



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

**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.**

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

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

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. <i>Limit response to 1,000 characters.</i>

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 <i>First and Last Name</i>	Title of Applicant Agency Authorizer
Signature of Applicant Agency Authorizer	Date Signed <i>Mo./Day/Yr.</i>

V. STATE GENERAL ASSURANCES

The Applicant understands and agrees that the following assurances are pre-award requirements generally imposed by state law or regulation, and do not include all state regulations that may apply to the Applicant or its project.

Each Applicant is ultimately responsible for compliance with the certifications and assurances selected on its behalf that apply to its project or award.

Instructions

- Step 1—Read each assurance that follows.
- Step 2—Sign and date the certification statement.
- Step 3—Include signed certification and assurances with the application materials.
- Step 4—Keep a copy for your records.

Assurance is hereby provided that:

1. **Applicant agrees** to comply with all terms and conditions set forth in the grant program's Application Guidelines document provided with this application. Services provided under this grant will be used to address the needs set forth in the guidelines document. Applicant agrees to implement the activities within the prescribed timeline as outlined in their work plan section of their proposal. Applicant will provide fiscal information within the fiscal year timeline established for new and reapplying programs. Wis. Stat. § 35.93; Wis. Admin. Code § PI 38.008 (Grant reporting).
2. **Legal and Regulatory Compliance:** 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.
3. **Allowable Costs:** Costs incurred shall be allowable and meet grant goals and objectives.
4. **Confidentiality:** The Applicant shall comply with provisions applicable to public schools regarding confidentiality of student information for any pupil record created, obtained, or maintained under this grant, regardless of whether those provisions would not otherwise apply to the Applicant but for the Applicant's participation in this grant. Wis. Stat. § 118.125 (Pupil records).
5. **Conflict of Interest:** No board or staff member of an LEA or CESA may use his or her position to obtain financial gain or anything of substantial value for the private benefit of himself or herself or his or her immediate family, or for an organization with which he or she is associated, such as a royalty, commission, contingent fee, brokerage fee, consultant fee, or other benefit. Wis. Stat. § 19.59(1)(a).
6. **Contracts and Procurement:** The Applicant will use its own procurement procedures that reflect applicable state and local laws and regulations.
7. **Cooperation with Evaluation:** The Applicant shall cooperate with the performance of any evaluation of the program by the WDPI or by their contractors. Wis. Stat. § 35.93; Wis. Admin. Code § PI 38.008 (Grant reporting).
8. **Copyright, Acknowledgement, and Publications:** The Applicant/Recipient will comply with all copyright and materials acknowledgement requirements as addressed in the projects' grant guidelines. The WDPI reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish or otherwise use, and to authorize others to use, for WDPI purposes: the copyright in any work developed under this grant; and any rights of copyright to which the Applicant or a contractor purchases ownership with grant support.

