



Indiana Office of Court Services

Court Improvement Program

Applications are due no later than 4:00 p.m. EDT on July 31, 2026.

Return completed form to cip@courts.in.gov

This is a fillable form. Enter data in gray fields. Narrative fields are unlimited.

Section 1. Application

Name of Applicant	
Address	
City	
State	
Zip Code	
Telephone Number	
Email Address	

Who should be contacted on matters involving this grant?

Name		Title	
Address		City	
State	Indiana	Zip Code	
Email address			

Fiscal Agent contact

Name		Title	
Address		City	
State	Indiana	Zip Code	
Email address			

For FFY 2026 grant cycle applications will be for one amount regardless of how many programs/projects are included in the request. The details for each program/project will be required in the sections that follow.

Amount of CIP Funds Requested

Section 2. Project Abstract

Summarize the proposed program(s)/project(s) in 400 words or less. The abstract must include a brief description of each proposed program/project including the needs to be addressed, how the needs were identified, the proposed services, and the population to be served.

Section 3. Description, Need, Goals, Objectives and Outcomes

<p>A. Description - What will your program(s)/project(s) do? Provide a detailed description of each program/project to be implemented. (What? Describe the nature of the proposed program/project; Who? Specify and describe the target population(s) to be served; Where? Describe the location(s) where the program/project is to be administered; Why? Explain the rationale for the selection of the proposed program/project; How? List all relevant resources, activities, and methodologies necessary for the implementation of the proposed program/project).</p>
<p>B. Statement of Need – Provide a clear and succinct summary of the problem to be addressed by each program/project. Document the severity of the problem and how the proposed program/project will alleviate the stated problem. Provide specific information, including relevant research and data, detailing the need. Explain how that need is currently being met.</p>
<p>C. Goal(s)- Provide the goal(s) for each program/project. The goal(s) should be specific, realistic, and focused on what will be achieved. Hint: Goal(s) should directly address the problem identified in the statement of need.</p>
<p>D. Objectives- Provide objectives that measure progress toward achieving the goal(s). Hint: Objectives are the steps needed to achieve the goals. Objectives should be concrete, action-oriented, measurable and specific.</p>
<p>E. Performance Measures (Outcomes) – Provide at least 1 Outcome for each stated objective (outcomes quantitatively measure program impact). Hint: Outcomes measure objectives and are criteria for how the project is deemed to be effective.</p>

Section 4. Sustainability Plan

Describe how each (if more than one) program/project will continue when CIP funding ends. This plan should include potential funding streams, any local funding already available for this program/project, and strategies to ensure the program/project can sustain itself once CIP funding is no longer available.

Section 5. Budget Detail Worksheet

Use the auto-calculating budget chart to submit a proposed budget for the program(s)/project(s). The budget narrative and justification must be consistent with and support the project narrative. The budget narrative and justification must be concrete and specific. It must provide a justification for the basis of each proposed cost in the budget and how the cost was calculated. Examples to consider when justifying the basis of your estimates can be ongoing activities, market rates, quotes received from vendors, and/or historical records. The proposed costs must be reasonable, allowable, allocable, and necessary for the supported activity.

<i>Budget Item</i>	<i>Amount of CIP Funds Requested</i>	<i>Cash Match</i>	<i>In-Kind Match</i>	<i>Total Program(s)/Project(s) Cost</i>
Personnel (include taxes and benefits)				\$ 0.00
Contracted Services				\$ 0.00
Supplies				\$ 0.00
Equipment				\$ 0.00
Education/Training				\$ 0.00
Travel				\$ 0.00
Other				\$ 0.00
Totals	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Section 6. Budget Narrative

Please provide a detailed description of the budget items, justifying the cost by showing a relationship to the project activities. For requests involving more than one project please separate out the budget items by project in the narrative sections below. For those areas that have no budgeted item please indicate with "N/A".

<p>A. Personnel: Indicate each position name/title, project duties and responsibilities, level of effort (percentage of time that the position contributes to the project), the salary amount for each position and the fringe benefit rate used with a clear description of how the computation of fringe benefits was done (the justification must detail the elements that comprise the fringe benefits, e.g., FICA).</p>
<p>B. Contracted Services: List the name of each contracted provider, provide a description of the product or service to be provided, the contracted rate, estimate the time to be spent on the project, and all expenses to be paid from the grant to the contracted provider.</p>
<p>C. Supplies: List supplies by type, e.g., office supplies, postage, copies. The justification must include an explanation of the type of supplies to be purchased and how it relates back to meeting the project objectives. Describe the basis for the costs, specifically the unit cost of each item, number needed and total amount.</p>
<p>D. Equipment: List equipment by type, e.g., laptop computers, software, printers. The justification must include an explanation of the type of supplies to be purchased and how it relates back to meeting the project objectives. Describe the basis for the costs, specifically the unit cost of each item, number needed and total amount.</p>
<p>E. Education/Training: List the cost/fees associated with hosting/providing/sponsoring conferences and training events.</p>

F. Travel: Briefly note the purpose of the travel. Specify the costs associated with travel (e.g., mode of transportation, accommodations, per diem). For mileage, specify the number of miles and the cost per mile. For air transportation, specify the costs. For per diem, specify the number of days and daily cost. For lodging, specify the number of nights and daily cost.

List all travel expenses necessary for carrying out the grant program, including the cost of attending grant related training or conferences. Travel expenses should align with the state policy in effect at the time the activity is conducted. See the Indiana Department of Administration web page at <https://www.in.gov/idoa/2459.htm> for further information.

G. Other: For costs not specifically identified above, list its purpose, quantity, unit cost and budget total. Costs that fall under “Other” would include rent, utilities, client incentives.

CERTIFICATION

I have read the foregoing application and proposed budget, and I certify that the statements are true, complete and accurate to the best of my knowledge. If awarded a grant under this proposal, I agree to comply with any resulting terms and conditions and agree to use the funds in the manner outlined in this application. I also understand and agree that the CIP reserves the right to reduce the grant award or terminate the grant at any time if it becomes apparent that the grant funds are not being used or will not be expended by the end of the grant period.

Signature of Judge or Authorized Representative:

(Electronic signature is acceptable: i.e., the indicator /s/ followed by the person’s name)

Typed Name of Authorized Representative

Title of Authorized Representative

Signature of Authorized Representative

Date Signed