2021-2023 School-based Mental Health Services Grant Program

Grant Writer's Workshop
February 2, 2021

WISCONSIN DEPARTMENT OF
PUBLIC INSTRUCTION
Carolyn Stanford Taylor, State Superintendent

Welcome!

Poll Questions!

Grant Writing Workshop Agenda

- Program Overview
- Important Dates
- Grantee Requirements
- Grant Expenses and Allowable Activities
- Completing the application materials
- Using the WizeHive portal
- Application review process
- Grant writing recommendations
- Accessing technical assistance and consultation
- SBMH grant staff
- Questions and contacts

Program Overview

School-based mental health services grant appropriates funds for a **competitive** grant program… for the purpose of **collaborating with community mental health agencies** to provide mental health services to pupils.

Wis. Stat. § 115.367

Eligible Applicants:

- School Boards
- Operators of Charter Schools
- Consortium of these

Grant Awards:

- $10,000-$75,000

Current grant appropriation

- $6.5 million

Program Overview

Grant period
July 1 2021-June 30, 2023

Grant application will include the plan and budget for 2021-2022 only.

Requires an MOU with a Community Mental Health Provider Partner

Grantees will not need to reapply for the second year of funding.

...for the purpose of collaborating with community mental health agencies to provide mental health services to pupils.

Community Mental Health Providers are professional therapists from the community who are licensed by the Wisconsin Department of Safety and Professional Services (DSPS) working independently or as part of a Wis. Admin. Code ch. DHS 35 certified mental health clinic or a Wis. Admin. Code ch. DHS 75 certified substance abuse clinic. This category also includes qualified treatment trainees (QTTs) and other master's degree therapists in training who are supervised as required in Wis. Admin. Code §§ MPSW 4.01 (3) or MPSW 16.01 (3).

Possible CMHP roles in the project

- Collaborate with the district mental health team to develop and implement a comprehensive school based mental health plan
- Consult with school and district staff to provide continuity of treatment
- Train staff, parents and community members in mental health literacy and other relevant training
- Screen and/or treat students who require targeted mental health services

Important Dates

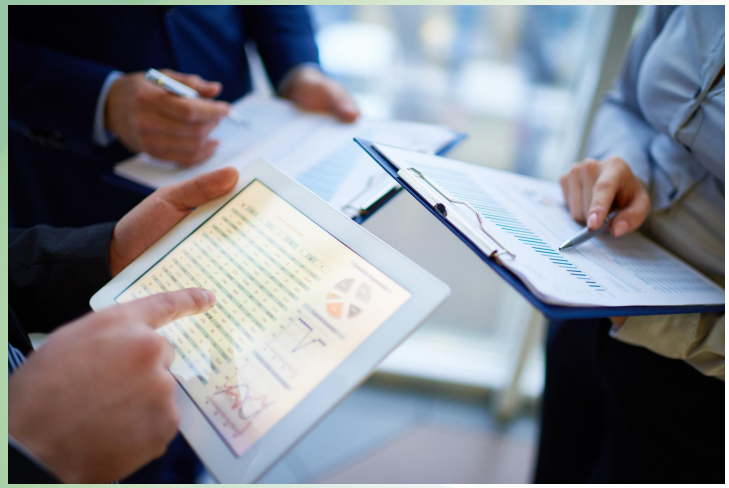
Activity	Date
Grant applications submitted	May 3, 2021 by 11:59 PM
External grant reviews completed	June 11, 2021
Internal grant reviews completed	June 30, 2021
Grant awards announces	July 2021 (This is dependent upon a completed and approved state biennial budget)

Grantee Requirements

- Have a CMHP partner
- Identify a grant coordinator
- Follow all licensing statutes.
- Complete all necessary reports
  - End of year report June 2022 and June 2023
  - Complete a Renewal form -June 2022
- Submit all required data

Grant funds are to supplement not supplant!

Required Data Collection



1. Number of School-based Mental Health Partnerships
2. Number of Policies developed as a result of the grant
3. Number of student mental health contacts made with school-based mental health providers
4. Number of student referrals made to a community based mental health provider
5. Number of students referrals to a community based mental health provider that resulted in at least one session.

Grant Expenses

- All expenses must be related to the SBMH grant project
- All items in the budget must be found in the plan
- Grant funds are to supplement not supplant

supplant: Grantees may not use SBMH grant funds for the cost of activities if the cost of those activities would have otherwise been paid with state or local funds in the absence of the grant program funds.

Allowable Expenses

Personnel

- Positions doing direct grant work
- Salaries for staff training and meetings during unpaid time

Purchased Services

- CMHP consultation
- Staff/parent training
- In state conference
- Out of state virtual conferences only
- Screening services
- Trainers or program consultants

Allowable Expenses with Limitations

- Motivational Speakers or day retreat events limited to $1000 per day
- Non-capital Objects
- Out of State conference virtual attendance only
- Trainings/certifications out of state if not available in Wisconsin
- Student and Family Assistance Programs

Non-Capital Objects Explained: 10% Limit on What?

Not Limited:

- EBP curriculum
- Items to support the curriculum (books, puppets, manipulatives that are non-consumable)
- Screening forms and tech
- Books for staff development
- Tele-therapy technology
- Training materials

Non-Capital Objects Explained: 10% Limit on What?

Limited:

- Office and training supplies such as paper, markers, pens etc
- Consumables such as coloring books, posters, workbooks
- Furniture
- Office equipment such as laptops and printers(for grant work only)
- Retro-fitting spaces to a create confidential therapy spaces
- Food for training or parent events
- Large mechanical items

Expenses Not Allowed with SBMH Grant Funding

- Paying for direct treatment services
- Out of state in person conferences
- Non-mental health related training
- Indirects or costs of “doing business”
- Incentives to encourage people to attend events
- Programs that are not evidence-based
- Salaries or wages for positions not doing grant work
- Grant funds are to supplement not supplant

Allowable Activities in an MLSS

Universal

- SEL, Trauma, resiliency, suicide prevention, bullying prevention
- Stigma reduction
- Building mental health literacy for students and adults (YMHFA)
- Family supports
- Community mental health collaboration

Selective

- Screening
- Co-lead groups (CMHP & SMHP)
- Wellness planning
- Mental Health Navigation
- Parent Peer support
- CMHP consultation
- Seamless referral and follow-up process

Targeted

- Mental Health Navigation
- Wrap around services
- Tele-mental Health
- Seamless referral and follow-up process

Grant Materials

- Needs Assessment and Resource Mapping webinar
- Frequently asked questions document
- 2021-2023 SBMH Grant Guidance Document
- Link to application portal
- PDF of grant application for reference only. Submit via WizeHive

https://dpi.wi.gov/sspw/mental-health/school-based-grant-program

Uniform Grant Application

Wisconsin Department of Public Instruction
GRANT APPLICATION
SCHOOL-BASED MENTAL HEALTH SERVICES GRANTS
WI Stat 115.367
PI-1818 (Rev. 01-21)

For questions regarding this grant, contact:
Beth Herman, Student Services, Prevention, and Wellness Team
(608) 267-9242; beth.herman@dpi.wi.gov

FOR REVIEW PURPOSES ONLY!
Submit using the online grant application portal WizeHive. Applications will not be accepted after the due date of May 3, 2021.

I. GENERAL INFORMATION

Applicant Agency	Mailing Address *Street, City, State, ZIP*	CESA
Project Contact *First and Last Name*	Project Contact's Title	
Project Contact's E-Mail Address		Phone *Area/No.*
Fiscal Contact *First and Last Name if other than project contact*	Fiscal Contact's Title	
Fiscal Contact's E-Mail Address		Phone *Area/No.*
Total Funds Requested	Grant Period Beginning Date *Mo./Day/Yr.* | Beginning Date *Mo./Day/Yr.*	

II. OVERVIEW

The School-based Mental Health Services (SBMH) Grant provides funding to support the development and sustainability of comprehensive school-based mental health systems. In collaboration with a community mental health provider, SBMH grantees develop and offer a continuum of services for students in order to improve access to mental health services and supports.

III. ABSTRACT

Summarize the proposal and make sure to address the targeted population, the key needs, what the project ultimately seeks to implement. *Limit response to 1,000 characters.*

IV. CERTIFICATION/SIGNATURE

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

I 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 my knowledge.

Name of Applicant Agency Authorizer *First and Last Name*	Title of Applicant Agency Authorizer	
Signature of Applicant Agency Authorizer ➢		Date Signed *Mo./Day/Yr.*

Reference only - submit via WizeHive

[School-based Mental Health Grant Application Portal]

A copy of the application is available in a ***PDF format for Reference Only.***

Completing the Grant Application

Section	Title	Notes
1	General Information	Make sure it is complete and all emails are entered correctly
2	Overview	Applicants DO NOT complete this section
3	Abstract	Brief summary of your proposed 2 year project. Address your target population, key needs and ultimate objectives and goals for the project.

Completing the Grant Application

Section	Title	Notes
4	Certification/Signatures	Signatures are done virtually in the system. Grant writer will issue a “request” for the required signature.
5	State General Assurances	
6	Consortium Verification	Required for consortium applicants only. All district administrator or official designees of each member of the consortium must sign. Signatures are done virtually by issuing a “request” to all consortium designated signers

Completing the Grant Application

Section	Title	Notes
7	Plan	ID needs that will be addressed
8	Do (Action Plan)	Provide detailed goals and objectives including proposed activities to achieve goals, and the evaluation methods to determine success.
9	Study/Check	Describe your evaluation process that will be followed to refine, improve and strengthen your project as it progresses
10	Act	Describe your plans to Coordinate with other programs and your plan for sustainability
11	Readiness	Describe your stakeholders and communication strategies.

Needs Assessment Summary

- Every applicant has identifiable SBMH needs. This section should show how you came to determine the elements of your plan.
- Data sources-what information do YOU have
- Data can look at the systems that are in place or not.
- Data sources include: Process data, student/staff/parent surveys, climate surveys, student to provider ratios, county health rankings, WI School Mental Health Needs Assessment, anecdotal evidence, YRBS.

Grant Application Glossary

Student Outcome Priority Statement (SOPS)

The summary statement of what your needs assessment identified as a priority area for your project.

Based on 2019 YRBS data, 28% of students report that they are sad or depressed. 31% report being bullied at school during the last 30 days, LGBT students reported higher levels of sadness and bullying (34% and 52%, respectively)

OR

Review of district SBMH systems shows that there is no clear referral pathway in place to ensure students can access treatment services.

Grant Application Glossary

Root Cause

Your analysis of what factors you think are contributing to or are the cause of this data.

Students do not see to know how to advocate for themselves or seek help when they experience a mental health challenge and experience stigma often associated with asking for help. LGBT students are experiencing more bullying due to environments that are normalizing homophobic bullying

OR

There is no clear communication or coordination for referrals to CMHPs between the elementary, middle and high school.

Grant Application Glossary

Practice Priority Statement (PPS)

Tells the reviewer the general outcome you hope to achieve. It is not your SMART Goal. The PPS uses the following sentence stems: "We believe we can …. If we…"

We believe we can *reduce the percentage of student who report feeling sad, depressed, and bullied* ***if we*** *create environments that support adult and student connection, provide students with mental health literacy skills and empower youth to lead peer initiatives to increase tolerance and reduce stigma.*

OR

We believe we can *increase the number of students who access mental health treatment services* ***if we*** *develop a coordinated referral process across all school sites.*

Action Plan

VIII. DO (ACTION PLAN)

Applicants may develop up to three (3) Student Outcome Priority Statements/SMART Goal to Address Student Outcome Priority Statements for this grant project.

Develop an action plan to implement the proposed grant program. The plan must include SMART (Specific, Measurable, Attainable, Relevant and Timely) goals that align with the student outcome priority statement(s). Applicants may have more than one SMART goal for the same student outcome priority statement.

For each SMART goal listed, include the action step(s) (i.e., activities to be implemented) to achieve the goal. Action steps may include evidence-based strategies (e.g., activity, strategy, or intervention that demonstrates a positive effect on improving student outcomes and/or adult practices) or other activities to achieve the goal. Applicants may have more than one action step for each goal.

For each action step, list the planned completion date, evidence of completion (description of how the applicant will know the action is complete and often reflects the goal), and the personnel responsible for completing the action.

Action Plan—Example

Student Outcome Priority Statement

Based on 2019 YRBS data, 28% of Students report that they are sad or depressed. 31% report being bullied at school during the last 30 days. LGBT students reported higher levels of sadness and bullying (34% and 52% respectively).

SMART Goal to Address Student Outcome Priority Statement

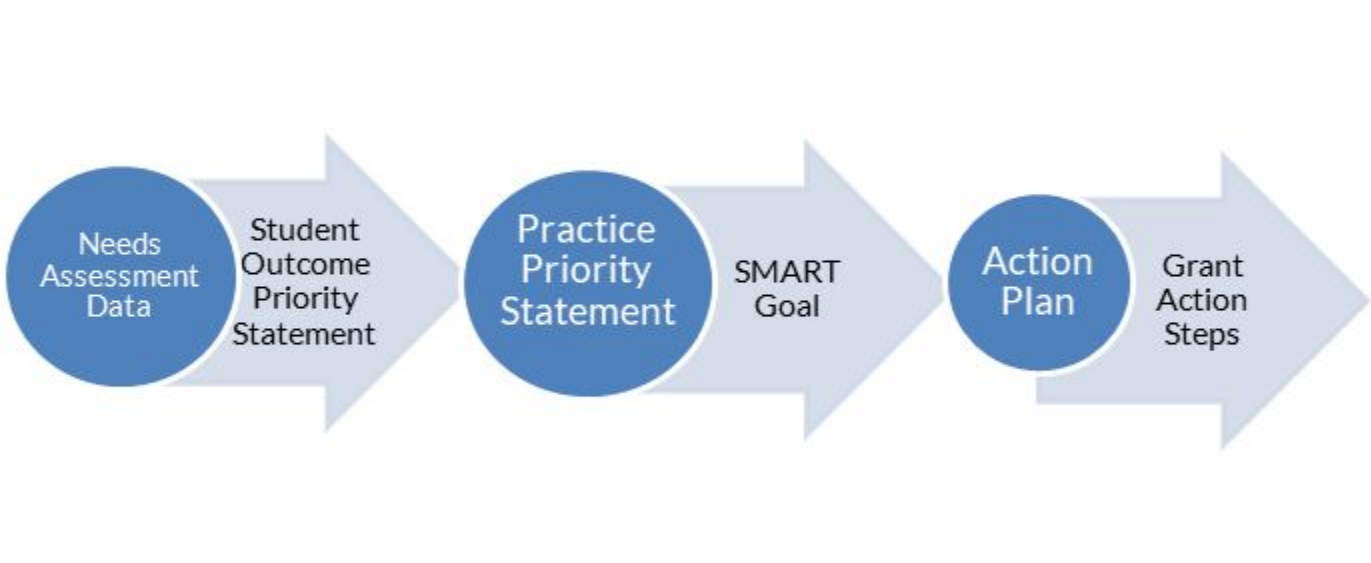
By June 30 2023 Decrease the number of students in 6-12th grade who report being feeling overwhelmed and sad from 28% to 25% as measured by the YRBS student survey.

Action Step	Timeline/Planned Completion Date	Evidence of Completion	Personnel Responsible
Implement Relationship Mapping Tool to ensure that all students have an adult connections.	*November 2021*	*Completed tool with all students having an identified adult connection.*	*SBMH team*
Contract with Sources of Strength to provide training and support to implement Peer to Peer programming.	*December 2021*	*Executed contract*	*Mental Health Navigator*
Train staff in the SoS program	*April 2021*	*Staff completion certificates*	*SoS trainers and coaches*
Identify student mentors for the program and begin training students for program launch in September 2021	*May-August 2021*	*List of student mentors, student training dates and dates of student activities planned in 2021-2022 school year*	*SBMH grant Coordinator and SoS staff team*
Track mental health contacts with school Psychologist, school social worker and school counselor	*September 2021*	*Data tracking spreadsheet completed and submitted by June 30 of 2022.*	*SBMH grant coordinator and pupil services team*

For reference only. Submit via WizeHive

- Each Student Outcome Priority Statement will require at least one SMART Goal
  - Each Smart Goal will require
    - Action steps
    - Timeline
    - Evidence of completion
    - Personnel responsible
- Portal will allow 2 SMART goals per Student Outcome Priority Statement
- Each SMART goal can have up to 7 action steps

SBMH Grant Application



General Grant Application Recommendations

- It is highly recommended that you complete a Needs and Resource Assessment prior to completing the grant.
- Use local data
- Be as specific and clear about your plan as possible. Reviewers may not be able to infer your meaning
- Ask others to review your application before submitting it

Plan Requirements

- ➔ All activities must be allowable
- ➔ All items funded must be in the plan
- ➔ Positions funded with the grant must be found identified as “personnel responsible” for some aspect of the grant plan
- ➔ Purchased services providers but also be found in the plan as “personnel responsible” for a relevant grant activity

Completing the Budget

- Work with your business office to itemize your grant project budget
- Budget submitted is for 2021-2022 only
- All items in your budget must be found in your plan
- Make sure that your Budget Summary Sheet is complete, that it tallies and that the total matches the amount requested

PI-0000 Page 19

XII-b. BUDGET SUMMARY

Applicant Agency	Grant Period: Beginning Date	Ending Date	Date Submitted: Initial Request	First Revision	Second Revision
Project Number *For DPI Use Only*					

Budget Revisions: Submit a copy of this page, with appropriate revisions included. (Attach this to a brief letter of justification.) **Note:** Submit request at least **30 days** prior to expenditure of grant monies.

WUFAR Function	WUFAR Object	Amount Requested	First Revision	Second Revision
Instruction (100 000 Series) Activities dealing directly with the interaction between instructional staff and students.	a. Salaries (100s)			
	b. Fringe Benefits (200s)			
	c1. Purchased Services (300s)			
	c2. Purchased Services (300s) Any single contract over $25,000			
	d. Non-Capital Objects (400s)			
	e. Capital Objects (500s)			
	f. Other Objects (e.g., fees) (900s)			
	TOTAL Instruction	$0	$0	$0
Support Services—Pupil and Instructional Staff Services (In 210 000 and 220 000 Series) 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)			
	c1. Purchased Services (300s)			
	c2. Purchased Services (300s) Any single contract over $25,000			
	d. Non-Capital Objects (400s)			
	e. Capital Objects (500s)			
	f. Other Objects (e.g., fees) (900s)			
	TOTAL Support Services—Pupil/Instructional Staff Services	$0	$0	$0
Support Services—Administration (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)			
	c1. Purchased Services (300s)			
	c2. Purchased Services (300s) Any single contract over $25,000			
	d. Non-Capital Objects (400s)			
	e. Capital Objects (500s)			
	f. Insurance (700s)			
	g. Other Objects (e.g., fees) (900s)			
	TOTAL Support Services—Admin.	$0	$0	$0
Indirect Cost *Up to Approved Rate* *Approved rate should not be used for single contracts over $25,000*	Approved Rate %	$ 0.00	$ 0.00	$ 0.00
	TOTAL BUDGET	$ 0.00	$ 0.00	$ 0.00

DPI Approval	Signature of DPI Reviewer ➢	Date Signed *Mo./Day/Yr.*

For reference only. Submit via WizeHive

VI. PROJECT PLAN

General Instructions: Download a new form for each goal and number each goal. When entering narrative in any section, the row will automatically expand.

When tabbing from the last cell, a new table row may be created if there are additional activities. Answer "Yes" if a new row is needed or "No" if additional rows are not needed.

Statement of Need

The School District of Arcadia serves students who reside in two counties. The mental health provider ratio is 1:2270 in Trempealeau county and 1:6650 in Buffalo county. Fifty-one percent of the youth in Trempealeau county are in need of mental health services. Within the school district, sixty-seven percent of students are of Hispanic/Latino descent and only forty-one percent are English proficient. Seventy- two percent of families are economically disadantaged.

Goal to Address Need

Increase student access to mental health services with school mental health providers and community mental health providers.

Measurable Objectives

Increase school-based and community- based mental health services for students by 50% in the 2020-21 school year as measured by referral system.

Baseline Data for Objective

The number of students referred to school-based and/or community-based mental health providers in one school year.

Activities to Achieve Objective	Timeline for Activities	Evaluation Method or Proof of Objective Completion	Person/s Responsible
1a. Employ a Mental Health Navigator (MHN) at .5 FTE for the 2020-21school year.	7/1/20-6/30/21	Employment maintained for the 2020-21 school year	School District Administrators
1a. Continue collaborative partnerships with CMHP for mental health training, co-lead groups and consultation.	7/1/20-6/30/21	Signed contract with counseling agencies: Peace of Mind Counseling LLC, Catalyst For Change LLC Janet Nachowicz Counseling, LLC	MHN
1a. Manage referral pathways amongst school mental health providers and to community mental health providers.	7/1/20-6/30/21	Completion of referral to school or community-based provider	MHN
1a. Provide transportation services and language interpreting services for students/families to access mental health services.	[illegible]	Completion of services provided	MHN
1a. Maintain a private therapeutic space for mental health services in the elementary and middle/high school buildings.	7/1/20-6/30/21	Space has been designated and utilized	MHN
1a. Coordinate and schedule mental health appointments for students and families with community mental health providers.	7/1/20-6/30/21	Completion of appointments	MHN

VII a. BUDGET DETAIL

An incomplete budget will make the application ineligible for review or funding.

Date of Request *Mo./Day/Yr.* | Applicant Agency | Project No. *For revisions only*

1. Personnel Summary (100s-200s)

All staff must hold the appropriate license.

List all employees to be paid from this project. Do not include contracted personnel employed by other agencies in this section. If a vacancy exists which will be filled, indicate "vacant".

Complete the budget detail for the amount you requested. All budget items must align with the activities submitted in your plan.

a. WUFAR Function Code *Indicate for each position listed.*	b. Name	c. Position/Title	d. Project FTE	e. Date(s) Service to be Provided	f. Total Cost Salary	Fringe
212 000	~~XXXXXXXXX~~	Mental Health Navigator	0.50	7/1/20-6/30/21	$29,000	$15,000
[illegible]	Vacant	Interpreter	0.30	7/1/20-6/30/21	$5,000	$0
[illegible]	SEL Reps-High School Teachers	Social Emotional Curriculum Development	0.10	7/1/20-6/30/21	$1,300	$200
212 000	SEL Reps-Middle School Teachers	Social Emotional Curriculum Deveopment	0.10	7/1/20-6/30/21	$1,300	$200
					$0	$0
					$0	$0
					$0	$0
					$0	$0
					$0	$0
					$0	$0
					$0	$0
					$0	$0
					$0	$0
				Total Salary & Fringe**	$36,600	$15,400

** All project totals must equal salary and fringe totals on budget summary page.

VI. PROJECT PLAN

General Instructions: Download a new form for each goal and number each goal. When entering narrative in any section, the row will automatically expand.

When tabbing from the last cell, a new table row may be created if there are additional activities. Answer "Yes" if a new row is needed or "No" if additional rows are not needed.

Statement of Need

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Baseline Data for Objective

The number of students referred to school-based and/or community-based mental health providers in one school year.

Activities [illegible]chieve Objective	Timeline for Activities	Evaluation Method or Proof of Objective Completion	Person/s Responsible
1a. Emplo[illegible] Mental Health Navigator ([illegible]) at .5 FTE for the 2020-21 [illegible]l year.	7/1/20-6/30/21	Employment maintained for the 2020-21 school year	School District Administrators
1a. Continue collaborative partnerships with CMHP for mental health training, co-lead groups and consultation.	7/1/20-6/30/21	Signed contract with counseling agencies: Peace of Mind Counseling LLC, Catalyst For Change LLC Janet Nachowicz Counseling, LLC	MHN
1a. Manage referral pathways amongst school mental health providers and to community mental health providers.	7/1/20-6/30/21	Completion of referral to school or community-based provider	MHN
1a. Provide transportation services and language interpreting services for students/families to access mental health services.	7/1/20-6/30/21	Completion of services provided	MHN
1a. Maintain a private therapeutic space for mental health services in the elementary and middle/high school buildings.	7/1/20-6/30/21	Space has been designated and utilized	MHN
1a. Coordinate and schedule mental health appointments for students and families with community mental health providers.	7/1/20-6/30/21	Completion of appointments	MHN

VII a. BUDGET DETAIL (cont'd)

An incomplete budget will make the application ineligible for review or funding

Date of Request *Mo./Day/Yr.*	Applicant Agency	Project No. *For revisions only*

2. Purchased Services Summary (300s)

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.

Note: Max $1,000 per day cont[illegible] rate per consultant. This rate does not include travel expenses.

a. WUFAR Function Code	b. Type of Service Purc[illegible]	c. Date(s) Service to be Provided	d. Specify Agency/Vendor or Supplier *If Known*	e. Cost
212 000	Travel Expenses	7/1/20-6/30/21	School Van Use/Mileage	$2,000
212 000	Mental Health Training	7/1/20-6/30/21	CMHP/Speakers/Groups/Consultation	$6,500
212 000	Mental Health Conferences	7/1/20-6/30/21	DPI	$4,000
212 000	Bringing Resiliency to TSS	7/1/20-6/30/21	CESA 4	$750
				$0
				$0
				$0
			Total Must agree with Purchase Services Total on Budget Summary	$13,250

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

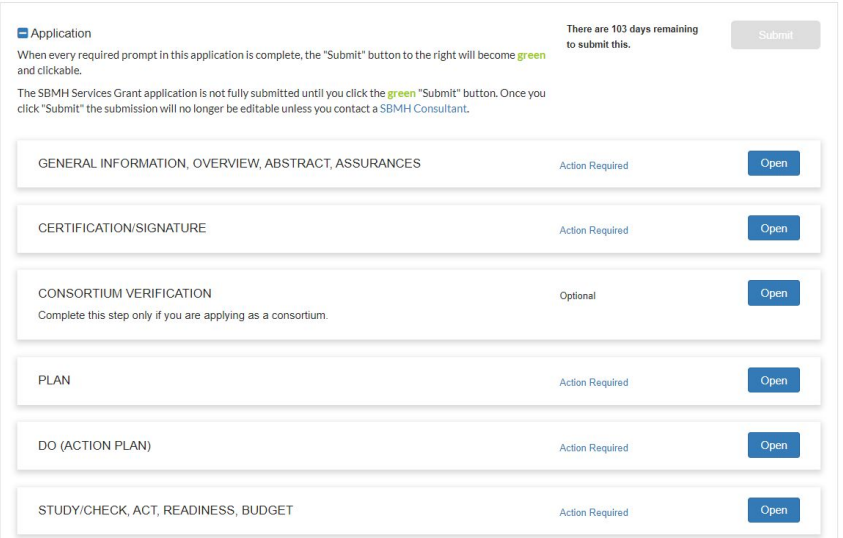
a. WUFAR Function Code *Indicate for each item listed in column c.*	b. Quantity	c. Item Name *Include all items budgeted.*	d. Costs
212 000	7	YMHFA Workbooks	$140
212 000		Mental Health Resource Material	$500
212 000		Social Emotional Curriculum (High School)	$2,500
212 000			
212 000			
		Total Must agree with Purchase Services Total on Budget Summary	$3,140

3b. CAPPED Non-Capital Objects Summary (400s); Consumable items; e.g. supplies

a. WUFAR Function Code *Indicate for each item listed in column c.*	b. Quantity.	c. Item Name *Include all items budgeted.*	d. Costs
212 000		Therapeutic Equipment	$200
212 000		Event Food/Supplies	$2,000
212 000		Room Furnishings	$1,260
		Total (Must agree with Non-Capital Objects total on Budget Summary)	$3,460

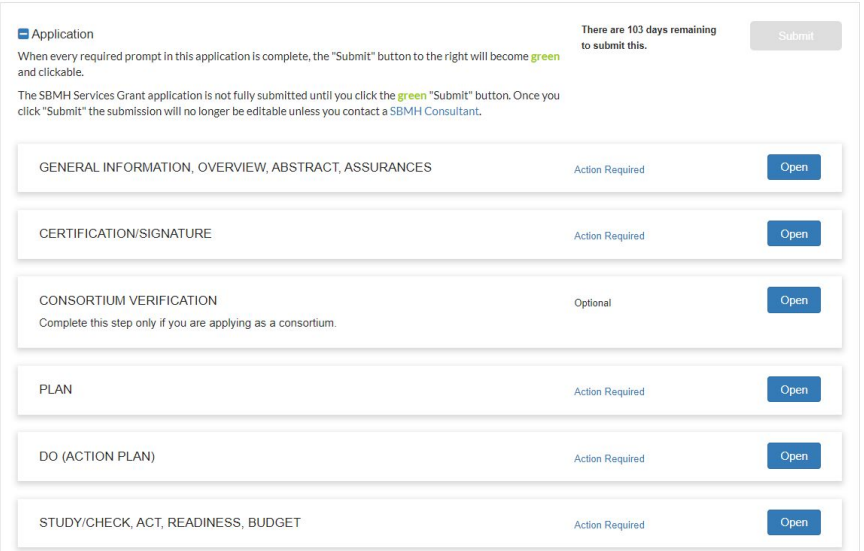
Using the WizeHive Portal

- Use Google Chrome for optimal performance
- Create a Profile to access the system
- You do not have to complete the online application in one sitting. To save your work and return to it scroll to the bottom of the application and click “Save Draft”
- Only a single user can complete the application
- To navigate between sections you will need to return to the Application screen



Using the WizeHive Portal

- When a section is complete click “Mark as Complete”
- To submit the application click “Submit”. All sections must be marked as complete before the system will allow you to submit the application
- If you see “Action Required” this means that an item, identified with an asterisk, was not completed.
- You can edit the application up to the point you submit it. You will not be able to change or modify it once it has been submitted.
- Signatures can be done in the portal system by issuing a “request”



Application Review Process

Phase one: External Review

- External reviewers will review applications and score them according to the scoring rubric
    - The Action Plan is weighted X2
    - See Grant Guidance for rubric details
- Each application will be scored by 3 reviewers
- Each reviewer will score each section of the application (except the budget)
- The scores will be averaged
- A final total score will be determined and all applications ranked

[INSERT PI-0000 NAME]

Wisconsin Department of Public Instruction
School-Based Mental Health Services Grant
Rubric Scoring Sheet

APPLICATION OVERVIEW

Reviewer's Name *First & Last*	Date of Review *Mo./Day/Yr.*

Description
The table below will be used to calculate the final overall score of the application. This is the score that the DPI will use to determine which projects to fund.

Section Name	Complete	Incomplete	Weighted Score
III. Abstract	0, 4	x 1.0	
VIII. Plan—1a. Student Outcome Priority Statement	0, 1, 2, 3, 4	x 1.0	
VIII. Plan—1b. Root Causes of Student Priority Statement	0, 1, 2, 3, 4	x 1.0	
VIII. Plan—2a. Practice Priority Statement	0, 1, 2, 3, 4	x 1.0	
VIII. Plan—2b. Description of grant alignment with existing or available resources	0, 1, 2, 3, 4	x 1.0	
VIII. Plan—2c. Description of resource inequities	0, 1, 2, 3, 4	x 1.0	
IX. Do—1. Action plan's student outcome priority statement and SMART goal	0, 1, 2, 3, 4	x 2.0	
IX. Do—2. Action plan's action steps, timeline, evidence of completion, and personnel	0, 1, 2, 3, 4	x 2.0	
X. Study/Check—1a. Student outcome data collection and analysis	0, 1, 2, 3, 4	x 1.0	
X. Study/Check—1b. Process for changing or making improvements to action steps	0, 1, 2, 3, 4	x 1.0	
X. Study/Check—1c. Process for sharing evaluation results with the public	0, 1, 2, 3, 4	x 1.0	
XI. Act—1a. Coordination with other programs	0, 1, 2, 3, 4	x 1.0	
XI. Act—1b. Sustainability	0, 1, 2, 3, 4	x 1.0	
XII. Readiness—1a/1b. Identification of stakeholder/Stakeholder roles	0, 1, 2, 3, 4	x 1.0	
XII. Readiness—1c. Engagement/Engagement Strategy/Continued Partnerships	0, 1, 2, 3, 4	x 1.0	

Application Review Process

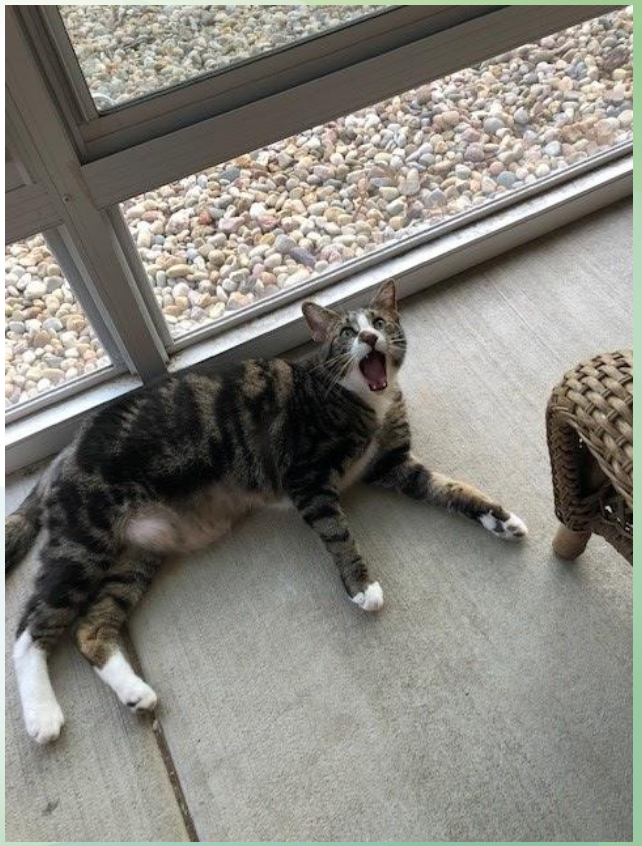
Phase Two: Internal Review

- DPI Consultants will review the projects to confirm ratings and eligibility and to ensure budget items are fundable under the prescribed grant appropriation
- DPI Consultants will make budget modifications or revisions if an expense is non-allowable or if the item is not found in the plan.
- All recommended applications are presented to the State Superintendent for approval

Past performance and available data may be used in determining final awards.

Oh No! Common Grant Errors

- Sections of the application are incomplete
- Information provided does not match what was requested
- Applicant used state or national data rather than local
- Grant plan is not based on identified needs
- Budget items are not found in the plan
- Budget isn’t tallied, total doesn’t match amount requested or budget is incomplete
- Grant plan includes activities that are not mental health focused.



For Grant Writing Technical Assistance

Grant Questions	Content specific consultation
Program and systems: beth.herman@dpi.wi.gov	Comprehensive School based mental health elizabeth.krubsack@dpi.wi.gov Social and Emotional Learning beth.herman@dpi.wi.gov Trauma sensitive schools julie.incitti@dpi.wi.gov

For Grant Writing Technical Assistance

[CESA SEL, AODA and Grant Writing Support]

DPI Grant Support Personnel

SBMH Project Manager	Grants Specialist	SBMH Grant Accountant
Beth.Herman@dpi.wi.gov	Polly.tubbs@dpi.wi.gov	Mark.rudman@dpi.wi.gov

Grantee Support

- Plan consultation
- Budget consultation and support
- Peer and cohort learning
- Opportunity for coaching through the Wisconsin Center for Resilient Schools

Questions?

Thank You

Beth Herman
Beth.herman@dpi.wi.gov

To book a consultation or ask questions:
https://outlook.office365.com/owa/calendar/WisconsinDepartmentofPublicInstruction@WIDPIPRD.onmicrosoft.com/bookings/