The content of any grant-funded publication or product may be reprinted in whole or in part, with credit to the WDPI acknowledged. However, reproduction of this product in whole or in part for resale must be explicitly authorized by the WDPI. When issuing statements, press releases, and other documents describing projects or programs funded in whole or in part with grant funds, the grant award recipient shall clearly acknowledge the receipt of grant funds in a statement.
9. **Fiscal Control:** The Applicant will use fiscal control and fund accounting procedures and will ensure proper disbursement of, and accounting for, funds received and distributed under this program. Wis. Stat. § 16.41 (Agency and authority accounting; information; aid).
10. **Programmatic Changes:** The Applicant will obtain the prior approval of the WDPI whenever any of the following actions is anticipated:
 - a. Any revision of the scope or objectives of the project;
 - b. Changes in key persons where specified in the application or grant award;
 - c. A disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director;
 - d. Contracting out or otherwise obtaining services of a third party to perform activities central to the purpose of the award;
 - e. Changes in the amount of approved cost-sharing or matching provided by the grant recipient. Wis. Stat. § 35.93; Wis. Admin. Code § PI 38.008 (Grant reporting).
11. **Record Retention: The applicant will ensure records created or obtained under this grant are maintained in** accordance with the *Wisconsin Records Retention Schedule for School Districts*, regardless of whether this retention schedule would not otherwise apply to the Applicant but for the Applicant's participation in this grant. The retention schedule is available online at: <https://publicrecordsboard.wi.gov/Documents/DPI%20GS-APPROVED%20June%202015%20v8.1.pdf>
12. **Reporting:** The Applicant will ensure all required financial and program data and information is reported to the WDPI timely on a schedule established by the WDPI. Wis. Stat. § 35.93; Wis. Admin. Code § PI 38.008 (Grant reporting).
13. **Grant Evaluation:** The Applicant shall ensure that all grant evaluation reporting will be timely on a schedule established by the WDPI. Grant evaluation information provided to the WDPI staff shall accurately assess the completeness of grant goals, activities, benchmarks and target dates. Wis. Stat. § 35.93; Wis. Admin. Code § PI 38.008 (Grant reporting).

VI. 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.

ADMINISTERING AGENCY

Administering Agency	Name of Applicant Agency Authorizer	Title of Applicant Agency Authorizer
Signature of Applicant Agency Authorizer ➤		Date Signed <i>Mo./Day/Yr.</i>

CONSORTIUM PARTICIPANTS / LEA / ORGANIZATION

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

VII. PLAN

Identify the need(s) to be addressed with grant funds. Applicants must have an organized and systematic approach to use data for meaningful analysis. Data analysis includes an assessment of the gaps being experienced by the target population. *Limit each response to 4,000 characters.*

1. Student Outcome Priority Statement—student outcomes identified within a needs assessment

A student outcome priority statement identifies the need(s) of the target population for this grant project. It includes specific supporting data (e.g., interim and summative student data, including disaggregated data for relevant student subgroups; qualitative data, educator practice data, formative assessment data, etc.) used to determine need. It is possible for an applicant to identify more than one student outcome priority statement.

Example: 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)

- a. What is your student outcome priority statement(s) for this grant project?

For reference only. Submit via WizeHiv

VII. PLAN (cont'd)

b. What is the likely root cause(s) (or factors) contributing to the student outcome priority statement(s) that this proposal will address?

For reference only. Submit via WizeHiv

VII. PLAN (cont'd)**2. Practice Priority Statement—adult practices identified with a needs assessment**

A practice priority statement explains what the applicant hopes to accomplish (based on needs assessment). This may include adult practices and/or system changes. It is possible to identify more than one practice priority statement. Practice priority statements use a format such as “we believe we can improve.....if we.....” *Limit each response to 4,000 characters.*

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

- a. What is the practice priority statement(s) for this grant project?

For reference only. Submit via WizeHiv

VII. PLAN (cont'd)

- b. How will the grant project supplement and align with existing or available resources (e.g., staff, families, community partners, etc.) to address the needs identified in the student outcome and practice priority statements?

For reference only. Submit via WizeHiv

VII. PLAN (cont'd)

- c. What are the resource inequities contributing to the needs identified in the student outcome and practice priority statements (e.g., inexperienced teachers working in highest poverty schools; lack of resources available to students available to meet identified needs, etc.)?

For reference only. Submit via WizeHiv

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

VIII. DO (ACTION PLAN) (cont'd)

Student Outcome Priority Statement 1

SMART Goal to Address Student Outcome Priority Statement 1

Action Step	Timeline/Planned Completion Date	Evidence of Completion	Personnel Responsible

For reference only. Submit via WizeHiv

VIII. DO (ACTION PLAN) (cont'd)

Student Outcome Priority Statement 2

SMART Goal to Address Student Outcome Priority Statement 2

Action Step	Timeline/Planned Completion Date	Evidence of Completion	Personnel Responsible

