

NEBRASKA CRIME COMMISSION

FY2027 Community-based Juvenile Services Aid [CB] Application

Nebraska Revised Statute §43-2404.02

Lead County/Tribe:	Scotts Bluff County		Phone: (308) 436-6674
Address of Applicant:	Address: 1725 10 th St		
	City: Gering	State: NE	Zip Code: 69341 – 2446
List of Partnering Counties/Tribes:	Morrill & Banner		
Lead Project Contact:	Name: Tamera K Frye		Phone: (308) 436-6674
	Title: Diversion Director & Family Support		
	Email: tamera.frye@scottsbuffcountyne.gov		
	Address: 1725 10 th St		
	City: Gering	State: NE	Zip Code: 69341 – 2446
Secondary Project Contact: (optional)	Name: NA		Phone: (NA)
	Title: NA		
	Email: NA		
	Address: NA		
	City: NA	State: NA	Zip Code: NA –
Financial Contact:	Name: Heather Hauschild		Phone: (308) 436-6600
	Title: Scotts Bluff County Treasurer		
	Email: heather.hauschild@scottsbuffcountyne.gov		
	Address: 1825 10 th St		
	City: Gering	State: NE	Zip Code: 69341 – 2446
Authorized Official:	Name: Mark Harris		Phone: (308) 436-6600
	Title: County Board Chair		
	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. List the current priorities in the community plan:
 - a. Chronic Absenteeism
 - b. Higher Rates of poverty than the state average
 - c. 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
 - d. Higher rates of youth experiencing loss of sleep due to worry, depression, and who have considered attempting suicide than the state average
 - e. Higher rates of youth substance youth than the state average
4. 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.
5. 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.
6. Was the community plan reviewed for progress or updates at any other times throughout the year?
☐ Yes ☒ No If yes, how often was the community plan reviewed? Be specific.
7. Have changes been made to the community plan since the last submission to the Crime Commission?
☐ Yes ☒ No If yes, describe:

If yes, please submit a community plan addendum adding the new priority(s).
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:
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 collaboration with the Director of Panhandle Partnership, Inc., who facilitated meetings to gather input for the Juvenile Services Community Plan, reviewed the needs identified in the plan, the County Needs Assessment, and the most recent available data to determine which services would be most beneficial to at-risk youth and most effective in preventing involvement in the juvenile justice system.
 - b. Provide the meeting date and agenda when the application was approved:

REFER TO PAGE 12 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	\$58,737
Scotts Bluff County Diversion	Direct Intervention	Diversion	Diversion	Current	\$25,613
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All programs listed in the table above must equal the total requested amount from the budget.					Total: \$ 84,350
REFER TO PAGE 13 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): 26-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 demand for family support services among youth who are not on probation is difficult to predict. While the program is provided at no cost to participating youth and families, its long-term sustainability will depend on demonstrated outcomes and continued growth. If the program proves successful, additional grant funding from external sources may be pursued; however, the county does not currently have the resources 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 effort to prevent juveniles from entering the juvenile justice system, Scotts Bluff County seeks to provide at-risk youth and their families with comprehensive Family Support Services through a holistic approach. These services will include face-to-face assistance, coaching, role modeling, and educational support delivered by trained professionals at Scotts Bluff County Juvenile Services (SBCJS).

SBCJS staff will work collaboratively with at-risk youth and their families to build skills and strengthen protective factors. Specifically, staff will directly provide, or coordinate referrals to, tutoring, mediation, budgeting assistance, life skills training, restorative justice practices, parenting education, substance use education, social-emotional skill development, refusal skills, mental health promotion, connections to community resources, resiliency skill-building, mental health services, and advocacy through SBCJS and its community partners.
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) faces a spectrum of social challenges affecting youth, including economic disparities, limited access to supportive resources, and chronic absenteeism. According to the Nebraska Department of Education, nearly 64 percent of public-school students in SBC qualify for free or reduced-price lunch, compared to the state average (SA) of 40.5 percent. Economic hardship significantly impacts youth outcomes, as research consistently links poverty to increased rates of behavioral challenges, substance use, and mental health (MH) concerns.

