

EXHIBIT A

Checklist

The Arizona Parents Commission on Drug Education and Prevention Grant Program
RFGA No. PC-DSG-16-070116-00

Name of Organization: _____

Checklist:

Use the following list to make sure your Grant Application for the Arizona Parents Commission on Drug Education and Prevention Grant Program is complete and meets the requirements specified in this request for grant application. Please assemble your application in the order listed below.

- One (1) original document marked "ORIGINAL" and eight (8) additional copies, with one thumb or flash drive containing the entire application package. The application materials on the thumb or flash drive should appear in MS Word and/or PDF.
- Completed and signed Offer and Acceptance Form (SPO form 203).
- Exhibit A – Checklist. Signed and attached.
- Solicitation Amendment(s). Signed and submitted, if issued.
- Submit your most recent IRS 501(c) (3) tax-exempt letter, if your organization is a non-profit.
- Executive Summary.
- Application Program Narrative.
- Exhibit B - Funds Requested Page. Completed and attached.
- Exhibit C - Line Item Budget. Completed and attached.
- Exhibit D - Budget Narrative. Completed and attached.
- Exhibit E - Disclosure Form of Other Funding Sources. Completed and attached.
- Exhibit F - Disclosure Form of Other Funding Sources-Organization Prevention Programs. Completed and attached
- Exhibit G - Staff Overview. Completed and attached.
- Resumes and/or job descriptions and Organization Chart attached.
- Exhibit H – Applicant’s Proposed Subcontractor(s). Completed and attached.
- Exhibit I –GOYFF Standard Data Collection Form. Completed and attached.
- Exhibit J –GOYFF Financial Systems Survey. Completed and attached.
- Exhibit K - Goals, Outcome Objectives and Performance Measures. Completed and attached.
- Exhibit L - Implementation Plan. Completed and attached.
- Meet one of the three audit report requirements:
 - Each nonprofit corporation that receives in excess of two hundred fifty thousand dollars in state assistance in any fiscal year shall file for each such fiscal year at the corporation’s expense with the grantor agency either audited financial statements prepared in accordance with federal single audit regulations or financial statements prepared in accordance with generally accepted accounting principles and audited by an independent certified public accountant.

- Each nonprofit corporation receiving two hundred fifty thousand dollars or less in state assistance in any fiscal year shall comply with contract requirements concerning financial and compliance audits contained in contract agreements governing such programs.
 - A nonprofit that is not subject to audit requirements shall submit one copy of the most recently prepared financial statements including a Balance Sheet, Income Statement, and Statement of Cash Flows along with a description of the source of the documents.
- ❑ All 501(c)(3) organizations and other federally tax-exempt organizations that are required to file the annual reporting return, Form 990, to the Internal Revenue Service must attach a copy of their most recently filed Form 990 and related schedules, directly behind the audit report in the application materials.
 - ❑ Applications should be in twelve point font or larger, single-spaced, with one inch margins or wider and single sided, NOT duplexed.
 - ❑ Page numbers are included on all pages, in sequence and a table of contents is included with page numbers referenced. Page numbers may be handwritten or labeled.
 - ❑ The original application set with documents requiring signatures must have **ORIGINAL** signatures.
 - ❑ Do **NOT** bind your application in spiral binders or in 3-ring notebooks. Please submit your applications secured by a binder clip.
 - ❑ When submitting your application, ensure your organization name and the Request for Grant Application Number PC-DSG-16-070116-00 is **CLEARLY** marked on the outside of the **SEALED** envelope/package.
 - ❑ All applications are date stamped by the time clock in the Governor's Office of Youth, Faith and Family, 1700 W. Washington, Suite 230, Phoenix, AZ 85007.
 - It is the responsibility of each Applicant to ensure their application is delivered to the Governor's Office of Youth, Faith and Family by **the due date and time**. Allow for such contingencies as heavy traffic, weather, directions, parking, security, etc. Verify that your express delivery service provider delivers packages directly into Suite 230.
 - Applicants are cautioned not to rely on next day U.S. Postal mail services. Mail sent to the Governor's Office of Youth, Faith and Family is filtered through the Arizona Department of Administration. The GOYFF is not responsible for packages delivered to locations other than the Governor's Office of Youth, Faith and Family, 1700 W. Washington, Suite 230, Phoenix, AZ 85007.

