

Livingston County Grant Opportunity Form

Department Applying & Department Contact Info: Juvenile Court

Today's Date: 05/30/2024

Employee preparing application: Deborah Shaw

Phone Number: 517-540-7739

Employee who will manage program

(if different): _____

Phone Number: _____

Name of Grant Applying for: Child and Parent Legal Representation Grant

Awarding Agency Name: MDHHS

Please check appropriate line:

Federal: _____

State: _____

Other: _____

Federal Assistance Listing Number: _____

Select one:

New Grant: _____ Recurring Grant: 2020

First Year Received

Short Description of the scope of the grant

25% reimbursement for legal representation services for parents and children in eligible child welfare cases.

Total program cost is \$285,000 with total reimbursement of \$71,250 (25%)

Start Date of Grant: 10/01/2024

End Date of Grant: 09/30/2025

Full Amount applying for:

Annual (Year 1 Total): \$ 71,250.00

Multi-Year Total:

(All years combined) _____

Match Requirements (if applicable):

Cash Match Requirement: \$ 0.00

In-Kind Match Requirement: _____

This grant is intended to fund the following (check all that apply)

Personnel _____

Equipment _____

Supplies _____

Contractual Services \$229,676

Capital Building/Equipment _____

Other (please note below) \$55,324

DeMinimus Rate

Training for Attorneys ^

Legal Fees / *Transcripts*

Signature of Applicant Department Head: Deborah Shaw / *DSS*

Date: 5/30/2024

Fiscal Services Signature: *[Signature]*

Date: 6/18/24