Mental health remains a pressing issue for youth in SBC. The most recent Nebraska Risk and Protective Factors Student Survey (NRPFS) indicates that reported depression rates among 8th, 10th, and 12th graders in SBC are substantially higher than state averages. Specifically, depression was reported by 42.5 percent of 8th graders, 57.6 percent of 10th graders, and 58.5 percent of 12th graders, compared to SA rates of 36.1 percent, 42 percent, and 42.9 percent, respectively. Alarming, the percentage of SBC 12th graders who reported attempting suicide was three times higher than the state average. These concerns are further exacerbated by limited access to MH services within the county.

Substance use among adolescents is another significant concern. According to NRPFS data, lifetime alcohol use among SBC youth exceeds state averages across all measured grade levels. Rates for 8th, 10th, and 12th graders were 33.7 percent, 53.1 percent, and 60 percent, respectively, compared to SA rates of 28.3 percent, 42.6 percent, and 58.3 percent. Particularly concerning is lifetime cocaine use among SBC 10th graders, reported at 6.1 percent—nearly nine times higher than the state average of 0.7 percent. With the ongoing fentanyl crisis and the increasing prevalence of fentanyl-laced substances, these trends pose an elevated and potentially fatal risk to youth.

Rural characteristics further intensify these challenges. Geographic isolation, limited access to structured recreational activities, proximity to states where recreational marijuana is legal, established drug trafficking routes, and longstanding cultural norms that normalize underage drinking all contribute to increased substance experimentation and misuse among youth.

The normalization of underage alcohol use is evident in NRPFS findings indicating that 30 percent of SBC 8th graders and 50 percent of 10th graders reported obtaining alcohol in the past 30 days through parental purchase, compared to a state average of 17.6 percent for both groups. This underscores the critical need for Family Support Services that address not only youth behaviors but also parental practices and family dynamics. Addressing these interconnected issues through a family-centered, preventative approach is essential to improving youth outcomes and reducing entry into the juvenile justice system.

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? 11, 12, 32, and 35

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 critical role in positively impacting at-risk youth and strengthening the broader community. These interventions provide targeted, family-centered support that equips youth and their caregivers with the skills necessary to effectively navigate social, behavioral, and environmental challenges. By addressing criminogenic risk factors and strengthening family functioning, Family Support Services are designed to reduce delinquent behavior among at-risk youth. The benefits extend beyond individual participants by contributing to safer communities, reduced juvenile justice involvement, and improved social cohesion. Program effectiveness will be measured using a combination of individual-, family-, and community-level indicators. Primary youth-level outcomes will include reduced recidivism among participating youth and decreased frequency and severity of behavioral issues. Behavioral change will be measured by establishing a baseline through structured intake interviews with parents or guardians, relevant school personnel, and SBCJS staff observations, followed by regular progress check-ins to assess change over time.

Family-level outcomes will focus on improvements in family communication, functioning, and parental engagement in positive parenting practices. Scotts Bluff County Juvenile Services will collaborate with the University of Nebraska–Omaha Juvenile Justice Institute to develop a structured evaluation metric to measure these outcomes. Data will be collected through participant self-reports using motivational interviewing techniques, combined with ongoing case management reviews and periodic family assessments.

Community-level indicators will provide additional measures of program impact and may include improved school attendance, increased engagement with community-based resources, and reductions in juvenile-related incidents or referrals where applicable. Long-term follow-up will assess the sustained well-being of youth after program completion to determine whether positive outcomes are maintained over time.

Together, these evaluation methods will provide a comprehensive assessment of program effectiveness, ensuring accountability, informing continuous improvement, and demonstrating the value of Family Support Services in promoting lasting, positive outcomes for youth, families, and the Scotts Bluff County community.