For reference only. Submit via WizeHiv

VIII. DO (ACTION PLAN) (cont'd)

Student Outcome Priority Statement 3

SMART Goal to Address Student Outcome Priority Statement 3

Action Step	Timeline/Planned Completion Date	Evidence of Completion	Personnel Responsible

For reference only. Submit via WizeHiv

IX. STUDY/CHECK

Describe the continuous improvement process the project will employ to refine, improve and strengthen the project. *Limit each response to 2,000 characters.*

1. Evaluation

a. How will data for student outcomes be collected and analyzed?

b. Should the data indicate a need for change, what is the process for changing or making improvements to the action steps?

c. What is the process to share evaluation results with the public?

For reference only. Submit via WizeHiv

X. ACT

Describe the plans to coordinate with other programs during the grant period and sustain the project beyond the grant period.

1. Coordination and Sustainability

- a. How will the grant project be coordinated with other federal, state, and local programs and make the most effective use of public resources during the grant period?

- b. What procedures and policies are in place to sustain the grant project after the grant period?

For reference only. Submit via WizeHiv

XI. READINESS

In this section, describe the stakeholders and communication structures in place to ensure successful implementation of grant project. *Limit each response to 1,500 characters.*

1. Stakeholders

Stakeholders include the population to be served, families, community partners, school staff and administrators, as well as agency administrators. Be sure to include stakeholders who demographically represent the target population(s).

a. Who are the stakeholders identified for this grant project?

b. What are the roles of each stakeholder or stakeholder group in the implementation of this grant project?

c. How have stakeholders been engaged for this grant project?

For reference only. Submit via WizeHiv

XI. READINESS (cont'd)

d. How will diverse stakeholders continue to partner with the project for continuous improvement?

e. If applying as an administering agency for a consortium, how will you establish regular contact with consortium members and how frequently will meetings or other regular contact occur?

2. Communication Structure and Protocols

Procedures for communicating the grant project within and across the system (e.g., district and building, internal and external stakeholders in languages understood by stakeholders, etc.) must be in place. *Limit response to 1,500 characters.*

a. What are the protocols for ongoing communication about the grant project (e.g., grant program/project goals, progress toward goals, etc.) with internal and external stakeholders?

XII-a. BUDGET DETAIL (cont'd)

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

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

3. Non-Capital Objects Summary (400s)

a. WUFAR Function Code Only Required for LEAs <i>Indicate for each item listed in column c.</i>	b. Quantity	c. Item Name <i>Include all items budgeted</i>	d. Total Cost
Total <i>Must agree with Non-Capital Objects total on Budget Summary</i>			

XII-a. BUDGET DETAIL (cont'd)		
Date of Request <i>Mo./Day/Yr.</i>	Applicant Agency	Project No. <i>For revisions only</i>

4. Capital Objects Summary (500s)

a. WUFAR Function Code Only Required for LEAs <i>Indicate for each item listed in column c.</i>	b. Quantity	c. Item Name <i>Include all items budgeted</i>	d. Total Costs
Total			
<i>Must agree with Capital Objects total on Budget Summary</i>			

5. Other Objects Summary (900s)

a. WUFAR Function Code Only Required for LEAs <i>Indicate for each item listed in column c.</i>	b. Quantity	c. Item Name <i>Include all items budgeted</i>	d. Total Costs
Total			
<i>Must agree with Other Objects total on Budget Summary</i>			

XII-b. BUDGET SUMMARY				
Applicant Agency	Grant Period		Initial Request	Date Submitted
	Beginning Date	Ending Date		First Revision
Project Number <i>For DPI Use Only</i>				Second Revision

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			
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			
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.			
Indirect Cost Up to Approved Rate Approved rate should not be used for single contracts over \$25,000	Approved Rate	%		
	TOTAL BUDGET			
DPI Approval	Signature of DPI Reviewer ➤			Date Signed Mo./Day/Yr.