

Good Grants

Contents

Good Grants Registration.....	2
Start My Application	3
Application Layout	4
Application Initiation.....	5
Application Information	7
Program Description	9
Residential/Work Release (Conditional Tab).....	15
Financial Support	16
CY2025 Requested Budget.....	18
CY2025 Contractual Budget	20
Subcontracts	21
Supporting Material.....	22

Community Corrections & Justice Reinvestment Grants Platform

Please contact your assigned Program Director with any questions or concerns about the 2024 Grant Application.

All CY2025 Applications must be submitted via Good Grants no later than Friday, April 12, 2024 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" section (displayed in red box).

If you already have an account, complete the information in the "Log In" section (displayed in blue box).



Start here

- 1 Register an account.
- 2 Start your application (save it in-progress).
- 3 Submit your application to be reviewed.

For any questions, please contact [email](#)

[p](#) [in](#) [f](#) [t](#) [e](#) [+](#) 2

Register

First name

Last name

Email

Mobile (optional)

Password
Must be at least 12 characters, including a number, an uppercase letter, and a special character.

Confirm password

I have read and agree to the [privacy policy](#), [cookie policy](#) and [terms of service](#).

I agree to receive notification and communication emails or SMSs from IDOCCommunityCorrections. You may withdraw your consent at any time.

Log in

Email or mobile

Password

Remember me

[Forgot password](#)

Start My Application

After you log into "Good Grants," your homepage will look similar to the screenshot below.

To begin an application for CY2025, "Start Application" button at the bottom left of your screen.

[📄 Important Grant Portal Information](#) ▾

Welcome to the Community Corrections & Justice Reinvestment Grants Platform.

Important Deadlines

If you have any questions about the application process, please contact your assigned Program Director

- Application deadline: April 28th, 2023 11:59pm EST
- Please note the application deadline. This date is final and there will be no extensions provided. The system will automatically prevent application submission after the deadline.
- For more information about the Community Corrections & Justice Reinvestment Grant, please see the [CY2024 Budget Template](#)

Application Initiation

You may start a new application by clicking on the 'Start application' button below. On the following page you will need to select which **Grant Program** (Entity Type) for which you are applying (i.e. Community Corrections, Probation, Drug Court, etc.). Be sure to complete your budget using the [CY2024 Budget Template](#)

- To continue working on (one of) your existing application(s) click on the name of the application. (Do not click on 'Start application' as it will create a new application.)
- You may save and continue editing your application up until the deadline.
- Please make sure all personal details are entered accurately, including contact details.
- To 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.
- If you have any questions about the application process, please contact your assigned Program Director.

My applications

[Advanced](#)

Start application



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 submit your application, click the 'Submit' button at the bottom of the screen.
- **Once submitted, you can no longer amend your application.** In case you do need to make amendments 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

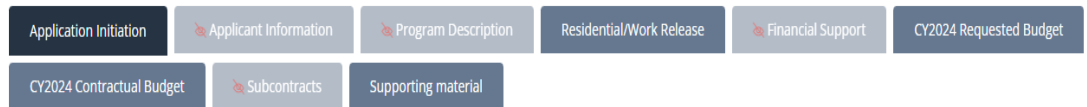
Tabs:

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



Conditional Tab:

- Residential/Work Release



Application Initiation

Tab 1: Application Initiation

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



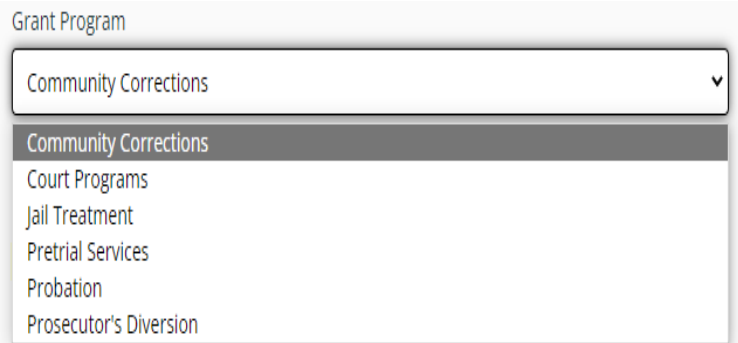
- Select the "i" symbol to the right of tab title to expand the heading for special instructions for the page. Please view right side of application screen for helpful instructional information and tips.