The point of contact concerning this application is referenced on the Offer and Acceptance Form.

_____ Date _____
 Signature by the Point of Contact for Application

Job Title _____

GOYFF Staff Use Only	
Name: _____	Date: _____
Job Title: _____	

EXHIBIT B

Funds Requested Page

1. The Applicant must state a firm, fixed total guaranteed not-to-exceed amount of funds requested for The Arizona Parents Commission on Drug Education and Prevention Grant Program.

\$ _____ Total Funds Requested

2. Are you submitting this application for your proposed program as a faith-based organization?

YES NO

3. Are you submitting this application for your proposed program under the rural, tribal or urban/county category? Each organization applying to the Arizona Parents Commission on Drug Education and Prevention Grant Program can apply for ONLY ONE category.

RURAL TRIBAL URBAN/COUNTY/STATEWIDE

4. What is the target population for your proposed program?

TARGET POPULATION: _____

5. What number of participants will be served through this program?

Number of adults (parents/caregivers) to be served directly (unduplicated)	
Number of youth to be served directly (unduplicated)	
Number of adults to be served indirectly	
Number of youth to be served indirectly	
Number of families to be served	

EXHIBIT C
SAMPLE
Line Item Budget

This exhibit is provided as an example only. While you must use this format, you may reproduce it with Word Processing or Spreadsheet software. Limit your budget line items to the following categories: Personnel, Fringe Benefits, Contracted/Professional Services, Travel (In-State/Out of State), Pass-Thru, Other Operating Expenses and Administrative/Indirect Costs. **Please round budget category totals to the nearest dollar.**

Budget period: July 1, 2016 – June 30, 2017

Budget Category	Line Item	Requested Funds	Total Cost
Personnel	Project Director, Bob Williams, 95%, 12 months, (\$45000 X .75= \$33,750)	\$33,750	\$33,750
	Project Director, Bob Williams, 5%, 12 months, (\$45000 X .05= \$2,250)	\$2,250	\$2,250
	Project Specialist, Linda Smith, 25%, 12 months, (\$35000 x .25 = \$8750)	\$8,750	\$8,750
Personnel Subtotal		\$44,750	\$44,750
Fringe Benefits	Agency Rate (18%) - Budget narrative should provide calculation of how agency rate was determined. (\$44,750 total Personnel Costs X .18 = \$8,055)	\$8,055	\$8,055
Fringe Subtotal		\$8,055	\$8,055
Contracted / Professional Services	Consultant 20 hours x \$50/hr.	\$1,000	\$1,000
Contracted/Professional Services Subtotal		\$1,000	\$1,000
In-State Travel	Linda Smith to attend program related workshop in Tucson (200 miles x .445/mile)	\$89	\$89
In-State Travel Subtotal		\$89	\$89
Out of State Travel	Bob Williams to attend mandatory training in Los Angeles, CA (Hotel \$129/night x 1 night; Per Diem \$44/day x 1 day; Airfare \$200)	\$373	\$373
Out of State Travel Subtotal		\$373	\$373
Pass-Thru	Please see narrative.		
Pass-Thru Subtotal			
Other Operating Expenses	Postage (\$100/month x 12 months for monthly flier)	\$1,200	\$1,200
	Telephone for Bob Williams (\$90/month x 12 months)	\$1,080	\$1,080
OOE Subtotal		\$2,280	\$2,280
Direct Costs Subtotal		\$56,547	\$56,547
Administrative / Indirect Costs	Please see narrative.	\$5,655	\$5,655
Total		\$62,202	\$62,202

***As shown, a line item budget justification for each component MUST be included in the application that describes the procedure for determining the cost of budget categories. Detail in the line item budget narrative strengthens applications. See the following page for budget narrative format.**

EXHIBIT D
SAMPLE
Budget Narrative

The purpose of the budget narrative is to provide greater detail on the budget line items and the requested amounts. The budget narrative should explain the criteria used to compute the budget figures on the budget form. Please verify that the narrative and budget form correspond and the calculations and totals are accurate.

