



WISCONSIN DEPARTMENT OF Public Instruction

Alcohol And Other Drug Abuse Grant Application

Application Due: March 19, 2025, by 4 pm

Grant Period: July 1, 2025 - June 30, 2026

Overview

Eligible applicants are public school boards or a consortium of public-school boards.

This competitive grant appropriates funds for the implementation and/or expansion of a district-wide, K-12 comprehensive program for the prevention and amelioration of alcohol, tobacco and other drug use among minors. A school district may propose to utilize multiple strategies in a comprehensive manner to develop this program. For detailed grant information, reference the AODA Grant Guidance posted to the Wisconsin Department of Public Instruction's (WDPI) website at <https://dpi.wi.gov/sspw/aoda>.

Award Amounts

	K-12 Enrollment	Maximum Award
Large	$\geq 3,000$	up to \$50,000
Small/Medium	$< 3,000$	up to \$25,000
Consortia		\$30,000

Consortia are partnership agreements in which the participating members pool their funds for a common purpose. The consortium fiscal agent may be a Cooperative Educational Service Agency (CESA) or a public school district. Members can be districts, but private schools are not eligible to be counted in the member total.

A maximum of \$5,000 per consortium member is allowed, with administrative costs not to exceed 10 percent. A consortium is eligible for no more than \$30,000 in total.

Please Note: Consortia member districts are each responsible for including information on their current need/program status on each application. Also included in the application should be a

description of how all districts in a consortium will collaborate in carrying out the plan, including regularly scheduled meetings (minimum of one per semester).

Instructions

All fields must be completed in full (unless marked as optional) or the application will not be accepted. Using a Chrome browser is recommended for the best results.

For detailed grant information, reference the AODA Grant Guidance posted to the Wisconsin Department of Public Instruction's (WDPI) website.

Before starting the application, you will need the following items.

- a project narrative and contact information for your school administrator, project coordinator for this grant, and business office
- completed copies of the following documents which are referenced in the application:
 - PI-1500 Consortium Verification Form (if applicable)
 - Assurances and Certification Form
 - AODA Budget Information Form
 - Two Year Action Plan Form
 - Unified Services (51.42) Board Verification Form

Before beginning this application, you may want to download a copy, save it to your computer, and complete each form (referenced above). You may also want to compose any other narratives using Google Docs or Word and then copy/paste your responses into the application. A copy of the application can be found here.

If you have questions, contact DPIAODA.Grant@dpi.wi.gov.

End of Block: Introduction

Start of Block: I. General Information

Q2.1 I. General Information School District/Applicant Agency Information

- School District/Applicant Agency (1) _____
 - School Name (5) _____
 - Mailing Address *Street, City, State, Zip* (2) _____
-

Q403 CESA

▼ 1 (1) ... 12 (12)

Q2.2 Administrator/Executive Director Information

- Name *First and Last* (1) _____
 - Position/Title (6) _____
 - Telephone Area/No. (4) _____
 - Email Address (3) _____
-

Q2.3 Project Contact Information

- Name *First and Last* (1) _____
 - Position/Title (6) _____
 - Telephone Area/No. (4) _____
 - Email Address (3) _____
-

Q2.4 Business Services Manager Information

- Name *First and Last* (1) _____
 - Telephone Area/No. (4) _____
 - Email Address (3) _____
-



Q383 Total Grant Funds Requested *(Enter numbers only, no commas)*



Q384 Local Match *(Enter numbers only, no commas)*

Local match must be at least 20% of \$ $\{Q383/ChoiceTextEntryValue\}$ (the total grant funds requested above).

Q2.5 Are you applying as an administering agency for a consortium?

Yes (1)

No (2)

Display This Question:

If Are you applying as an administering agency for a consortium? = Yes

Q2.6 Applicant must submit the consortium addendum with the appropriate member signature. Please download the PI-1500 Consortium Verification form, complete the form and upload it here.

WDPI reserves the right to review these forms.

End of Block: I. General Information

Start of Block: II. Overview

Q385 II. Overview

This competitive grant appropriates funds for the implementation and/or expansion of a district-wide, K-12 comprehensive program for the prevention and amelioration of alcohol, tobacco and other drug use among minors. A school district may propose to utilize multiple strategies in a comprehensive manner to develop this program. For detailed grant information, reference the AODA Grant Guidance posted to the Wisconsin Department of Public Instruction's (WDPI) website at <https://dpi.wi.gov/sspw/aoda>.

End of Block: II. Overview

Start of Block: III. Abstract



Q2.9 III. Abstract

Summarize the proposal and address the targeted population, the key needs, and what the project ultimately seeks to implement. Limit response to 3,000 characters.