As this is a relatively new program, SBCJS will continue to engage external professionals to assist in translating qualitative data into measurable outcomes and reliable evaluation metrics.

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:

- What agency(s) will implement this program: Scotts Bluff County Attorney's Office-Scotts Bluff County Family Support Services
- Age, Gender, and Race/Ethnicity targeted by this program: All youth ages 11-18 in need of assistance and their families.
- 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 require assistance. Referrals are expected from juvenile diversion, truancy programs, law enforcement agencies, runaway reports, and schools; however, referrals may be made by any individual or organization.
- Do all referrals get accepted? ☐ Yes ☒ No If no, explain: In principle, all referrals will be accepted; however, participation is voluntary for youth who are not referred through diversion or truancy programs. If Scotts Bluff County Juvenile Services reaches capacity, priority for enrollment will be given to youth referred through diversion and truancy.
- 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 based on the presence of identified risk and protective factors, criminogenic history, and assessment results from the Nebraska Screening and Assessment Tool (NSAT) and the Brain Injury Awareness Assessment.
- Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides): The funded program will provide comprehensive, family-centered Family Support Services designed to address the needs of at-risk youth and their families through direct intervention and coordinated referrals. Services will be delivered primarily through face-to-face engagement by trained Scotts Bluff County Juvenile Services staff and will include individualized coaching, role modeling, education, and structured skills-building activities.

- g. Program services will include academic support such as tutoring and assistance with school engagement, as well as mediation to address family, peer, or school-related conflicts. Youth and families will receive budgeting support, life skills training, and participation in restorative justice practices to promote accountability, empathy, and problem-solving. Practice-based programming will be utilized to reinforce pro-social behaviors and strengthen decision-making skills.

Parenting education and family-focused interventions will support caregivers in developing effective communication, supervision, and positive parenting strategies. Youth will participate in substance use education, social-emotional skill development, refusal skills training, mental health promotion activities, and resiliency skill-building to reduce risk factors and strengthen protective factors.

Program staff will also assist families in navigating systems of care by connecting them to appropriate community resources and advocating on behalf of youth during school-based meetings, including Section 504 and Individualized Education Program (IEP) meetings, when appropriate. When identified needs exceed the scope of in-house services, staff will provide referrals to mental health providers and other specialized services to ensure comprehensive support for youth and families.

- h. What type of programming and/or practices are you utilizing? Check all that apply. Refer to page 13 of the RFA for additional information about programming.

- ☒ Evidence-based
- ☒ Promising
- ☒ Cultural-based
- ☒ Research-based
- ☒ Practice-based

- i. 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. Youth assigned to community service routinely receive positive feedback regarding their initiative, work ethic, and sense of pride in giving back to the community. Staff responsible for assigning and supervising community service placements consistently report high levels of youth engagement and responsibility. Youth frequently share that they find community service both enjoyable and rewarding, and that participation helps them develop valuable life skills and practical knowledge. Many participants report increased self-esteem and a heightened sense of accomplishment as a result of their service experience.

- j. Describe the ways youth leave the program. What does termination look like? Completion? Successful completion? All youth enrolled in Family Support Services will be assigned an individualized Successful Program Completion Plan during their first or second meeting. Successful completion will require fulfillment of all components outlined in the plan.

Program termination may occur when a youth is not making satisfactory progress or demonstrating sufficient effort toward plan goals. For diversion youth receiving Family Support Services, termination due to unsatisfactory progress will result in referral back to the County Attorney for consideration of formal filing.

For youth who are not participating through diversion, staff will provide additional coaching and support to assist the youth in reengaging with services. If progress remains insufficient after a defined period, the youth will be informed that they are no longer eligible to continue participating in the program.