Personnel: Include information such as position title(s), name of employee (if known), annual salary, time to be spent on this program (hours or %), number of months assigned to this program, etc. If you need additional fiscal personnel to manage this grant, include those costs also. Provide the calculation used to determine the requested funding amount for each individual (i.e. Bob Williams \$45,000 Annual Salary x .75 FTE = \$33,750).

All organizations are required to maintain appropriate documentation to support salaries and wages per 2 CFR Part 200. All organizations will be monitored to assure compliance with this requirement.

Fringe Benefits: Provide a list of the fringe benefit costs and their respective percent of salary (See example below). Indicate any special rates for part-time employees, if applicable. Explain how the benefits for each position were determined.

Example list:

Fringe Benefit	Percent of Salary
Payroll Tax	.094
Worker's Comp	.020
Medical and Dental Insurance	.066
Total Fringe Benefit Rate	.18

Contracted Services/Professional Services: If contracted services/professional services are proposed in the budget, define how the costs for these services were determined and provide justification for the services related to the project. This category includes Evaluation Services. Information for Evaluation Professional Services should include who will be performing the evaluation, the type of work to be performed, and a listing of all applicable rates. Provide the units x rate calculation to show how the requested funding amount was determined (i.e. 20 Hours x \$50/hr = \$1,000). Explain how all contracts will be procured. The Grantee will be required to submit a copy of the executed contract before any related costs will be reimbursed.

Travel: Travel costs are according to the Applicant's written policy. Include a detailed breakdown of the travel costs (i.e. lodging, mileage, per diem, etc.) Indicate the location(s) of travel, the justification for travel as it relates to the program, and how many employees will attend.

Pass Through/Sub-grants: In the event that this application represents a collaboration and the Applicant will be utilizing other Sub-grantees to perform various components of the program, include the Sub-grantee name, the work the Sub-grantee will perform, the dollar limit of the sub-grant and how it was determined, and the term of the sub-grant). Also include monitoring policies that will be utilized to assure compliance.

Supplies and Operating Expenses: List the supplies and other operating expenses and justify the need for the items. Identify the monthly cost for re-occurring expenses (i.e. rent, utilities, general office supplies, printing, etc.) If building rent is requested, please indicate the method used to allocate the appropriate amount of rent to the program. Provide the item cost for infrequent purchases (i.e. telephone unit, registration fee, training cost, etc.). All purchases should be made according to the Applicant's written procurement policy, which at a minimum must contain the federal procurement guidelines for federal grants.

Administrative/Indirect Costs: Administrative costs are the general or centralized expenses necessary for the overall administration of an organization. Administrative costs do not include particular project costs. For organizations that have an established federally approved indirect cost rate for Federal awards, indirect costs mean those costs that are included in the organization's indirect cost rate. Such costs are generally identified with the organization's overall operation and are further described in the Office of Management and Budget Circulars 2 CFR 200.

For the purposes of this grant, Grantees may be permitted an allocation for administrative costs under one of the following:

Scenario A: Administrative Costs: If the Applicant does not have a federally approved indirect cost rate, the Applicant may include an allocation for administrative costs for up to 10% of the total direct funds requested.

Provide a list of the Applicant's requested administrative costs items and the corresponding cost of each item. Also, include a copy of the written allocation policy for these costs.

Scenario B: Federally Approved Indirect Costs: If the Applicant has a federally approved indirect cost rate agreement in place, the Applicant may include an allocation for indirect costs. Applicants must provide a copy of their federally approved indirect cost rate agreement.

Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect. Please be advised that indirect costs will be considered in determining the cost effectiveness of your program.