Grant Program

Field Type: Drop Down List

Select Only One

6 Options:

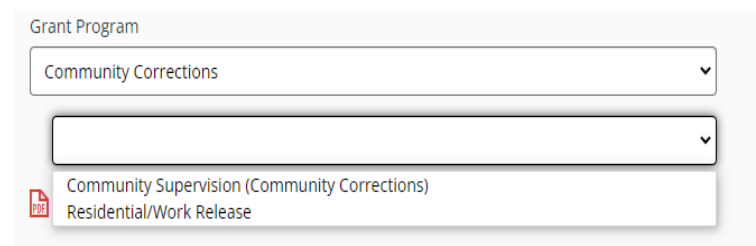


Community Corrections

Field Type: Drop Down List

Select Only One

2 Options:

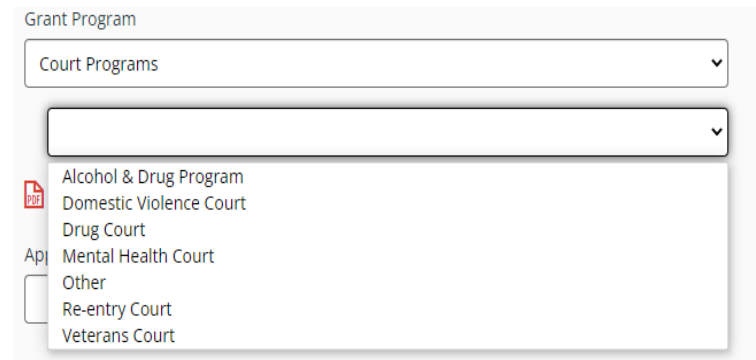


Court Programs

Field Type: Drop Down List

Select Only One

7 Options:



To apply as **Pretrial Services**, you must be either:

- Indiana Office of Court Services Certified

Application Name

Field Type: Fill in the Blank

Include County and Agency

Application name

Elkhart County Community Corrections

Eligibility Criteria

File Type: Check box

Eligibility Criteria

Each program proposal must be approved by an established Community Corrections Advisory Board under [IC 11-12](#)

For additional eligibility requirements, please refer to the [CY2024 Request for Proposals Guidelines](#)

I confirm that I meet the eligibility criteria for this grant

Select one of the following options to save and proceed, save and close, preview, or submit FULL application

Save + next

Save + close

Preview


Submit application

Applicant Information

Tab 2: Applicant Information

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

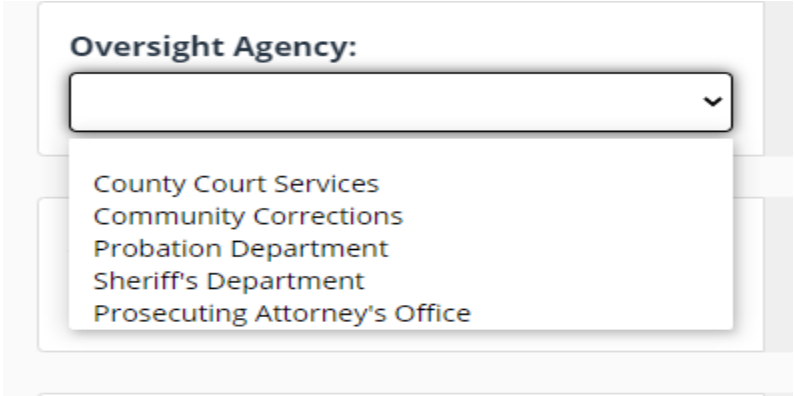
 [Application Initiation](#) ^

 Select the "^" symbol to the right of tab title to expand the heading for special instructions for the page. *Please view right side of application screen for helpful instructional information and tips.*

Oversight Agency

Field Type: Drop Down List

Select Only One



The screenshot shows a dropdown menu titled "Oversight Agency:". The menu is open, displaying a list of options: County Court Services, Community Corrections, Probation Department, Sheriff's Department, and Prosecuting Attorney's Office. A small downward arrow is visible in the top right corner of the dropdown box.

Advisory Board Name&

County Name

Field Type: Drop Down List:



The screenshot shows a dropdown menu titled "Advisory Board Name:". The menu is open, displaying a list of county names: Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, and Carroll. A search bar with a magnifying glass icon is located above the list. A vertical scrollbar is visible on the right side of the list.




The screenshot shows a dropdown menu titled "County Name:". The menu is open, displaying a list of county names: Adams, Allen, Bartholomew, Benton, Blackford, Boone, Brown, and Carroll. A search bar with a magnifying glass icon is located above the list. A vertical scrollbar is visible on the right side of the list.