End of Block: III. Abstract

Start of Block: IV-V. Assurances

Q393 IV. State General Assurances and V. Program Specific Assurances

Instructions

- Step 1—Download the Assurances and Certification Form.
- Step 2—Have an administrator sign and date the certification statement.
- Step 3—Attach signed certification and assurances to this application.
- Step 4—Keep a copy for your records.

End of Block: IV-V. Assurances

Start of Block: VI. Certification/Signature

Q394 VI. AODA Program Coordinator Requirement

State statute requires applicants to provide the name of the AODA program coordinator, and evidence that the AODA program coordinator holds a current license issued by the department under ch. PI 34 of the Wisconsin Administrative Code to administer, coordinate, and implement the AODA program. This section requires the applicant to list the staff member serving as the AODA Coordinator, along with the type of certification held and DPI issued file number.

- Name of AODA Program Coordinator (4) _____
- Type of DPI License Held (7) _____
- DPI File/Entity Number (8) _____

End of Block: VI. Certification/Signature

Start of Block: VII. Readiness

Q5.1 VII. Readiness

In this section, describe the stakeholders in place to ensure successful implementation of grant project. Limit responses to 3,000 characters.

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).



Q5.2 a. Who are the stakeholders identified for this grant project and what are the roles of these stakeholder groups in the implementation of the grant project?



Q395 b. What input did the stakeholders above provide that informed this grant project?

End of Block: VII. Readiness

Start of Block: VIII. Plan (Needs Assessment)

Q284 VIII. Plan (Needs Assessment)

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 needs experienced by the target population. Limit responses to 3,000 characters.

Demonstration of Need



Q6.2 a. Identify the overall specific need(s) for the target population to be addressed by the grant project. Include the supporting data that is being used to determine the need(s). *Example: XX School district has seen an increase in vaping violations over the past two years. Currently, 30 percent of students with ATODA violations have received multiple violations. This has resulted in a 20 percent increase in suspensions.*



Q6.3 b. What is the likely root cause(s) (e.g., factors, resource inequities, opportunity gaps, etc.) contributing to the need(s) to be addressed by this grant project? *Example: The district lacks capacity for Tier II interventions for addressing behavior change related to tobacco violations.*

End of Block: VIII. Plan (Needs Assessment)

Start of Block: IX. Do (Two Year Plan)

Q396 IX. Do (Two Year Plan)

Instructions

- Step 1—Download the Two-Year Action Plan Form.
- Step 2—Save the form to your computer and complete the form.
- Step 3—Attach completed form to this application. Step 4—Keep a copy for your records.

End of Block: IX. Do (Two Year Plan)

Start of Block: X. Study/Check (Evaluation)

Q7.1 X. Study/Check (Evaluation)

Describe the continuous improvement process the project will employ to refine, improve and strengthen the project. Limit responses to 3,000 characters.

Evaluation



Q7.2 a. What is the process used to collect and analyze grant-specific data? (when applicable, enter specific types of data and the data points that should be collected)



Q7.3 b. Should the data indicate a need for change, what is the process for changing or making improvements to the action steps?

End of Block: X. Study/Check (Evaluation)

Start of Block: XI. Act (Coordination)

Q8.1 XI. Act (Coordination)

Describe the plans to coordinate with other programs during the grant period and sustain the project beyond the grant period. Limit responses to 3,000 characters.

Coordination



Q8.2 How will the grant project supplement and align with existing or available initiatives or programs (e.g., curriculum, evidence-based programs, Equitable Multi-level Systems of Support, comprehensive school-based mental health, etc.) to address the priorities defined in the Action Plan?

End of Block: XI. Act (Coordination)

Start of Block: XII. Budget Information

Q2.8 XII. Budget Detail

Instructions

- Step 1—Download the AODA Budget Detail Form.
- Step 2—Save the form to your computer and complete the form.
- Step 3—Attach completed form to this application.
- Step 4—Keep a copy for your records.

End of Block: XII. Budget Information

Start of Block: XIII. Unified Services (51.42) Board Verification

Q404 XIII. Unified Services (51.42) Board Verification Instructions

Step 1—Download the Unified Services (51.42) Board Verification Form.

Step 2—Save the form to your computer and complete the form.

Step 3—Attach completed form to this application. Step 4—Keep a copy for your records.

End of Block: XIII. Unified Services (51.42) Board Verification

Start of Block: Application Feedback

Q399 Application Feedback

The WDPI is interested in your feedback regarding this application process. This is NOT part of the application and will not be considered for making award decisions. This section is optional. Please take a few minutes to provide constructive feedback on this application process. Thank you!



Q400 What aspects of the application process were clear and helpful?



Q401 Where did you encounter challenges or areas, including technical assistance, that could be improved?



Q402 Is there anything else related to this application process that you would like WDPI to know?

End of Block: Application Feedback