EXHIBIT E

Disclosure of Other Funding Sources

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other source providing funding **for the proposed program***. In addition, please list in-kind contributions such as donations, volunteers, supplies and materials, etc. to be utilized for the proposed program*. Use a continuation sheet if necessary. The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

Type of Funding (Federal, State, local, other)	Received From	Amount	End Date (If Applicable)
TOTAL:			
Type of In-Kind Funding (Donations, volunteer time, supplies, etc.)	Received From	Value	End Date (If Applicable)
TOTAL:			

*This table should include only those funds that will support the program detailed in this application.

EXHIBIT F

Disclosure of Other Funding Sources

(Prevention Programs in your organization)

Please list all other funding that your organization currently receives from State or Public Agencies, Federal Agencies, Non-Profit Organizations, or any other sources that contribute and support **prevention programs in your organization***. In addition, please list in-kind contributions such as donations, volunteers, supplies and materials, etc. to be utilized for the proposed program*. Use a continuation sheet if necessary. The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

Type of Funding (Federal, State, local, other)	Received From	Amount	End Date (If Applicable)
TOTAL:			
Type of In-Kind Funding (Donations, volunteer time, supplies, etc.)	Received From	Value	End Date (If Applicable)
TOTAL:			

*This table should include any sources that contribute and support prevention programs in your organization.

EXHIBIT G

Staff Overview

The following form may be reproduced with word processing software or another form may be created that contains all the information requested.

In addition to this overview, please attach a resume (for current personnel) or a job description (for positions to be hired) for the key individuals involved in the project.

STAFF MEMBER	BACKGROUND AND EXPERTISE OF PERSONNEL
Name: Title: Annual Salary: What percent of time will be spent on this project:	
Name: Title: Annual Salary: What percent of time will be spent on this project:	
Name: Title: Annual Salary: What percent of time will be spent on this project:	
Name: Title: Annual Salary: What percent of time will be spent on this project:	
Name: Title: Annual Salary: What percent of time will be spent on this project:	

EXHIBIT H

Applicant's Proposed Subcontractor(s)

Applicant's Name: _____

The Applicant shall indicate all subcontractors that the Applicant will use to perform any portion of this solicitation's Scope of Work.

If the Applicant will not subcontract any portion of this solicitation's Scope of Work and will be performing this solicitation's Scope of Work entirely with its own employees, the Applicant shall clearly indicate this by checking **No** in the section below.

If any subcontractors will be used, the Applicant shall clearly indicate this by checking **Yes** in the section below and follow the instructions contained in the paragraph for identifying all subcontractors.

_____ No The above Applicant will not subcontract any portion of performance of any resultant Contract under this solicitation.

_____ Yes The above Applicant will use the subcontractor(s) listed below in performance of any resultant Contract under this solicitation.

The Applicant shall list below each subcontractor's name/location, the type of service to be provided, the certifications they possess (copies of all certifications shall be provided as an attachment to the submitted proposal) and the amount of time or effort (as a percent of total Contract performance) that the subcontractor will perform in relation to total performance of this solicitation's requirements. Additional pages may be used if necessary.

The Applicant shall describe the quality assurance measures that the Applicant will use to monitor the subcontractor's performance as part of the response to the response to Questionnaire Item 1.7.

The State reserves the right to request any additional information deemed necessary about any proposed subcontractors.

SUBCONTRACTOR INFORMATION

Name/Location	Type of Service	Certifications	Percent of time on Project

EXHIBIT I

Governor's Office of Youth, Faith and Family Standard Data Collection Form for the Grant Management Information System (GIMS)

A. Fiscal Agent Information:

Agency Name _____ Contact Person _____
Address _____ Position _____
_____ Email _____
City, State, Zip _____ Phone _____ x _____
County _____
Employer Identification Number: _____ DUNS Number: _____
Agency Classification: _____ State Agency _____ County Government _____ Local Government _____ Schools _____ Tribal
_____ Faith Based _____ Non-Profit _____ Other
In which Congressional (Federal) District is your agency? Enter District # _____
<http://www.azredistricting.org> (click on Final Maps)
In which Legislative (State) District is your agency? Enter District # _____
<http://www.azredistricting.org> (click on Final Maps)

Have you previously conducted business with the State using this EIN: **Y N**. If **NO**, please go to the following website, download the State of Arizona Substitute W-9 Form and submit with your application. <http://www.gao.state.az.us/onlineforms>

What was the date of your most recent SAM/CCR registration? _____ * Please attach confirmation of registration.