- k. Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished: Outreach efforts will include participation in community events and collaboration with local agencies such as schools, law enforcement, the Lakota Lutheran Center, and the Guadalupe Center to

<p>ensure that marginalized populations—who are disproportionately impacted by chronic absenteeism in Scotts Bluff County—are informed about the availability of Family Support Services.</p>	
l.	<p>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</p> <p>If yes, explain what steps are taken to ensure costs are not a barrier to program participation: NA</p>
m.	<p>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. Survey results will be reviewed and used to inform program improvements and enhance service effectiveness for future participants.</p>
n.	<p>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</p> <p>If yes, describe: Data will be collected upon program entry, at regular intervals every one to two months, and again upon program 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:</p> <p>Use of Positive Coping Skills:</p> <p>Program staff will work with youth to identify, develop, and practice positive coping strategies. Youth will be provided with journals and structured workbooks to support skill development, self-reflection, and ongoing practice.</p> <p>Consistent Discipline:</p> <p>Program staff will receive training in Common Sense Parenting and will deliver parenting classes based on this model. Staff will also model appropriate disciplinary techniques, coach parents on implementing effective and developmentally appropriate discipline, and engage parents in role-playing scenarios to reinforce learning and skill application.</p> <p>Access to Academic Support:</p> <p>Youth identified as needing academic assistance will be provided with tutoring to support school engagement, academic performance, and educational success.</p>	
<p>12. If the program currently operates, regardless of funding source:</p>	
a.	<p>How long has this program been operating? 1 year</p>
b.	<p>Provide a narrative that highlights the progress made by this program or service toward the above stated community need: Family Support Services have provided face-to-face assistance, coaching, role modeling, and education through Scotts Bluff County Juvenile Services (SBCJS). SBCJS staff have worked collaboratively with at-risk youth and their families to build skills and strengthen protective factors. Specifically, staff provide referrals to tutoring, mediation, budgeting assistance, life skills training, restorative justice practices, parenting education, substance use education, social-emotional skill development, refusal skills, mental health promotion, connections to community resources, resiliency skill-building, mental health services, and advocacy during Section 504 and Individualized Education Program (IEP) meetings.</p>
c.	<p>How does this program continue to address the above stated need in the community and why is continued funding necessary? Outreach efforts include participation in community events and collaboration with local agencies such as schools, law enforcement, the Lakota Lutheran Center, and the Guadalupe Center to ensure awareness of the availability of Family Support Services.</p> <p>Additionally, community-level indicators such as decreased crime rates, improved school attendance, and increased community engagement are used as measures of the program's success. Long-term evaluations assessing the sustained well-being of youth following program participation further demonstrate the</p>

effectiveness of Family Support Services in promoting lasting positive outcomes for both individuals and the communities in which they live.

PROGRAM NARRATIVE: SYSTEM IMPROVEMENT

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

PROGRAM TITLE: Scotts Bluff County Family Support

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): NA
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: 2 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.

REFER TO PAGE 16 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 Diversion

13. 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

14. What allowable program type request on page 5 of the Request for Application does this program fall under:
Diversion

15. 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): 26-CB-0527

16. 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?): Diversion actively seeks opportunities to diversify funding sources and reduce costs. County funds support wages and fringe benefits for the Diversion Director. Diversion has also secured community support to enhance the use of the 3rd Millennium program. If CBA funding were lost, this program would be significantly downsized.

17. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less): The Juvenile Diversion Program diverts youth offenders from formal involvement in the court system. The program operates on a pre-trial basis, and cases are not filed prior to a youth's entry into diversion. Each participant's risk level is assessed using the NSAT, and individualized diversion plans are developed to align with the specific risks and needs identified. A diversion contract is then established, which may include evidence-based curricula such as 3rd Millennium Classrooms, community service, journaling, and other targeted interventions. Youth meet regularly with diversion staff to monitor progress, address barriers to successful completion, and support positive behavioral change.

