Good Grants

Community Corrections & Justice Reinvestment Grants Platform

Please contact your assigned Program Director with any questions or concerns about the 2022 Grant Application.

All CY2022 Applications must be submitted via Good Grants no later than Friday, July 9, 11:59 PM EST.

Good Grants Registration

To register for Good Grants, go to https://idocccgrants.grantplatform.com/

Complete the information required in the "Register" box.
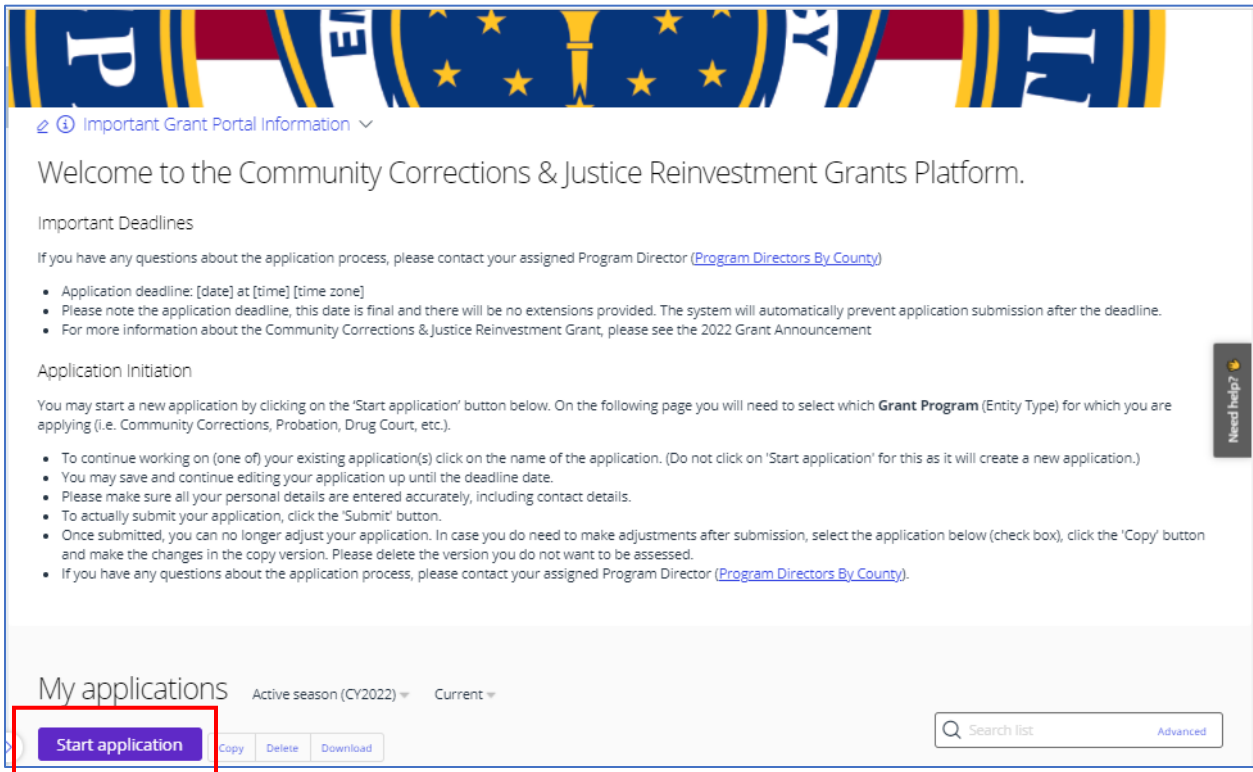
Start My Application

Once you are logged into Good Grants, your homepage will look similar to the screenshot below.

To begin an application for CY2022, click the purple "Start Application" button at the bottom left of your screen.

Good Grants Helpful Hints

- To continue working on (one of) your existing application(s) click on the name of the application. (Do not click on 'Start application' for this as it will create a new application.)
- You may save and continue editing your application up until the deadline date.
- Please make sure all your personal details are entered accurately, including contact details.
- To actually submit your application, click the 'Submit' button.
- **Once submitted, you can no longer adjust your application.** In case you do need to make adjustments after submission, select the application below (check box), click the 'Copy' button and make the changes in the copy version. Please delete the version you do not want to be assessed.

Application Layout

Tabs:

- Application Initiation
- Applicant Information
- Program Description
- Financial Support
- Budget
- Subcontracts
- CY2022 Performance Measures
- Supporting Materials

| Application Initiation | Applicant Information | Program Description | Financial Support | Subcontracts | Budget |
| CY2022 Performance Measures | Supporting material |
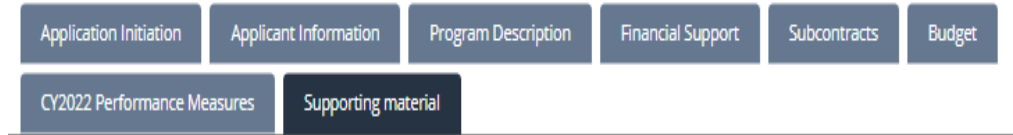
Conditional Tab:

➢ Residential/Work Release

| Application Initiation | Applicant Information | Program Description | Residential/Work Release | Financial Support |
| Subcontracts | Budget | CY2022 Performance Measures | Supporting material |
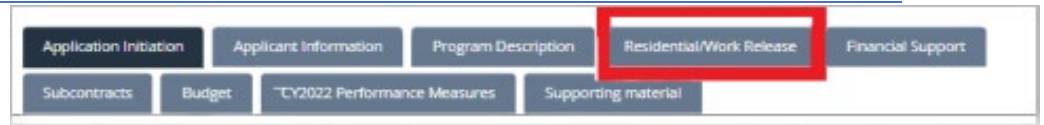
Application Initiation

Tab 1: Application Initiation

At the top left of each tab, you will see a tab heading that looks like: ✎ ⓘ Application Initiation ∧

ⓘ   Select the symbol to left to expand the heading for any special instructions for the page.
Please view right side of application screen for additional information

Fund Type

Community Corrections & Justice Reinvestment Grants (applica ∨

Grant Program   ⊕

Community Corrections
Court Programs
Jail Treatment
Pretrial Services
Probation
Prosecutor's Diversion

Community Corrections

Field Type: Drop Down List

Select Only One

2 Options:

Court Programs

Field Type: Drop Down List

Select Only One

7 Options:

In order to apply as **Pretrial Services,** you must be either:
- Indiana Office of Court Services Certified
- Seeking Indiana Office of Court Services Certification

Application Name

Field Type: Fill In the Blank

Include County and Agency

Applicant Information

Tab 2: Applicant Information

At the top left of each tab, you will see a tab heading that looks like:

ⓘ   Select the symbol to left to expand the heading for any special instructions for the page.
Please view right side of application screen for additional information

Oversight Agency
Field Type: Drop Down List

Select Only One

Oversight Agency:
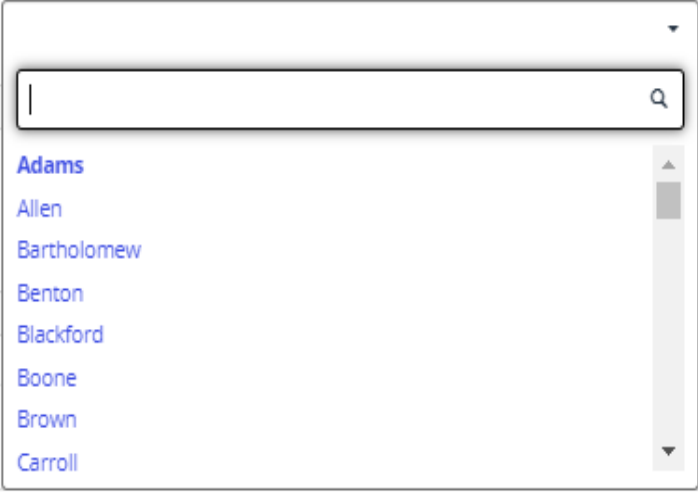
County Court Services
Community Corrections
Probation Department
Sheriff's Department
Prosecuting Attorney's Office

Advisory Board Name
Field Type: Drop Down List

Select Only One

Advisory Board Name:

Adams
Allen
Bartholomew
Benton
Blackford
Boone
Brown
Carroll

County Name
Field Type: Drop Down List

Select Only One

County Name:

Adams
Allen
Bartholomew
Benton
Blackford
Boone
Brown
Carroll

Agency Contact Information
Field Type: Fill in the blanks

Agency/Program Name:

Agency Address:

Agency Primary Contact Name:

Agency Primary Contact Title:

Agency Primary Contact Email:

Agency Primary Contact Phone Number:
+1 ▾ 201-555-0123

Agency Organizational Chart
Field Type: Attach File

Agency Organizational Chart:
Select file

Select one of the following options to proceed to next tab, review, or submit full application

Save + next   Save + close   Preview   Submit application

Program Description

Tab 3a: Program Description

At the top left of each tab, you will see a tab heading that looks like:

✎ ⓘ Program Description ∧

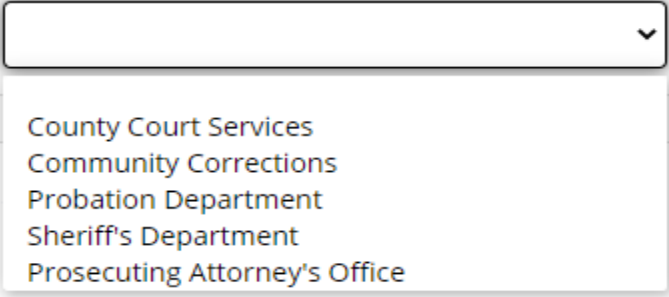ⓘ   Select the symbol to left to expand the heading for any special instructions for the page.
Please view right side of application screen for additional information

Program Status:

Field Type: Check Box

Select Only one

Program Status Select one of the options below:

☐ New Program
☐ Sustaining Program
☐ Modifying or Expanding Program

➤ *New Program*

Field Type:

Select Only One

Is the program currently in operation?

○ Yes
○ No

Program Description, Program Start Date, Statement of Need, and Target Population

Field Type: Fill in the blanks
Program Description-
(1000 words max)

Statement of Needs-
(500 words max)

.

Program Description: 0 / 1000 words

Program Start Date:

Statement of Need: *Indicate the need for this program as it relates to the target population and how the program will support evidence-based practices. Indicate how the proposed changes (if any) will enhance the program.*   0 / 500 words

Target Population: 0 / 100 words

Levels of Supervision/Program Components

Field Type: Check box

Select all that apply.

Levels of Supervision/ Program Components: Select any of the following components and/or equipment utilized by your agency.

☐ Home Detention
☐ GPS
☐ Residential/Work Release
☐ Day Reporting
☐ Alcohol Monitoring
☐ Community Service/Work Crew
☐ Other

➤ Other

Field Type: Fill in the Blank *(200 words max)*

Other Supervision Components: Please list any additional supervision components utilized by your agency not listed above.   0 / 200 words

➢ **Home Detention or GPS**
Field Type: Radio Button

Select only

Equipment Owned or Leased: Is the equipment utilized by your agency owned or leased?
- ◯ Owned
- ◯ Leased

➢ **Number of Units available**

Number of Units Available: ⓘ

[_____]

Types of Assessments

Field Type: Check box

Select all that apply.

Select N/A if not conducting assessment.

"Other and None" will prompt a conditional text box to list additional assessments.

Types of Assessments: Select all that apply.
- ☐ IRAS Pretrial Assessment Tool (PAT)
- ☐ IRAS Community Supervision Screening Tool (CSST)
- ☐ IRAS Community Supervision Tool (CST)
- ☐ IRAS Supplemental Re-entry Tool (SRT)
- ☐ Texas Christian University (TCU) Assessments
- ☐ STATIC-99
- ☐ Substance Abuse Subtle Screening Inventory (SASSI)
- ☐ Addiction Severity Index (ASI)
- ☐ Brief Symptom Inventory (BSI)
- ☐ Ontario Domestic Assault Risk Assessment (ODARA)
- ☐ Adult High School Equivalency
- ☐ None
- ☐ Other

➢ **Other**
Field Type: Fill In the Blank
(100 words max)

Other Assessments: List any additional assessments used that are not listed above.   0 / 100 words

[_____]

➢ **None**
Field Type: Fill in the Blank
(497 words max)

Explanation for Not Using Assessments: Provide an explanation for the agency not utilizing any assessments.   0 / 497 words

[_____]

Estimated number of Participants to be served, Full time Services Staff, and Average Caseload Size

Field Type: Fill in the Blanks.

Estimated Number of Participants to be served:

[   ]

Full Time Services Staff: The number of full time staff providing direct services.

[   ]

Average Caseload Size:

[   ]

Select one of the following options to proceed to next tab, review, or submit full application

Save + next   Save + close   Preview   Submit application

Residential/Work Release (Conditional Tab)

Tab 3b: Residential/Work Release

At the top left of each tab, you will see a tab heading that looks like: ✎ ⓘ Residential/Work Release ⌄

ⓘ   Select the symbol to left to expand the heading for any special instructions for the page.
Please view right side of application screen for additional information.

Application Initiation	Applicant Information	Program Description	**Residential/Work Release**	Financial Support
Subcontracts	Budget	CY2022 Performance Measures	Supporting material	

Type of Residential Facility
File Type: Radio Buttons

Select only one

Type of Residential/Work Release Facility:

◯ Jail Based
◯ Stand Alone

Facility Address
File Type: Fill in blank

Facility Address:

[   ]

Total Number of Beds (Male and Female)
File Type: Fill in blank

Total Number of Beds Available:

Total Number of Male Beds Available:

Total Number of Female Beds Available:

Additional Services Offered

File Type: Check Box

Click all that apply

Additional Services Offered:

- ☐ Supervises sex offenders
- ☐ Supervises CTP offenders
- ☐ Contracts with IDOC for work release beds
- ☐ Utilized as an intermediate sanction for Probation
- ☐ Supervises participants as a condition of Probation
- ☐ Supervises participants that have been directly placed into Community Corrections by the court
- ☐ Provides meals in-house
- ☐ None of the above
- ☐ Other

➢ **Other**
   Field Type: Fill in blank
   (498 words max)

Other Residential Services: List any additional services offered within your residential facility not listed above.   0 / 498 words

Select one of the following options to proceed to next tab, review, or submit full application

Save + next   Save + close   Preview   Submit application

Financial Support

Tab 4: Financial Support

At the top left of each tab, you will see a tab heading that looks like: ✎ ⓘ Financial Support ⌄

ⓘ   Select the symbol to left to expand the heading for any special instructions for the page.
Please view right side of application screen for additional information

Grant Funding and Program Fees

Field Type: Radio Buttons

Select only one per question

> **Does the program currently receive Community Corrections and Justice Reinvestment grant funding through IDOC?**
> ◉ Yes
> ○ No

➢ **Yes**

    Field Type: Fill In Blank
    (500 words max)

> **Funding Request Changes:** Briefly outline new and/or modified funding requests. Include the line item and identify the fiscal impact. ⑦   0 / 500 words

Program Fees

> **Does the program charge a fee to participants?**
> ◉ Yes
> ○ No

➢ *Yes*

    Field Type: Fill In Blank
    (100 words max)

> **Describe and list the program fees charged to participants.**   0 / 100 words

o *Upload Fee Schedule*
    Field Type: Attach File

> **Upload the Fee Schedule:**
> [Select file]

➤ *No*

    Field Type: Fill In Blank
(*100 words*

Describe how your program is sustained without participant fees.

Requested Full Time Staff

Field Type: Fill In Blank

Requested Total Full Time Staff: The number of full time positions that the proposal requests grant funding to support.

Treatment Types
Field Type: Check box

Select all that apply

Treatment Types: Select all applicable treatment types.
- [ ] Cognitive Behavioral Therapy
- [ ] Substance Abuse Treatment
- [ ] Mental Health Treatment
- [ ] Other

➤ Other
    Field Type: Fill In the Blank
(500 words max)

Other Treatment Types: List any additional treatment types not listed above.   0 / 500 words

Grant Funding for Programming
Field Type: Fill in the Blank

Amount of Grant Funding for Programming: Total amount of grant funds requested to support evidence-based programming.

US$

Plan to Sustain Operations

Field Type: Radio Buttons

Select Only one

Does the program have a plan in place to sustain operations in the absence of grant funding?
- ○ Yes
- ○ No

➤ Yes
    Field Type: Fill in the Blank
(*300 words max)*

Continuation of Operations: Indicate what plans have been considered to continue operations.   0 / 300 words

Select one of the following
options to proceed to next tab, review, or submit full application

Save + next   Save + close   Preview   Submit application

Subcontracts

Tab 5: Subcontracts

At the top left of each tab, you will see a tab heading that looks like: ✎ ⓘ Subcontract Awards ⌄

ⓘ   Select the symbol to left to expand the heading for any special instructions for the page.
Please view right side of application screen for additional information

Subcontracts

Field Type: Radio Buttons

Select Only One

> **Does the agency have a written agreement with any contractual service providers?**
>
> ○ Yes
> ○ No

➤ *Yes*

Field Type: Radio Buttons

Select Only One

> **Are Contractual Service providers paid with grant funds?**
>
> ◉ Yes
> ○ No

➤ *Yes*

Field Type: Fill in Blanks

> **Grant Funds Requested for Contracts:**
>
> | | Contracted Agency Name | Services Provided | Subcontract Amount |
> |---|---|---|---|
> | 1 | | | US$ |
> | 2 | | | US$ |
> | 3 | | | US$ |
>
> [Add row]
>
> Include all service contracts paid with grant funds for those providers providing direct services to participants.

Subcontract Grant Funding Total Requests

File Type: Fill In the Blank

> **Subcontract Grant Funding:** The total amount of grant funds requested to support contractual service providers. ⓘ
>
> [US$]

Select one of the following options to proceed to next tab, review, or submit full application

[Save + next]   [Save + close]   [Preview]   [Submit application]

Budget

Tab 6: Program Budget

At the top left of each tab, you will see a tab heading that looks like:

✎ ⓘ Program Budget ⌄

ⓘ Select the symbol to left to expand the heading for any special instructions for the page.
Please view right side of application screen for additional information

Upload Program Budget
File Type: Attach File

Upload Program Budget File:

Select file

Program Budget Summary
File Type: Fill in blanks

Calculations from above attached file.

Program Budget Summary: In the table below, type in the series totals for the program.

Budget Series	Grant Funding	Project Income/User Fees	County General	Other
1 Series 100	US$	US$	US$	US$
2 Series 200	US$	US$	US$	US$
3 Series 300	US$	US$	US$	US$
4 Series 400	US$	US$	US$	US$

Total Funding Requests
File Type: Fill in blanks

Total grant funding requests with all series combined.

Total Funding Request:

US$

Additional Grants
File Type: Fill in the Blanks
(*200 words max*)

Additional Grants: List any additional grants that the program is receiving or may receive during the grant cycle.   0 / 200 words

Select one of the following options to proceed to next tab, review, or submit full application

Save + next   Save + close   Preview   Submit application

CY2022 Performance Measures

Tab 7: CY2022 Performance Measures

At the top left of each tab, you will see a tab heading that looks like:

✎ ⓘ CY2022 Performance Measures ⌄

ⓘ Select the symbol to left to expand the heading for any special instructions for the page.
Please view right side of application screen for additional information

CY 2022 Goal 1
File Type: Fill In Blank
(50 words Max)

CY2022 Goal 1	0 / 50 words

❖ **Repeat Steps from CY2022 Goal 1 for CY2022 Goal 2 & CY2022 Goal 3.**

Measurements that Support Goals
Field Type: Check Box

Select all that apply

Based on the identified goals above, select the measurements that will be utilized to support the goals and desired outcomes during the grant cycle.

Filter list

☐ Select all   **0**

☐ Adherence of Target Population Criteria

☐ Successful Completions

☐ Rate of Technical Violations to Jail

☐ Rate of Technical Violations to Prison

☐ Rate Violations due to a New Arrest

Program Evaluation Process
File Type: Fill In blank
(500 words max)

Program Evaluation Process	0 / 500 words

Select one of the following options to proceed to next tab, review, or submit full application

Save + next   Save + close   Preview   Submit application

Supporting Material

Tab 8: Attachments Information

At the top left of each tab, you will see a tab heading that looks like: ✎ ⓘ Attachments information ⌄

ⓘ Select the symbol to left to expand the heading for any special instructions for the page.
Please view right side of application screen for additional information

Upload Supporting Documents
File Type: Check Box

☐ I confirm that I have uploaded all of the documents listed above.

File Type: Attach Files

Add attachments

Application Submission
File Type: Click Button

Save + next   Save + close   Preview   **Submit application**