Preferred method for reimbursements (ACH or mailed check)? _____ ACH _____ Agency Fiscal Address (listed above)

Preferred reimbursement cycle: _____ Monthly _____ Quarterly

B. Contract Signer Information:

Contract Signer _____ Position _____
Address _____ Email _____
_____ Phone _____ x _____
City, State, Zip _____ County _____

C. Financial Information:

Approximately how much FEDERAL funding will your organization expend in your current fiscal year? \$ _____

What is your organization's fiscal year-end date? _____

Accounting Method: _____ Cash _____ Accrual _____ Modified

Is your organization subject to the requirements of an annual independent audit in accordance with OMB Circular A-133? **Y N**

Please provide contact information of the audit firm conducting your audit:

Agency _____

Address _____

Phone Number _____

D. Program Agency Information:

Agency Name _____ Contact Person _____
Address _____ Position _____
_____ Email _____
City, State, Zip _____ Phone _____ x _____
County _____

E. Proposed Program Information / Description:

Amount requesting: _____
Service area of proposed program: _____
Target population of proposed program: _____
Number of participants to be served: _____

Authorized Signer **Date**

(TO BE COMPLETED BY GOYFF PERSONNEL)

Contract Number: _____
Is the Sub-Grantee's Audit Current? Yes _____ No _____
Funding Index: _____
Any Special terms and conditions to be included in Contract: _____

Program Administrator **Date** **Grant Auditor** **Date**

EXHIBIT J
Governor's Office of Youth, Faith and Family
Financial Systems Survey

Name of Applicant: _____

Please answer every question by filling in the circle next to the correct answer. Attach materials and document comments as required.

As stewards of federal and state funds, the Governor's Office of Youth, Faith and Family awards funds to organizations (regardless of how small or large) that are both capable of achieving project goals/objectives and upholding their responsibility for properly managing funds as they achieve those objectives.

This survey will be used primarily for initial monitoring of the organization. This survey may also be used in evaluating the financial capability of the organization in the award process. Deficiencies should be addressed for corrective action and the organization should consider procuring technical assistance in correcting identified problems.

A. GENERAL INFORMATION

1. Has your organization received a Federal or State Grant within the last two years?	<input type="radio"/> YES <input type="radio"/> NO
2. Is your organization subject to the requirements of the A-133 Single Audit Act? If yes, please attach a complete copy of your A-133 Audit, including, but not limited to, your Management Letter, Findings and Questioned Costs.	<input type="radio"/> YES <input type="radio"/> NO
3. If your organization is not subject to the A-133, have your financial statements been audited, reviewed or compiled by an independent Certified Public Accountant within the past two years? If yes, please attach a complete copy of the most recent audited, reviewed or compiled financial statements. If no, attach a copy of the most recently prepared financial statements including a balance sheet, income statement, statement of cash flows and a description of the source of the documents.	<input type="radio"/> YES <input type="radio"/> NO
4. Please attach a schedule showing the TOTAL federal funds (by granting agency) expended by your agency for the most recent fiscal year. Note: If your organization had an A-133 Single Audit, a copy of the "Schedule of Expenditures for Federal Awards" can be submitted	
5. Is your organization required to file an IRS Form 990? If so, please attach.	<input type="radio"/> YES <input type="radio"/> NO
6. Has your organization received funding from the Governor's Office of Youth, Faith and Family within the past two years? If yes, specify the grant contract numbers: _____ _____ _____ _____	<input type="radio"/> YES <input type="radio"/> NO
7. Has your organization been granted tax-exempt status by the Internal Revenue Service?	<input type="radio"/> YES <input type="radio"/> NO <input type="radio"/> N/A
8. If you answered YES to question #6, under what section of the IRS code? <input type="radio"/> 501 C (3) <input type="radio"/> 501 C (4) <input type="radio"/> 501 C (5) <input type="radio"/> 501 C (6) <input type="radio"/> Other. Specify: _____	
9. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies?	<input type="radio"/> YES <input type="radio"/> NO