18. Provide a concise description of the social problem(s), community issue(s), and/or community need(s) the project will address. Include local relevant 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): Youth in Scotts Bluff County report alcohol use at rates four to five times higher than the state average. Proximity to Colorado has increased access to cannabis, making it more readily available and affordable. The county also has a higher percentage of youth participating in the free and reduced lunch program compared to the rest of the state, indicating elevated economic need.

The Juvenile Diversion Program provides youth with an opportunity to avoid formal involvement in the juvenile justice system while learning from their mistakes and addressing the challenges they face. The program serves a large geographic area with a relatively small population, which presents service delivery challenges due to limited availability of professionals and the distances required to travel to access needed supports. Despite these barriers, the Diversion Program works to hold youth accountable for their behavior, support positive change, and reduce future involvement in the juvenile justice system.

19. 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? Pg. 11, 12, 32, and 35

20. Describe the intended impact of the program or service on the youth/family and the community. How will this be measured?
The community should continue to experience lower rates of youth crime, families will have access to support to help their children stay out of trouble, and youth will be held accountable for their actions, learn from their mistakes, and transition into adulthood in a positive and productive manner.

21. 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 Family Support	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		

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

a. What agency(s) will implement this program: Juvenile Diversion Program

b. Age, Gender, and Race/Ethnicity targeted by this program: All youth ages 11-18 in need of assistance and their families. The Youth Diversion Program targets ages 11-18.

c. Explain how a referral is made to the program or service. Include who can make referrals, what the referral process looks like, etc. Referrals are made by the County Attorney's Office and City Attorney's Office.

d. Do all referrals get accepted? ☐Yes ☒No If no, explain: In principle, all referrals will be accepted; however, participation is voluntary for youth who are not referred through diversion or truancy programs. If the Scotts Bluff County Diversion Program reaches capacity, enrollment priority will be given to youth referred through diversion and truancy.

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 the Diversion Program will be determined based on identified risk and protective factors, criminogenic history, and assessment results from the Nebraska Screening and Assessment Tool (NSAT) and the Brain Injury Awareness Assessment.

f. What is the maximum capacity of youth this program can serve at one time? There is no set maximum.

g. How many youths are anticipated to be served by this program during the project period: 200

Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides The Diversion Program uses the NSAT to assess risk, need, and responsivity in order to match interventions to each youth's measured level of risk. Evidence-based and promising practices utilized with youth include classes taught through 3rd Millennium Classrooms, promotion of prosocial activities, journaling, self-help resources, restorative justice practices, and other skill-building activities. Program staff are also trained in Motivational Interviewing techniques to support engagement and facilitate positive behavioral change.

h. What type of programming and/or practices are you utilizing? Check all that apply. Refer to page 13 of the RFA for additional information about programming.

☒Evidence-based

- ☒ Promising
- ☒ Cultural-based
- ☒ Research-based
- ☒ Practice-based

- i. 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. Youth assigned to community service routinely receive positive feedback regarding their initiative, work ethic, and pride in contributing to the community. Staff responsible for assigning and supervising community service placements consistently report high levels of youth engagement and responsibility. Youth frequently indicate that they find community service both enjoyable and rewarding, noting that participation helps them develop practical skills, life skills, and real-world knowledge. Many participants also report increased self-esteem and a strengthened sense of accomplishment as a result of their service experience.

Due to limited availability of mental health services and life skills programming in the area, greater emphasis has been placed on having juveniles complete structured workbooks focused on topics such as life skills development, budgeting, job applications, and behavior modification. Youth have embraced the use of topic-specific workbooks and have demonstrated the development of new skills as a result.

- j. Describe the ways youth leave the program. What does termination look like? Completion? Successful completion? All youth enrolled in Diversion will be assigned an individualized Successful Program Completion Plan during their first or second meeting. Successful completion will require fulfillment of all components outlined in the plan.

Program termination may occur when a youth is not making satisfactory progress or demonstrating sufficient effort toward plan goals. For diversion youth receiving Diversion, termination due to unsatisfactory progress will result in referral back to the County Attorney for consideration of formal filing.

