- Name of Proposed Program
- **Program Provider/Operated By**

# **Program Coordinator/Contact Information**

**Program Physical Address** 

# **Program Projected Start Date**

# **Program Description and Target Population**

- o Overall Description of the Program (can include logic model / theory of change)
- Evidence and Research-Base for Program Effectiveness / Reference for Listing Within Model Program Guide
- Program Goals/Expected Outcomes
- Program Content/Activities
- At Risk Need Areas and Protective Factors Program Designed to Target
- Identify the population to be served (age, gender, at-risk behavior(s) to be targeted, etc.)
- o Program Capacity or Maximum Number of Participants
- Program Length/Duration
- Hours of Operation
- Program Staffing

## **Program Budget**

- Please provide details regarding the planned budget for this proposed program.
- When applicable, please provide details regarding contracts (for purchased services from private or public providers; personnel costs; travel expenses; staff development; telecommunications; supplies and materials; and equipment/office space rental.
- Will this program be funded entirely by VJCCCA? If not, what other funding sources will be utilized?

## For Prevention Programs ONLY

#### **Assessment Tool**

- What tool will be used to screen youth for risk, as well as to establish the need for the program?
- o Who will administer the tool?

## **Referral Process Overview**

- o Referral Process
- Referral Sources

## **Data Collection and Tracking Plan**

o Describe plan for collecting and reporting youth-specific and program data

## Other

• Please provide any additional information to be considered.