**Pre-Application Form -- 2023 TAD Grant Awards**

**Instructions:**Complete and return this Pre-Application Form to the Wisconsin Department of Justice **no later than August 19, 2022.** All counties and tribes interested in applying for a 2023 TAD grant award must complete and return this Form.

* Email the completed Form and your CORE *Admission Summary* to both TAD Program Specialists:
Michael Derr at derrmg@doj.state.wi.us and Marsha Schiszik at schiszikmj@doj.state.wi.us.
* Once we have received your agency’s Pre-Application Form, you will receive a brief email acknowledging that DOJ has received the Form.

**Reminders:** Agencies applying under Priority #1 have the option to also apply under Priority Categories 2-5, up to a maximum of two additional categories. However, all agencies seeking a 2023 TAD grant under Priority Category #2, #4 OR #5 MUST ALSO APPLY UNDER PRIORITY #1.

Agencies that do not have a current 2022 TAD grant award must apply under Priority #3 only; they may not apply under Priority #1 or any additional priority categories. Conversely, agencies with a current 2022 TAD grant award that wish to also fund a new treatment court or diversion program must apply under both Priority #1 and #3.

1. **Enter the name of your county or tribe, and name of the agency that will administer the TAD grant project.**

Click or tap here to enter text.

1. **List each treatment court and diversion program that was funded in 2022 and list the programs you are proposing to be funded in 2023. Use the drop down menus below when entering this information.:**

|  |  |
| --- | --- |
| **2022 TAD Grant Funded Programs** | **Proposed 2023 TAD Grant Funded Programs** |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |
| Choose an item. | Choose an item. |

1. **Enter the name, title, phone number, and email address for each of the requested persons in the spaces below.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Title | Phone Number | Email Address |
| **Project Director** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Oversight Committee Chairperson** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

* How often does your oversight committee meet? Choose an item.
* When did your oversight committee last meet? Click or tap to enter a date.
* Have you obtained a joint agreement or approval from your oversight committee about the 2023 Proposed TAD Grant Funds listed above? Yes [ ]  No [ ]
Approval Date: Click or tap to enter a date.
1. **Provide the requested information in the spaces below for each Priority Category your agency intends to apply under to receive a 2023 TAD grant award:**

**Priority Category #1: Baseline Funding for 2022 TAD Grantees**

Amount Requested: $ Click or tap here to enter text.

NOTE: Existing 2022 TAD funded programs seeking a 2023 award must apply under Priority #1. Please provide the TAD grant amount you are requesting for 2023, in the space above. Generally, that amount is the same as the amount of your 2022 grant award. If your program is requesting less than the allowable amount, please provide the amount. Please reach out to Mike Derr or Marsha Schiszik if you have questions regarding the allowable amount you are able to request under Priority #1.

**Priority Category #2, 3, 4 & 5**

Fill in the table in spaces provided in the table below. Please review the following bullets for more information and guidance prior to completing the table:

* Please rank the order of your priority categories by listing your first priority funding choice in row 2 and second priority funding choice in row 3. 2023 TAD grant funds may not be sufficient for DOJ to fund all requests, so ranking the order of your priority categories is critical.
* Counties and tribes seeking new programs who did not receive a 2022 TAD grant award can only choose Priority #3, and no other category.
* *Brief Description*: Enter a short description of how you are planning to use the requested amount, including type of program (treatment court or diversion), and primary services and activities. Depending on which Priority Category you are applying under, this response should address the nature of your program’s rising costs, planning/implementation of your new treatment court or diversion program, expansion or enhancement of your current program, or program evaluation project that you are seeking.
* *Justification for Request*: Enter an explanation and/or reason for increased costs, the nature of those costs, reasons for establishing a new program, reasons for seeking to expand or enhance your current program, or your proposed plan for program evaluation. This response should be no more than 2-3 paragraphs.

|  |  |  |  |
| --- | --- | --- | --- |
| Priority Type | Amount Requested | Brief Description | Justification for Request |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

1. **Complete the table below detailing past TAD Grant amounts (requested and spent) and the number of persons served in each year, for the years 2017-2022.**
NOTE: We will also be asking programs/sites to send an *Admission Summary* report from CORE in addition to the information you provide below. If you need assistance with running this report, please contact Mike Derr, Marsha Schiszik, or Alesha Hawkins with the CORE program (hawkinsab@doj.state.wi.us).

|  |  |  |  |
| --- | --- | --- | --- |
| Grant Year | Amount Awarded | Amount Spent | # Of Participants Served |
| Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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1. **Complete the table below briefly explaining what other sources of local, state or federal grant funding, county levy, insurance or other contributions you anticipate using to help support the costs of the treatment court and/or diversion programs for which you are seeking ’23 TAD grant funds. Please also provide the additional information requested below the table.**

|  |  |
| --- | --- |
| Source  | Estimated Amount |
| Click or tap here to enter text. | Click or tap here to enter text. |
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* Do you require providers to bill Medicaid or other insurance for services when possible? Yes [ ]  No [ ]
* Briefly describe your agency’s sustainability strategy for ensuring long-term funding and financial support of your programs. Click or tap here to enter text.