For youth who are participating through diversion, staff will provide additional coaching and support to assist the youth in reengaging with services. If progress remains insufficient after a defined period, the youth will be informed that they are no longer eligible to continue participating in the program.

- k. Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished: Outreach efforts will include participation in community events and collaboration with local agencies such as schools, law enforcement, the Lakota Lutheran Center, and the Guadalupe Center to ensure that marginalized populations—who are disproportionately impacted by chronic absenteeism in Scotts Bluff County—are informed about the availability of Family Support Services.

- l. Is there a cost to youth and/or families to participate in this program or service? ☒ Yes ☐ No Amount: \$75
If yes, explain what steps are taken to ensure costs are not a barrier to program participation: Youth are encouraged to pay the program fee from their own funds. Payment arrangements are flexible, allowing for smaller installments over time. The fee is waived if it poses a barrier to program completion.

- m. Describe how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery? Upon completing Diversion, participants will be asked to complete satisfaction surveys. The results of these surveys will be reviewed and used to guide program improvements and enhance service effectiveness for future participants.

- n. 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: Data will be collected upon program entry, at regular intervals every one to two months, and again upon program exit.

23. 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:

Program staff will work with youth to identify, develop, and practice positive coping strategies. Youth will be provided with journals and structured workbooks to support skill development, self-reflection, and ongoing practice.

Consistent Discipline:

Program staff will receive training in Common Sense Parenting and will deliver parenting classes based on this model. Staff will also model appropriate disciplinary techniques, coach parents on implementing effective and developmentally appropriate discipline, and engage parents in role-playing scenarios to reinforce learning and skill application.

Access to Academic Support:

Youth identified as needing academic assistance will be provided with tutoring to support school engagement, academic performance, and educational success.

24. *If the program currently operates, regardless of funding source:*

- a. How long has this program been operating? 23 years
- b. Provide a narrative that highlights the progress made by this program or service toward the above stated community need: Diversion provided face-to-face assistance, coaching, role modeling, and education through Scotts Bluff County Juvenile Services (SBCJS). SBCJS staff have worked collaboratively with at-risk youth and their families to build skills and strengthen protective factors. Specifically, staff provide referrals to tutoring, mediation, budgeting assistance, life skills training, restorative justice practices, parenting education, substance use education, social-emotional skill development, refusal skills, mental health promotion, connections to community resources, resiliency skill-building, mental health services, and advocacy during Section 504 and Individualized Education Program (IEP) meetings.
- c. How does this program continue to address the above stated need in the community and why is continued funding necessary? Outreach efforts include participation in community events and collaboration with local agencies such as schools, law enforcement, the Lakota Lutheran Center, and the Guadalupe Center to ensure awareness of the availability of Family Support Services.
Additionally, community-level indicators such as decreased crime rates, improved school attendance, and increased community engagement are used as measures of the program's success. Long-term evaluations assessing the sustained well-being of youth following program participation further demonstrate the effectiveness of Family Support Services in promoting lasting positive outcomes for both individuals and the communities in which they live.

REFER TO PAGE 13 OF THE RFA FOR INSTRUCTIONS

PROGRAM NARRATIVE: SYSTEM IMPROVEMENT

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

PROGRAM TITLE: Scotts Bluff County Diversion

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):

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:

3. Is this program or service necessary to meet the statutory community planning requirement in NRS §43-2404.01: ☐Yes ☐No Explain:

- 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:

- b. Describe the key activities that will be provided by this program or service:

- 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:

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?):

6. *If the program currently operates, regardless of funding source:*

- a. How long has this program been operating:

- 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:

- 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:

REFER TO PAGE 16 OF THE RFA FOR INSTRUCTIONS

SECTION III: BUDGET

Category	Requested Amount
Personnel (County/Tribe)	\$ \$55,637
Travel (County/Tribe)	\$ 5,391
Operating Expenses (County/Tribe)	\$ 23,322
Contract Fee for Service (County/Tribe)	\$
Sub-Awards Total	\$
TOTAL AMOUNT REQUESTED	\$ 84.350