[Agency Contact Information](#)

Field Type: Fill in the blanks

Agency/Program Name:

Agency Address:

Grant Director Name: 

Grant Director Title:

Grant Director Email:

Grant Director Phone Number:

[Agency Organizational Chart](#)

Field Type: Attach File

Agency Organizational Chart:



Drag your file here
or

Select file

[Select one of the following options to save and proceed, save and close, preview, 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 the right of tab title to expand the heading for special instructions for the page. *Please view right side of application screen for helpful instructional information and tips.*

Program Status: -

Field Type: Radio Button

Select Only one

- [Sustaining & Modifying or Expanding Program ONLY](#)

Field Type: Radio Button

Select Only One

- [Court Programs & Pre-trial Programs ONLY](#)

Field Type: Radio Button

Select Only One

Program Implementation Date, Statement of Need, and Target Population

Field Type: Fill in the blanks

Statement of Need-
(500 words max)

Target Population-
(100

Program Status: Select one of the options below.

- New Program
- Sustaining Current Program
- Modifying or Expanding Program

Is this program currently receiving IDOC grant funding?

- Yes
- No

Indiana Office of Court Services (IOCS) Certification Status:

- Certified
- Letter of Intent Submitted
- Not Seeking Certification

Program Implementation Date:

Statement of Need: Indicate the need for this program in your local community. Utilize local data to explain/demonstrate the stated need. 0 / 500 words

Target Population:

0 / 100 words

max)

Populations Served by this Program

Field Type: Check box

Select all that apply.

Populations Served by this Program:

- Males
- Females
- Pretrial
- Post Conviction
- Sex Offenders
- Other

Other

Field Type: Fill in the Blank **(100 words max)**

Other Populations Served by this Program:

0 / 100 words

Estimated number of Participants to be served

Field Type: Fill in the Blanks

Estimated Number of Participants to be served:

Eligibility Criteria

Field Type: Radio Buttons

What kind of eligibility criteria does your agency use?

- Inclusionary Criteria
- Exclusionary Criteria
- Both

Participant Criteria

Field Type: Fill in the Blanks

Participant Criteria Describe the criteria that must be met to be referred to this program.

0 / 200 words

File Type: Attach File

Participant Criteria Policy: (optional)



Drag your file here

or

Select file

Program Design and Description

Field Type: Fill in the Blanks

Program Design and Description: General description that outlines the program for which you are applying. 0 / 1000 words

In-house Program and Service Types

Field Type: Check box

Select all that apply.

In-house Program and Service Types: Select all applicable programs treatment under this grant program.

- Stability Services
- Educational Services
- Financial Services
- Employment Services
- Cognitive Behavioral Therapy
- Substance Abuse Treatment
- Mental Health Treatment
- Other

Other In-house Treatment or Service Types

Field Type: Fill in the blank
(100 words max)

Other In-house Treatment or Service Types: List any additional treatment types not listed above. 0 / 500 words

Referral Program and Service Types

Field Type: Check Box

Referral Program and Service Types

- Stability Services
- Education Services
- Financial Services
- Cognitive Behavioral Therapy
- Substance Abuse Treatment
- Mental Health Treatment
- Other

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 for this program.

- Home Detention
- GPS
- Residential/Work Release
- Day Reporting
- Alcohol Monitoring
- Community Service/Work Crew
- N/A
- Other

Quality Assurance Policy

Quality Assurance Policy: (optional)



Drag your file here
or

Select file

Other Supervision Components

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

Equipment Owned or Leased (HD and GPS ONLY)

Field Type: Radio Button
Select one

Monitoring Services provided by (LEASED ONLY):

Field Type: Radio Button

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

- Owned
- Leased

Are monitoring services provided in-house (by agency staff) or by a contracted agency?

- In-house
- Contracted Agency

Contracted Agency

Field Type:
Fill in the blank

Contracted Agency providing monitoring services: 0 / 5 words

Number of Units available

Field Type: Fill in the blank
(5 words max)

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 textbox 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)
- University of Rhode Island Change Assessment Scale
- 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
- DSM-V
- 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 theBlank
(500 words max)

Explanation for Not Using Assessments: Provide an explanation for the agency not utilizing any assessments. 0 / 500 words

Full Time Services Staff, and Average Caseload Size

Field Type: Fill in the Blanks.

Full Time Services Staff: The number of all full time staff providing direct services. (Include staff paid by all funding sources)

Average Caseload Size:

Select one of the following options to save and proceed, save and close, preview, 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 the right of tab title to expand the heading for special instructions for the page. *Please view right side of application screen for helpful instructional information and tips.*

Application Initiation Applicant Information Program Description **Residential/Work Release** Financial Support Subcontracts Budget

Performance Measures Supporting material

Type of Residential/Work Release Facility

Field Type: Radio Buttons
Select only one

Type of Residential/Work Release Facility:

- Jail Based
- Stand Alone

Population

Field Type: Fill In the Blank

What is the current population of your facility?

