



Wisconsin Department of Public Instruction  
**GRANT APPLICATION**  
**ALCOHOL AND OTHER DRUG ABUSE**  
 PI-1816 (Rev. 02-19)

For questions regarding this grant, contact:  
 Student Services, Prevention, and Wellness (608) 266-8960

**INSTRUCTIONS: Applicants must:**

Submit completed **PDF** electronic application to the e-mail address listed below with each of the signed; assurance pages, consortia verification form (if applicable), and Unified Services (51.42) Board Verification page no later than 11:59 pm on **FRIDAY, APRIL 19, 2019.**

**Do not modify** the PDF form. Any alterations to the form may result in disqualification

Email electronic copy of form to: [aodagrnt@dpi.wi.gov](mailto:aodagrnt@dpi.wi.gov)

I. GENERAL INFORMATION			
1. School District	2. Grant Type <input type="checkbox"/> Single District <input type="checkbox"/> Consortium	3. Mailing Address <i>Street, City, State, ZIP</i>	
4. District / Agency Administrator <i>First &amp; Last Name</i>		5. CESA	6. Telephone <i>Area/No.</i>
7. Project Coordinator <i>First &amp; Last Name</i>	8. Title		9. Telephone <i>Area/No.</i>
10. Project Coordinator's Address <i>Street, City, State, ZIP</i>			
11. E-mail Address		12. Grant Period Beginning <i>Mo./Day/Yr.</i> <b>July 1, 2019</b>	13. Ending <i>Mo./Day/Yr.</i> <b>June 30, 2020</b>
14. Business Services Manager <i>First &amp; Last Name</i>	15. Email Address		16. Telephone <i>Area/No.</i>
17. Total Grant Funds Requested for 2019-20 School Year	18. Local Match (20% Required)	19. Project Title	

II. PROJECT ABSTRACT	
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**Summarize the key elements necessary to communicate the purpose of this grant.** *Limit response to space provided or approximately 1,000 characters. Readers will not consider narrative submitted beyond the space allowed.*

III. ASSURANCES

Assurance is hereby provided that:

1. The programs and services provided under this grant will be used to address the needs set forth in the application and fiscal related information will be provided within the fiscal year timelines established for new, reapplying, and/or continuing programs.
2. The programs and services provided with grant funds under this grant will be operated so as not to discriminate on the basis of age, gender, race, national origin, ancestry, religion, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disabilities.
3. Administration of the program, activities, and services covered by this application will be in accordance with all applicable state and federal statutes, regulations, and the approved application.
4. The activities and programs that will be performed under this grant will be used to supplement services and not supplant funds from outside of this grant.
5. The school district or Cooperative Educational Service Agency (CESA) will require the entity and its principals involved in any subtier covered transaction paid through grant funds, to ensure it/they are not debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation by any government department or agency.
6. The school district or CESA will evaluate its program periodically to assess its progress toward achieving its goals and objectives and use its evaluation results to refine, improve, and strengthen its program and to refine its goals and objectives as appropriate.
7. The school district or CESA will submit to the Department of Public Instruction (DPI) such information, and at such intervals, that the department requires to complete state and/or federal reports.
8. This program will be administered in accordance with all applicable statutes, regulations, program plans, and applications.
9. The school district or CESA will cooperate in carrying out any evaluation of this program conducted by or for the state educational agency, the secretary, or other federal officials.
10. The school district or CESA will comply with civil rights and nondiscrimination requirement provisions and equal opportunities to participate for all eligible students, teachers, and other program beneficiaries.
11. The school district or CESA will use fiscal control and fund accounting procedures as will ensure proper disbursement of, and accounting for, grant funds received and distributed under this program.
12. The school district or CESA will (a) make reports to the DPI as may be necessary to enable the state to perform its duties under this program; and (b) maintain records, provide information, and afford access to the records, as the department may find necessary to carry out their duties.
13. The school district or CESA receiving funds under this grant shall use these funds only to supplement, and not to supplant state, federal, and local funds that, in the absence of such funds would otherwise be spent for activities under this section.
14. The school district or CESA will file financial reports and claims for reimbursement in accordance with procedures prescribed by the DPI.
15. No board or staff member of a school district or CESA will participate in, or make recommendations with respect to, an administrative decision regarding a program or project if such decision can be expected to result in any benefit or remuneration, such as a royalty, commission, contingent fee, brokerage fee, consultant fee, or other benefit to him or her or any member of his/her immediate family.
16. Before the plan was submitted, the school district or CESA afforded a reasonable opportunity for public comment on the plan and has considered such comment. This includes development of proposal with input from an advisory council.
17. The school district or CESA will adopt and use proper methods of administering such program, including (a) the enforcement of any obligations imposed by law on agencies, institutions, organizations, and other recipients responsible for carrying out each program; or (b) the correction of deficiencies in program operations that are identified through audits, monitoring, or evaluation.
19. The school district or CESA will administer such funds and property to the extent required by the authorizing statutes.
20. The school district or CESA assures it will contribute a minimum of 20 percent of the costs of this project as "in-kind match" in accord with requirements of the funding authority. Records of match calculations will be maintained in local records.
21. The school district or CESA has a professional school employee designated as an AODA program coordinator who holds a license issued by the DPI under ch. PI 38 to administer, coordinate, and implement the AODA program.
22. Attendance to the Building the Heart of Successful Schools Conference is highly recommended.
23. If selected, participation in the state level evaluation, Youth Risk Behavior Survey (YRBS) is mandatory.

