promote Panhandle Partnership vision and mission in all professional relationships

Member Support

- shared facilitation of membership meetings and annual meeting
- data collection for initiatives as needed
- administrative support for workgroups including invites, room reservations, catering arrangements, minutes, sign-in sheets, and newsletters

Operational Administrative Functions

- process all payments and make bank deposits
- maintain organized files
- oversee office space and equipment
- process all mailings
- ensure adequate office supplies
- answer office phone
- track all Panhandle Partnership meeting and training attendance
- maintain up-to-date email listserv

Additional Support

- assist Executive Director with any additional requested support

17. Was there an annual salary increase: ☐ Yes ☒ No

If yes, what percent?

a. If yes, did the governing board determine the annual salary increase: ☐ Yes ☐ No

ii. If yes, attach the governing board meeting minutes supporting the salary increase.

b. If the governing board did not approve the annual salary increase, provide explanation for the salary increase:

18. Provide a personnel budget breakdown on the following:

Breakdown of wages for this position: Hours \$50,000 annual wage x 1.5% FTE = \$750

Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested.

v. FICA: \$750 x 7.65% = \$57

vi. Retirement: \$750 x 3% = \$23

vii. Insurance:

viii. Other (such as LTD, LIFE, ADD, etc.): Fringe Type: Amount:

REFER TO PAGE 15 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD TRAVEL EXPENSES

This section is travel requested for sub-awarded agency employees.

Position Traveling ¹	Travel Purpose ²	Mileage (# of Miles x 0.67)		Meals ³	Lodging ⁴ (# of Nights x per diem amount)		Requested Total
Executive Director & Operations Coordinator	Panhandle-wide quarterly meetings	600 x.670	\$402	\$	x \$	\$	\$402
Executive Director	County Commissioner meetings is 11 counties for plan approval	417 x.670	\$280	\$	x \$	\$	\$280
Executive Director	NJJA Conference	580 x.670	\$389	\$157	3 x \$110	\$330	\$876
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$
		x.670	\$	\$	x \$	\$	\$

SUB-AWARD TRAVEL REQUESTED TOTAL

\$1,558

1. Position Traveling: If the county/tribe has more than one funded program, also include program type.

2. Travel Purpose: examples include personal vehicle to serve youth, NJJA conference, etc.

3. Meals: Meal reimbursement must follow [NE DAS policy](#) and utilize the NE DAS [expense reimbursement form](#) to calculate total expense.

4. Lodging: [Per Diem Lookup](#)

SUB-AWARD OPERATING EXPENSES

All operating expenses must be necessary for program function and directly related to effectively meeting the program goals and outcomes. Operating expenses cannot be overarching expenses of an office, but rather for the program or service only. Pro-rate operating expenses accordingly. All allowable operating expenses will be reviewed on a case-by-case basis.

DO NOT CHANGE OR ADD CATEGORIES

AGENCY NAME: No funds will be allocated towards Operating Costs for the Panhandle Partnership Sub-Award

Program Title:	Detailed Budget Breakdown	Amount Requested
Examples: Communication Conference Registration Educational Materials Incentives Postage Transportation for Youth	Verizon Wireless Cellphone \$40/month X 12 months = \$480. NJJA conference \$150 registration x 2 = \$300 3 rd Millennium Classes 65 x \$30/class = \$1963 Sonic 15 @ \$5.00 = \$75 Subway 15 @ \$5.00 = \$75 2 rolls of stamps x \$60/roll = \$120 Gas Vouchers 45 @ \$10.00	
Communication		\$
Conference Registration		\$
Dues and Subscriptions		\$
Educational & Program Materials		\$
External Fees for Youth		\$
Food for Youth		\$
Incentives for Youth		\$
Postage		\$
Program Equipment		\$
Transportation for Youth		\$
OPERATING EXPENSES TOTAL		\$0

BUDGET NARRATIVE

1. For each operating expense requested above, explain the following:

- a. How is each request necessary to meet the goals and outcomes of the program?
- b. How is each request reasonable and cost effective?

2. If requesting program equipment, provide the following:

- a. List each item requested and purpose:
- b. Purchase date of equipment being replaced:
- c. Date and description of most recent program equipment request:
- d. Include three quotes:

REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD CONTRACTS

A contract is required for a service to be considered a contract

All rates requested must be reasonable and consistent with those paid for similar services in the marketplace and in alignment with the work proposed. A market analysis may be required for any rate that is not verifiable as consistent with the rates in the market. Rates shall not exceed reimbursement rates from DHHS or Probation Administration for the same or similar service.

AGENCY NAME:

Program Title From Program Type Table	Service Type <i>Example: Family Support, Community Youth Coaching, EM, Mediation, Counselor, etc.</i>	Provider Name	Rate	Number of Occurrences	Amount Requested
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
CONTRACT FEES TOTAL					\$
REFER TO PAGE 19 OF THE RFA FOR INSTRUCTIONS					

SUB-AWARD CONTRACTS NARRATIVE

Fill out for each contract listed in the table above

SERVICE TYPE AND PROVIDER NAME: No funds will be allocated towards Contract for the Panhandle Partnership Sub-Award

1. Describe the service being contracted, including the referral process for youth to participate in the contracted service:
2. Did the Agency use an application process to determine the provider for this service? ☐Yes ☐No
Explain:
3. Does the Agency currently have a contract in place with the provider? ☐Yes ☐No
4. Describe how the contracted service is ***allowable, cost effective, and necessary for project activities:***

REFER TO PAGE 19 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD TOTAL *Fill out separate total for each Sub-Award*	
AGENCY: Panhandle Partnership, Inc.	
PERSONNEL FEES	\$4,608
TRAVEL FEES	\$1,558
OPERATING FEES	\$0
CONTRACT FEES	\$0
TOTAL AMOUNT REQUESTED	\$6,166

Section IV: Memorandums of Understanding

Counties or tribes applying as a group must submit a current copy of the MOU signed by each participating county board chair or tribal council chair confirming their commitment to the proposed joint project(s) in this application and agreeing to join with the Lead county/tribe. It is preferred that MOU's include the electronic signature of each county or tribe's respective signature. If not possible, a scanned copy will be accepted with the application.

Section V: Electronic Submission

As Lead Project Contact of this grant application, I assure that this electronic PDF submitted to the Nebraska Crime Commission is the final document which will be signed by the Authorized Official. I acknowledge I am required to submit an electronic copy to the Nebraska Crime Commission. The electronic copy must be submitted as a PDF version of the original Microsoft Word document. I acknowledge that a scanned version of the electronic copy will not be accepted.

☐

Typed Name of Lead Project Contact

Date

Section VI: Signature

<u>CERTIFICATION</u>
<p>I certify the information in this application is accurate and as the Authorized Official for this project, hereby agree to comply with all provisions of the grant program, requirements outlined in the Request for Application, requirements of the Nebraska Crime Commission, and all other applicable federal and state laws.</p> <p>I authorize the lead project contact, secondary project contact and financial contact to act on behalf of the Authorized Official for grant management purposes and fulfillment of the grant program.</p> <p><u>Note: The Authorized Official must be the County Board Chair or Tribal Council Chair. If more than one county or tribe is participating in the grant application then the signature of the Lead County Board Chair or Tribal Council Chair is required.</u></p>
Name and Title of Authorized Official:
Signature of Authorized Official:
Date: