

**REVIEW SHEET FOR TITLE IV SDFS
STAND ALONE RFA
2007-2008**

District _____

Contact Person/phone _____

1st Reviewer _____

Total Allocation _____

Date Received	Date(s) Review Completed & Forwarded to 2 nd Reviewer	Date(s) of 2 nd Review Final Approval & Forwarded to Next Step	Special Comments, if applicable

GRANT OVERVIEW

Name of Program	Proven/ Promising	Type of Program (ATOD, Violence, Discipline, etc)	Grade Level	Specific Program Expenses Total for Program
Budget Item Breakdown	Total Amount	Budget Item Breakdown	Total Amount	
Salary/Benefits		Travel		
Materials/Supplies		Evaluation		
Contracted Services (non-evaluation)		Equipment		

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Instructions: For each grant item, check the Yes, No, or NA Status column. A ‘Yes’ indicates that the grantee’s response is correct and aligned with our established SDFS expectations. A ‘No’ means that information is missing or that revisions are needed. Once revisions are completed to your satisfaction for the specified grant item, insert the date in the last column. Once revisions are complete, do not go back and change the status item to a yes. Use the Comment column to make notes about grant application information or revisions required, or dates of correspondence with the grantee. Be as succinct or as detailed as you choose. Append additional notes to the end of this document if you like. Please use SDFS Grant Application Interpretive Guidelines in conjunction with this review sheet.

Note: *NCLB Section 4114(f)(4)&(5) states that local educational agencies (LEAs) have up to 45 days from the time they are contacted, to submit requested revisions to the state educational agency. If the LEA fails to respond within 45 days, such application shall be deemed to be disapproved.*

DOE 100A (DOE cover page)	Status			Comments (when applicable)	Date (Revisions) Approved
	Y	N	NA		
1. Provides 2006-2007 federal SDFS district allocation.					
The Gun-Free Schools Act Data	Y	N	NA	Comments (when applicable)	Date (Revisions) Approved
1. Gun-Free Year box checked OR Section I: School Level Data Survey completed.					
2. Answers either yes or no to questions 1 & 2 in Section II: LEA Compliance With GFSA.				If either answer is no, then district is out of compliance. This requires follow up.	
Needs Assessment Overview	Y	N	NA	Comments (when applicable)	Date (Revisions) Approved
1a. Identifies at least 2 community characteristics that impact student ATOD use and violence behavior.					

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<p>3. Identifies the names of local-level data sources used to identify SDFS prevention needs in the district. For each data source identified, provides a brief explanation of what the data source measures.</p>					
<p>4. Completes table by listing 3-7 needs in order of priority.</p> <p>Lists each need in terms of student behavior, direction of change, and specific target population.</p> <p>Justifies the identified need by including</p> <ul style="list-style-type: none"> • The data indicator(s) used • Name and year(s) of data source(s) • A trend and/or comparison analysis. <p>Provides a rationale for need if not justified by the data.</p>					
District-Developed Goals	Y	N	N A	Comments (when applicable)	Date (Revisions) Approved
<p>1. Identifies at minimum one violence prevention goal AND one ATOD goal.</p>					
<p>2. Lists five-year goals that specifically address the identified needs.</p>					

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<p>3. Each district-developed goal identifies</p> <ul style="list-style-type: none"> • a target population • direction of change • amount of change • data element • baseline: year data source statistic 					
Collaborations	Y	N	N A	Comments (when applicable)	Date (Revisions) Approved
0. Identifies 3-5 collaborations.					
1. For each collaboration, provides agency name.					
2. For each collaboration, provides program title.					
3. For each collaboration, provides type of collaborator.					
4. For each collaboration, identifies the type of program.					
5. For each collaboration, identifies prioritized need(s) from Section 1, question #5 to be addressed.					
6. For each collaboration, identifies the primary target group to be served.					
7. For each collaboration, describes program activities/strategies that will be implemented.					

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Parent Involvement	Y	N	N A	Comments (when applicable)	Date (Revisions) Approved
1a. Describes how LEA will <u>publicize</u> opportunities for parents/families to participate in the planning and implementation of ATOD and violence prevention activities.					
1b. Identifies <u>what</u> opportunities LEA will make available for parents/families to help plan and implement ATOD and violence prevention activities.					
2a. Describes how LEA will <u>promote</u> opportunities for parents/families to participate in professional development, trainings or workshops in ATOD and violence prevention activities.					
2b. Identifies <u>what</u> activities are available for parents/families regarding professional development, trainings, or workshops in ATOD and violence prevention and/or child behavior management.					
Program Activity Profile (Repeat for each program.)	Y	N	N A	Comments (when applicable)	Date (Revisions) Approved
1. Provides Program Name.					
2a. If a promising program, identifies if program is district-developed or commercially- developed.					

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2b. Provides promising program information <ul style="list-style-type: none"> • a brief program description • the rationale for using the program • at least 2 primary scientifically-based research strategies. 					
2c. Provides both a date and a summary of most recent district evaluation results or other data about program effectiveness, if applicable.					
3. Identifies type of program.					
4. Identifies prioritized need(s) from Section 1, #5 this program will address.					
5. Identifies primary target group(s) served.					
6. Identifies at least 1 targeted change.					
7a Identifies planned program dosage: <ul style="list-style-type: none"> • number of schools • specific grade levels • time period or content area in which program will be implemented. 					
7b. Identifies personnel responsible for delivering program directly to students.					
7c. Describes method of training for personnel responsible for program delivery.					
7d(i). Identifies whether program has been implemented in the past regardless of funding source.					

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<p>7d(ii). If yes to 7d(i) - Identifies at least:</p> <ul style="list-style-type: none"> • number of years implemented, • program expansion, • program sustainability. 					
<p>7e. If yes to 7d(i), identifies program implementation challenges and program strategies for improvement.</p>					
<p>7f. Identifies tracking forms that will be used to assess accountability of program implementation</p> <ul style="list-style-type: none"> • at the classroom level • at the school level. 					
<p>7g. Identifies personnel at the school level responsible for filling out the above tracking forms.</p>					
<p>7h. Provides a date (or approximate date) the school-wide tracking form will be turned into the SDFS Coordinator.</p>					
<p>8a. Identifies if and when program was last evaluated within the district.</p>					
<p>8b. States whether or not this program will be evaluated in the 2006-07 school year.</p>					
<p>8c. States whether or not an outside evaluator will be used for program evaluation.</p>					
<p>9(i). Provides at least one program outcome objective that measures a change in student behavior or attitude.</p>					

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9(ii). Provides at least one program process (implementation) objective that measures fidelity of program delivery.					
Each objective contains the following components: <ul style="list-style-type: none"> • a target population • direction of change • amount of change • data element • baseline: year data source statistic 					
Program-Specific Expenses	Y	N	N A	Comments (when applicable)	Date (Revisions) Approved
10a. Lists only applicable costs that are specifically related to the program.					
10b. Provides a detailed description of use for funds for each line item. Provides a mathematical breakdown of any line item over \$2,000 except for exceptions stated in guidelines. Line items are not duplicated in the general project coordination expenses table.					

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General Project Coordination Expenses	Y	N	N A	Comments (when applicable)	Date (Revisions) Approved
11a. Lists only applicable general project coordination expenses.					
11b. Provides a detailed description of use for funds for each line item. Provides a mathematical breakdown of any line item over \$2,000 except for exceptions stated in guidelines. Line items are not duplicated in the program-specific expense table.					
11c. If funds are transferred to another Title, provides the name of the Title to which the funds are to be transferred.					
DOE 101 (DOE Budget page)	Y	N	N A	Comments (when applicable)	
1. Provides a detailed narrative for each line item.					
2. Provides information of transferability, if applicable: <ul style="list-style-type: none"> • Provides name of the other title program to which transferring funds • Provides amount of funding being transferred 					

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(cannot exceed 50% of total allocation).				
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Date Review Sheets Emailed to District (1st time) _____

Date District Submitted Revisions _____

Date Re-contacted District for Additional Revisions (if applicable) _____

Date District Submitted Additional Revisions (if applicable) _____