B. FUNDS MANAGEMENT

1. Which of the following describes your organization's accounting system?	<input type="radio"/> Manual <input type="radio"/> Automated <input type="radio"/> Combination
2. How frequently do you post to the General Ledger?	<input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Other
3. Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source?	<input type="radio"/> YES <input type="radio"/> NO
4. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?	<input type="radio"/> YES <input type="radio"/> NO
5. Are time and effort distribution reports maintained for employees working fully or partially on state or federal grant programs which account for 100% of each employee's time?	<input type="radio"/> YES <input type="radio"/> NO
6. Is your organization familiar with Federal Cost Principles (i.e. 2 CFR Part 200)?	<input type="radio"/> YES <input type="radio"/> NO
7. How does your organization plan to charge common/indirect costs to this grant? NOTE: Those organizations using an indirect cost plan/rate need to attach a copy of the methodology and calculations in determining the rate.	<input type="radio"/> Direct Charges <input type="radio"/> Utilizing an Indirect Cost Allocation Plan or Rate

C. INTERNAL CONTROLS

1. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?	<input type="radio"/> YES <input type="radio"/> NO
2. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll?	<input type="radio"/> YES <input type="radio"/> NO
3. Are all accounting entries and payments supported by source documentation?	<input type="radio"/> YES <input type="radio"/> NO
4. Are cash or in-kind matching funds supported by source documentation?	<input type="radio"/> YES <input type="radio"/> NO
5. Are employee time sheets supported by appropriately approved/signed documents?	<input type="radio"/> YES <input type="radio"/> NO
6. Does the organization maintain policies that include procedures for assuring compliance with applicable cost principles and terms of each grant award?	<input type="radio"/> YES <input type="radio"/> NO

D. PROCUREMENT

1. Does the organization maintain written codes of conduct for employees involved in awarding or administering procurement contracts?	<input type="radio"/> YES <input type="radio"/> NO
2. Does the organization conduct purchases in a manner that encourages open and free competition among vendors?	<input type="radio"/> YES <input type="radio"/> NO
3. Does the organization complete some level of cost or price analysis for every major purchase?	<input type="radio"/> YES <input type="radio"/> NO
4. Does the organization maintain a system of contract administration to ensure Grantee conformance with the terms and conditions of each contract?	<input type="radio"/> YES <input type="radio"/> NO
5. Does the organization maintain written procurement policies and procedures?	<input type="radio"/> YES <input type="radio"/> NO

EXHIBIT K

Goals, Outcome Objectives and Performance Measures

In the table below, state the goal(s) that will address the identified problem/need. Use a continuation sheet if necessary. The following table may be reproduced with word processing software to replicate the number of tables to match the proposed program's number of goals.