Name of AODA Program Coordinator

Type of DPI Certification Held

IV. CERTIFICATION/SIGNATURES

WE, THE UNDERSIGNED, CERTIFY that the information contained in this application is complete and accurate to the best of our knowledge; that the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations will be met; and, that the indicated agency designated in this application is authorized to administer this grant.

WE FURTHER CERTIFY that the assurances listed above have been satisfied and that all facts, figures, and representation in this application are correct to the best of our knowledge.

Signature of Applicant Agency Administrator ➤	Date Signed Mo./Day/Yr.
Signature of Business Services Manager ➤	Date Signed Mo./Day/Yr.
Signature of School Board Clerk <i>If applicable</i> ➤	Date Signed Mo./Day/Yr.

V. UNIFIED SERVICES (51.42) BOARD VERIFICATION

**This form must be submitted along with the grant application**

Unified Services (51.42) Board Name

School District Name

Address *Street, City, State, Zip*

Contact Person Who Will Serve as Unified Services (51.42) Board Representative

Phone *Area/No.*

Contact Person's Title

Recommendations or Comments Related to this Application

Signature of Unified Services (51.42) Board Representative

Date Signed *Mo./Day/Yr.*



**This is not Local School Board Member.**

**VI. NARRATIVE**

*Refer to Grant Guidance for Assistance*

- 1. Demonstration of Need**—Describe the review and analysis of local data about AODA and related risk and/or protective factors within the district. Identify needs and gaps the project will address by developing or expanding the district's current K-12 AODA prevention and intervention program. *Limit response to space provided on pages 4 and 5 (approximately 9,000 total characters). Readers will not consider narrative beyond the space provided.*

**VI. NARRATIVE (cont'd)**

- 1. Demonstration of Need-(Continued)**—Describe the review and analysis of local data about AODA and related risk and/or protective factors within the district. Identify needs and gaps the project will address by developing or expanding the district's current K-12 AODA prevention and intervention program. *Limit response to space provided on pages 4 and 5 (approximately 9,000 total characters). Readers will not consider narrative beyond the space provided.*
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**VI. NARRATIVE (cont'd)**

**2. Current Program Status**—Describe the district's current K-12 AODA prevention and intervention program based on local assessment data. Consider the following components: pupil services team, K-12 curriculum and instruction, student programs, adult programs, healthy school environment, and family/ community connections. Address how the program aligns with the equitable multi-level system of support by using the universal, selected, and targeted interventions below. *Limit response to space provided on pages 6 and 7 (approximately 9,000 total characters). Readers will not consider narrative beyond the space provided.*

**VI. NARRATIVE (cont'd)**

**2. Current Program Status-(Continued)**—Describe the district's current K-12 AODA prevention and intervention program based on local assessment data. Consider the following components: pupil services team, K-12 curriculum and instruction, student programs, adult programs, healthy school environment, and family/ community connections. Address how the program aligns with the equitable multi-level system of support by using the universal, selected, and targeted interventions below. *Limit response to space provided on pages 6 and 7 (approximately 9,000 total characters). Readers will not consider narrative beyond the space provided.*

**VI. NARRATIVE (cont'd)**

**3. Measurable Objectives**—Identify the major AODA outcome objectives of this project. Include objectives that are measurable and time-limited, and which describe outcomes that reflect changes in student AODA-related behaviors, perceptions, attitudes, and/or increases in skills and knowledge, which will be evaluated at the end of the funding cycle. *Limit response to space provided approximately 4,500 characters. Readers will not consider narrative beyond the space provided.*







**VI. NARRATIVE (cont'd)**

- 5. Evaluation Plan**—Using the project objectives listed in this proposal, describe the evaluation methods being proposed that will determine whether the project's objectives were met at the end of the two-year funding period. Include types of services to be provided, number of participants, level of satisfaction, and measurable changes in student knowledge, attitudes, and perceptions or behaviors. *Limit response to space provided (approximately 4,500 characters).* Reviewer will not consider narrative beyond the space provided.

