



*All children in Huron County will grow up in safe, supportive environments.
The mission of the Council is to work with community partners to prevent child abuse and neglect in Huron County.
The Council has established the following as goals for 2015 through 2018 to guide this effort.*

1. Local Youth will understand personal safety practices and be educated about appropriate physical contact.
2. The Huron County community will be educated to enable them to prevent, recognize and react responsibly to child sexual abuse.
3. Huron County will be educated on Safe Sleep (appropriate sleeping positions and conditions for infants).
4. We will seek to sustain our Local Council and grow its capacity.

Request for Support - Guidelines and Requirements, 2017 - 2018

1. The Council request for support deadline is **September 9, 2017**. Requests should be submitted to PO Box 332, Bad Axe, MI 48413.
2. Each request must be filled out completely and be typed or printed legibly and should be signed by contact.
3. The requesting contact person is strongly encouraged to attend the Prevention Committee meeting to address questions committee members may have regarding the application. The Prevention Committee chair person or designee will notify the applicant of meeting date, time and location.
4. Programs that are not coordinated or partnered with other agencies/organizations must demonstrate community support. At least two (2) letters of support should be attached.
5. Funds are to be used in Huron County only for children and families.
6. The program must meet the Council's goal of preventing child abuse and neglect. The focus of the funding available is for primary prevention services to the general population or secondary prevention services targeted to at-risk individuals or families. *Requests that do not meet these requirements will not be considered.* (Please refer to definitions below.)
7. Funding will not be provided for equipment (eg: tables, chairs, computers, etc. or advertising).
8. The CA/N Council is to be recognized in all publications and promotions funded with CA/N Council Funds.
9. Applicants will be notified of funding awards after the October 2016 CA/N Council Board meeting.
10. Representative from programs who receive funding are welcome to attend CA/N Council Board meetings to provide updates throughout the year. Please contact the Council President to be put on the Board meeting agenda.
11. A knowledgeable representative must attend the CA/N Council Annual Meeting in September 2017 and provide a report to the Board of Directors.
12. Statistical and financial reports are required twice a year (April and October). Monies not used by September 15 (for whatever reason) must be returned to the CA/N Council by September 30.

Children's Trust Fund Definitions

1. Primary Prevention: Interventions provided for the total population to reduce the incidence of an identified problem or disorder but not focused on specific risk factors. The major components of primary prevention efforts are:
 - It is available to all members of a general population
 - Seek to promote wellness
2. Secondary Prevention: Interventions provided for the early identification of individuals with risk factors for a specific problem or disorder. While substantiated child abuse or neglect has not taken place, the probability for abuse or neglect is greater than in the general population. The major components of secondary prevention are:
 - It is offered to a pre-defined group of families or individuals
 - It is voluntary
 - Participants do not have an active Department of Human Services case
 - It may be more problem-focused than primary prevention

Request for Support Form 2017 - 2018

Agency/Organization Name _____

Contact Person Name _____

Contact Person Email _____

Address _____

City _____ Zip _____ Phone _____

Name of Program _____

Brief Description of Program

Is this program a primary or secondary prevention program? _____

How does this program work to prevent child abuse and /or neglect?

Describe the need for this program in Huron County? (surveys, data, requests by professionals, etc)

Who is the target population? _____

Are there eligibility criteria for individuals to participate in the program? _____

What other agencies or organizations will partner with this program? If none, then please include at least two letters of support.

What are the measurable goals and objectives of the program?

How do your program goals support the mission and goals of the CA/N Council? _____

How will your results be measured? (What type of evaluation tool, i.e. pre/post survey, satisfaction survey, etc., will be used to measure results? **Please include a copy of your evaluation.**)

How many individuals will benefit from this program? (please estimate)

_____ Number of children

_____ Number of adults

What are the project's estimated starting and ending dates? Start _____ End _____

Funding amount requested \$ _____ Total project cost \$ _____

Explain how the funds will be spent _____

To whom is the check to be written? _____

Please attach a detailed budget showing income and expenses and specify how the CA/N funds will be used.

By signing, you agree that the program approved will be implemented in accordance with this application, submit reports as requested by the CA/N Council and fulfill other grant obligations to CA/N Council.

Contact Person _____

Signature of Contact Person _____ Date: _____

Approved by the Board: _____ *(for office use only)*

Huron County CA/N Council
REQUEST FOR SUPPORT - EVALUATION FORM

Name of Requester: Agency Requesting: Date:		
Will there be assistance from other agencies/organizations or at least 2 letters of support?	Assistance <input type="checkbox"/>	Two letters of support included <input type="checkbox"/>
Are the funds to be used in Huron County only?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the focus for primary prevention services to the general population or for secondary prevention services targeted at at-risk individuals of families?	Primary <input type="checkbox"/>	Secondary <input type="checkbox"/>
Is the purpose of the program to prevent child abuse and neglect?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Funding requested for equipment (eg. Tables, computers, etc) that is unrelated to prevention programming?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are the program goals realistic, obtainable and measurable?	Yes	No
Was the program evaluation included in the application?	Yes <input type="checkbox"/>	No
Is the funding amount reasonable to meet the goals and supported by a clear budget proposal?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the committee satisfied that this organization will submit all reports to the CAN Council in a timely matter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the committee satisfied that the CAN Council will be recognized in publications funded by the grant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the committee confident that the organization maintains acceptable accounting methods subject to review by the CAN Council Board of Director?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the committee confident that a knowledgeable representative will attend the Annual Meeting and provide a report to the Board of Directors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the committee confident that monies not used for whatever reason shall be returned to the Council?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How many children and/or families are being reached per dollar requested?	____ families per dollar	

Is this application recommended for approval by the Prevention Committee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is full funding amount recommended?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is partial funding recommended? If so, how much?	Yes \$ _____ <input type="checkbox"/>	No <input type="checkbox"/>

Committee Members Present: _____

Signature of Committee Chairperson: _____ Date: _____

Board Action Taken: _____ Date: _____