Program Income
Note: Program income earned and not disclosed during the application process will use the deduction method from the original award amount. Program income must be used for the original purpose of the grant, used during the period of performance, and must be expended before requesting grant funds.
1. How much program income is estimated to be generated by a supported activity or earned as a result of this grant award? Less than \$4,000. Over the past year, Diversion fees for youth have begun to be phased out, and most fees are currently waived.
2. What is the anticipated source(s) of income? Example: Diversion fees, insurance reimbursement for therapy, etc. Diversion fees
3. How will the program income earned be used? Diversion fees are always put back into the program by the county through the Juvenile Aide Fund and used for office space, utilities and supplies.

All budget requests must be:	
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 Specialist – Isabel Campos	Scotts Bluff County Attorney	E	100%	\$17.45	\$36.296	100%	\$37,190	\$18,447	\$55,637
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
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				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS								Requested Wages Total	Requested Fringe Total	Requested Total
								\$37,190	\$18,447	\$55,637
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 26-CB-09-527. The county does not have funds to sustain the position in the absence of outside finding.

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? NA

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
26-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 provides face-to-face support, including coaching, role modeling, education, skill-building, tutoring, mediation, budgeting, life skills training, restorative justice practices, practice-based programming, parenting classes, substance use education, social-emotional skill development, refusal skills, mental health promotion, access to community resources, resiliency training, advocacy at 504 and IEP meetings, and referrals to mental health and other services that cannot be provided in-house.

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

If yes, what percent: County employees are entitled to a step increase annually at the time of their employment anniversary. A 2.5% cost of living wage September, 2025, although this is not a guaranteed increase from year to year.

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: It is a county policy within the Scotts Bluff County handbook wage scale.

9. Provide a personnel budget breakdown on the following:

1. Breakdown of wages for this position: Hours 2080 x hourly rate 17.45= (total)\$ 37,190

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

i. FICA: 3,240

ii. Retirement: 2,864

iii. Insurance: Health 12,000, Dental \$180, Vision \$90

iv. Other (such as LTD, LIFE, ADD, etc.): Fringe Type: Life & Disability Amount: \$73

TRAVEL (COUNTY / TRIBE)

This section is travel requested for county/tribe employees.

Position Traveling ¹	Travel Purpose ²	Mileage (# of Miles x 0.70)		Meals ³	Lodging ⁴ (# of Nights x per diem amount)		Requested Total
Diversion/Family Support Services Director	Meetings, trainings, schools, local agencies	1260 x .70	\$882	\$175	5 x \$110	\$550	\$1607
Family Support Services Specialist	Meetings, trainings, schools, local agencies	500 x .70	350	70	2 x \$110	\$220	\$640
Diversion/Family Support Services Director	NJJA Conference	580 x .70	\$389	\$105	3 x \$110	\$330	\$824
Family Support Services Specialist	NJJA Conference	0 x .70	\$0	\$105	3 x \$110	\$330	\$435
Morrill County Diversion Director	NJJA Conference	476 x .70	\$333	\$105	3 x \$110	\$330	\$820
Diversion/Family Support Services Director	Heartland Juvenile Conference	900 x .70	\$630	\$105	3 x \$110	\$330	\$1,065
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
SUB-AWARD TRAVEL REQUESTED TOTAL							\$5,391