**VI. NARRATIVE (cont'd)**

**6. Collaboration / Continuation Plan**—Describe how the program plan activities were developed by a broad alliance of stakeholders. Provide a list of partners and coalitions (including multiple staff, families, and community members) involved in the planning and implementation of this project. Also describe how this project will continue after the grant period is completed. Include a summary of possible or committed funds, resources, and collaborations, with other programs. *Limit response to space provided (approximately 4,500 characters). Reviewers will not consider narrative beyond the space provided*



VII a. BUDGET DETAIL (cont'd)

Date of Request Mo./Day/Yr.	Applicant Agency	Project No. For revisions only
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**2. Purchased Services Summary (300s)**

*Note: Max \$1,000 per day contract rate per consultant, not including travel expenses.*

*Leave section blank if no expenditures. Either tab through each cell to get to the next page or use the scroll bar to move to the next page.*

a. WUFAR Function Code	b. Type of Service Purchased	c. Date(s) Service to be Provided	d. Specify Agency/Vendor or Supplier If Known	e. Cost
<b>Total</b>				
Must agree with Purchase Services Total on Budget Summary				

**3. Non-Capital Objects Summary (400s)**

*Leave section blank if no expenditures. Either tab through each cell to get to the next page or use the scroll bar to move to the next page.*

a. WUFAR Function Code.	b. Quantity	c. Item Name Include all items budgeted.	d. Total Costs
<b>Total</b>			
(Must agree with Non-Capital Objects total on Budget Summary)			

**VII b. BUDGET SUMMARY**

School District	Grant Period Beg. <b>July 1, 2019</b>	Date Submitted Initial Request
Project Number <i>For DPI Use Only</i>	End <b>June 30, 2020</b>	

WUFAR Function	WUFAR Object	Amount Requested	
<b>Instruction (100 000 Series)</b> Activities dealing directly with the interaction between instructional staff and students.	a. Salaries (100s)		
	b. Fringe Benefits (200s)		
	c. Purchased Services (300s)		
	d. Non-Capital Objects (400s)		
	e. Other Objects (e.g. fees) (900s)		
	<b>TOTAL Instruction</b>		
<b>Support Services—Pupil and Instructional Staff Services (in 210 000 and 220 000 Series)</b> Support services are those which facilitate and enhance instructional or other components of the grant. This category includes staff development, supervision, and coordination of grant activities.	a. Salaries (100s)		
	b. Fringe Benefits (200s)		
	c. Purchased Services (300s)		
	d. Non-Capital Objects (400s)		
	e. Other Objects (e.g. fees) (900s)		
	<b>TOTAL Support Services—Pupil/Instructional Staff Services</b>		
<b>Support Services—Administration</b> (Associated with functions in 230 000 series and above.) Includes general; building; business; central service administration, and insurances.	a. Salaries (100s)		
	b. Fringe Benefits (200s)		
	c. Purchased Services (300s)		
	d. Non-Capital Objects (400s)		
	e. Other Objects (e.g. fees) (900s)		
	<b>TOTAL Support Services—Administration</b>		
<b>Indirect Cost</b>	Approved Rate      %		
<b>TOTAL BUDGET</b>			

<b>DPI Approval</b>	Signature of DPI Reviewer  ➤	Date Signed <i>Mo./Day/Yr.</i>
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**VIII. CONSORTIUM VERIFICATION**

*Copy as many pages as needed.*

**EACH OF THE UNDERSIGNED CERTIFIES** that the information contained in this application is complete and accurate, that the local educational agency they represent has authorized them to enter into a consortium agreement, and to provide the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations.

The administering agency shall be the fiscal agent and shall thereby incur and record all expenditures of funds available per applicable program provisions, rules, and regulations. This page is to be signed by the District Administrator of each school district included in a consortium project. The signature represents the agreement of the district to enter into the consortium project and be an active participant in the program.

**ADMINISTERING AGENCY**

Administering Agency	Date Signed <i>Mo./Day/Yr.</i>
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Agency Administrator	Signature of Agency Administrator ➤
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**CONSORTIUM PARTICIPANTS LEA / ORGANIZATION**

1. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
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District Administrator	Signature ➤
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2. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
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District Administrator	Signature ➤
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3. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
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District Administrator	Signature ➤
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4. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
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District Administrator	Signature ➤
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5. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
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District Administrator	Signature ➤
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6. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
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District Administrator	Signature ➤
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7. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
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District Administrator	Signature ➤
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8. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
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District Administrator	Signature ➤
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9. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
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District Administrator	Signature ➤
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10. LEA/Organization	Date Signed <i>Mo./Day/Yr.</i>
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District Administrator	Signature ➤
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**IX. APPENDIX I—*OPTIONAL***

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Add graphics, charts, footnoted/referenced charts, graphs, tables, etc., by submitting as a separate electronic file.

**DO NOT** include any URLs or hyperlink any web pages or documents in this Appendix.