Goal:			
Rationale (How does this goal address the identified problem/need and selected risk/protective factors?):			
Targeted Outcome(s) (Check all that apply):			
<input type="checkbox"/> Parental Stress	<input type="checkbox"/> Adult Attitudes of Youth Substance Use	Other (Please Specify)	
<input type="checkbox"/> Family Cohesion	<input type="checkbox"/> Youth Perception of Parental Attitudes of Youth Substance Use	<input type="checkbox"/>	
<input type="checkbox"/> Family Management	<input type="checkbox"/> Adult Perception of Risk/Harm of Youth Substance Use	<input type="checkbox"/>	
<input type="checkbox"/> Family Connectedness	<input type="checkbox"/> Youth Perception of Family Involvement	<input type="checkbox"/>	
<input type="checkbox"/> Family Involvement	<input type="checkbox"/> Youth Perception of Risk/Harm of Substance Use	<input type="checkbox"/>	
<input type="checkbox"/> Family Conflict	<input type="checkbox"/> Youth Perception of Family Cohesion	<input type="checkbox"/>	
OUTCOME OBJECTIVE(s) pertaining to this goal: (EXAMPLE)			
1. By June 30, 2017, parents and caregivers participating in the ABC Parenting Program classes will show a 15% increase in parenting skills as measured by retrospective pre-test.			
Performance Measure(s)	Definition(s) include data source	Tools/process for collection	Explain how the performance measure demonstrates progress towards the goal
Example: Number and percent of parents exhibiting desired change in parenting skills.	Example: The number and percent of parents who have exhibited the desired change (10% increase) in parenting skills during the reporting period (Data Source - Self-report data through retrospective post-survey).	Example: A retrospective post-survey will be administered to all adult participants during the 13 th session of the ABC Parenting Program	Example: For purposes of this performance outcome measure, parenting skills is conceptualized as a measure of family management skills. The desired change in parenting skills is a 15% increase in parental perception of their family management skills after participation in the program. An increase in the family management skills construct is correlated with increased parent / caregiver involvement.

OUTPUT OBJECTIVE(s) pertaining to this goal: (EXAMPLE)

1. By June 30, 2017, increase capacity of parent and caregiver involvement by providing family strengthening opportunities for families as measured by enrollment of at least 40 parents/caregivers and an 80% completion rate for enrolled parents.

Performance Measure(s)	Definition(s) include data source	Tools/process for collection	Explain how the performance measure demonstrates progress towards the goal
<p>Example: Number of individuals directly served</p>	<p>Example: The number of individuals enrolled in the parent education program during the reporting period. Enrolled is defined as attending the first class. Attendance rates will be calculated by the number of sessions attended divided by the total number of sessions in the program. (Data Source – Enrollment and Attendance Logs)</p>	<p>Example: An attendance sheet will be circulated at each session and completed by each individual attending the class. An attendance log will be maintained with the attendance rate calculated at the end of the program cycle.</p>	<p>Example: Progress toward goal of increasing / enhancing involvement by expanding family strengthening opportunities to 40 parents during the funding period will be measured by counting the number of parents (parents/caregivers) enrolled. The target output is 10 parents served per program cycle and at least one adult and one child (aged 10-14) per family unit.</p>

Goal:

Rationale (How does this goal address the identified problem/need and selected risk/protective factors?):

Targeted Outcome(s) (Check all that apply):

<input type="checkbox"/> Parental Stress	<input type="checkbox"/> Adult Attitudes of Youth Substance Use	Other (Please Specify) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Family Cohesion	<input type="checkbox"/> Youth Perception of Parental Attitudes of Youth Substance Use	
<input type="checkbox"/> Family Management	<input type="checkbox"/> Adult Perception of Risk/Harm of Youth Substance Use	
<input type="checkbox"/> Family Connectedness	<input type="checkbox"/> Youth Perception of Family Involvement	
<input type="checkbox"/> Family Involvement	<input type="checkbox"/> Youth Perception of Risk/Harm of Substance Use	
<input type="checkbox"/> Family Conflict	<input type="checkbox"/> Youth Perception of Family Cohesion	

OUTCOME OBJECTIVE(s) pertaining to this goal:

Performance Measure(s)	Definition(s) include data source	Tools/process for collection	Explain how the performance measure demonstrates progress towards the goal

OUTPUT OBJECTIVE(s) pertaining to this goal:

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EXHIBIT L

Implementation Plan

The following form may be reproduced with word processing software or another form may be created that contains all the information requested. Sequentially list the key tasks and activities needed to implement the strategies/approaches including timelines and responsibilities as they relate to the achievement of the task. In the final column, list how the effectiveness of the implementation will be measured (e.g. number of participants attending/completing, participant satisfaction, adequacy of resources, timely completion of activities, etc.)

STRATEGY	KEY TASK	ACTIVITIES	PERSON RESPONSIBLE	BY WHEN	AS MEASURED BY	