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 3 = \$525 HJSA conference registration \$225 x 2 = \$450 Local and Statewide training, averaging \$75 x 12 trainings x 3 staff = \$2,700	\$3,675
Dues & Subscriptions	NA	\$0
Educational & Program Materials	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 \$25/each x 100 = \$2,500 Mood Tracker Journal - \$10/each x 60 = \$600 Wreck This Journal - \$10/each x 20 = \$200 Burn After Writing Journal - \$10/each x 10 = \$100 Various educational books – approximately \$25/each x 20 = \$500 Online evidence-based classes designed for juveniles \$75/class x 150 classes = \$11,250 Alarm clocks to help youth & parents with truancy issues to assist in getting youth up and forming healthy habits. \$15/each x 7 = \$105 Fidget gadgets for kids to help ease anxiety, ADHD symptoms, and CBT skills \$100 x 12 = \$1,200	\$16,350
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	\$100/month x 12 months = \$1,200 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	\$1,200
Postage	Postage for a standard sized letter is \$.78 x 400 letters = \$312 Postage for an oversized letter is \$1.50 x 150 letters = \$225	\$537

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		\$23,322
1. For each operating expense requested above, explain the following:		
<p>a. How is each request necessary to meet the goals and outcomes of the program? How is each request necessary to meet the goals and outcomes of the program?</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>The "Mood Tracker Journal", "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.</p> <p>Alarm clocks will aid in helping truancy youth and parents form healthy habits in getting to school on time and responsibility.</p> <p>Fidget Gadgets have proven to be a key tooling helping youth calm their anxiety during meetings, hard conversations and opening up to staff. It helps ADHD youth concentrate and focus on current tasks. They have also been shown to help youth focus on calming emotions.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Postage is necessary for relaying written information to program participants.</p> <p>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.</p>		

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 20 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	\$0
			\$	<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	\$
			\$	<input type="checkbox"/> Hrs. <input type="checkbox"/> Days	\$
CONTRACT FEES TOTAL					\$0
REFER TO PAGE 20 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:
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
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.

REFER TO PAGE 21 OF THE RFA FOR INSTRUCTIONS

Sub-Award Budget Summary

Agency Name	Personnel	Travel	Operating Expenses	Contracts	Requested Amount
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
TOTAL AMOUNT REQUESTED					\$

SUB-AWARD NARRATIVE

AGENCY NAME:

1. Does the agency currently receive any Crime Commission grants (state or federal): ☐Yes ☐No
If yes, provide grant number(s):

2. Describe agency's current scope of services or operations: (250 words)

REFER TO PAGE 21 OF THE RFA FOR INSTRUCTIONS

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

AGENCY NAME:

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
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
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				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
				%	\$	\$	%	\$	\$	\$
SUB-AWARD PERSONNEL TOTAL								Requested Wages Total	Requested Fringe Total	Requested Total
								\$	\$	\$

SUB-AWARD PERSONNEL TABLE BUDGET BREAKDOWN

Fill out for each position listed in the table above

AGENCY NAME:

1. Program Title and Position Title:

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:

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?

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

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

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.):

8. 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

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: Hours x hourly rate = (total)

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

i. FICA:

ii. Retirement:

iii. Insurance:

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

REFER TO PAGE 21 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 0.70)		Meals ³	Lodging ⁴ (# of Nights x per diem amount)		Requested Total
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$
		x.70	\$	\$	x \$	\$	\$

SUB-AWARD TRAVEL REQUESTED TOTAL

\$

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:

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		\$

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 22 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 22 OF THE RFA FOR INSTRUCTIONS					

SUB-AWARD 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:
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 22 OF THE RFA FOR INSTRUCTIONS

SUB-AWARD TOTAL *Fill out separate total for each Sub-Award*	
AGENCY:	
PERSONNEL FEES	\$
TRAVEL FEES	\$
OPERATING FEES	\$
CONTRACT FEES	\$
TOTAL AMOUNT REQUESTED	\$

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> <tr><td>Name and Title of Authorized Official:</td></tr> <tr><td>Signature of Authorized Official:</td></tr> <tr><td>Date:</td></tr>	Name and Title of Authorized Official:	Signature of Authorized Official:	Date:
Name and Title of Authorized Official:			
Signature of Authorized Official:			
Date:			