0 / 50 words

Total Number of Beds (Male and Female)

Field Type: Fill in the blanks

Total Number of Beds Available:

Total Number of Male Beds Available:

Total Number of Female Beds Available:

Select one of the following options to save and proceed, save and close, preview, 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 the right of tab title to expand the heading for special instructions for the page. *Please view right side of application screen for helpful instructional information and tips.*

Program Fees

Field Type: Radio Buttons

➤ [Yes](#)

Field Type: Fill InBlank
(100 words max)

○ [Upload Fee Schedule](#)

Field Type: Attach File

➤ [No](#)

Field Type: Fill InBlank
(100 words max)

Additional Grants

Field Type: Fill In The Blank
(200 words max)


Does the program charge a fee to participants?

Yes

No

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

Upload the Fee Schedule: (optional)


Drag your file here
or
[Select file](#)

How is the program sustained without participant fees?

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

Sustaining of Operations

Field Type: Radio Button

Is the program able to sustain operations, at least partially, in the absence of grant funding?

- Yes
- No

Continuation of Operations

Field Type: Fill in The Blank (300 words max)

Continuation of Operations: Indicate how support for the program will be encouraged, attained, and continued in the event that grant funding is reduced or discontinued 0 / 300 words

Select one of the following options to save and proceed, save and close, preview, or submit FULL application

Save + next

Save + close

Preview


Submit application

CY 2025 Requested Budget

Tab 5: CY2025 Requested Budget

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




-  Select the "i" symbol to the right of tab title to expand the heading for special instructions for the page. *Please view right side of application screen for helpful instructional information and tips.*

Upload Program Budget File

Field Type: Attach File

Upload File

Upload Program Budget File:


Drag your file here
or
[Select file](#)

Total Grant Funding Requests

Field Type: Radio Buttons

Total CY2024 GRANT Funding Request:

Applying for IOCS Funding

Field Type: Radio Buttons

Are you applying for IOCS Grant funds in addition to IDOC grant funds?

Yes

No

➤ Total CY2025 IOCS Grant Request **Field**

Type: Fill InBlank (100 words max)

Total CY2024 IOCS Grant Funding Request

Request for In-House Programming

Field Type: Fill in The Blank

Grant Funds Requested for IN HOUSE Programming: Total amount of IC 11-12 funds (not in 300 series/ contracts) requested to support evidence-based programming.

Number of NEW Full Time Staff Requested

Field Type: Fill in the blank

Number of NEW Full Time Staff Requested:

Budget Changes and Justification per Series

Field Type: Fill in the blanks

(100 words max per series)

Budget Changes: 100 Series

0 / 100 words

Budget Changes: 200 Series

0 / 100 words

Budget Changes: 300 Series

0 / 100 words

Justification: 400 Series

0 / 100 words

Select one of the following options to save and proceed, save and close, preview, or submit FULL application

Save + next

Save + close

Preview

Submit application

CY2025 Contractual Budget

Tab 7: Contractual Budget

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

- ① Select the "i" symbol to the right of tab title to expand the heading for special instructions for the page.
Please view right side of application screen for helpful instructional information and tips.

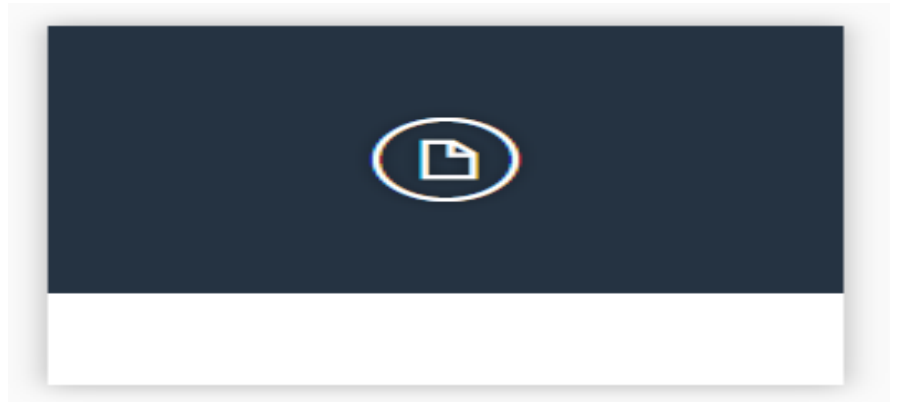
Confirmation that Final Budget Uploaded

Field Type: Radio
Buttons

I have uploaded my Final CY2024 Budget file to this page.

Upload CY2025 Contractual Budget

Field Type: Attach
File
Upload File



Select one of the following options to save and proceed, save and close, preview, or submit FULL application

Save + next

Save + close

Preview


Submit application

Subcontracts

Tab 6: Subcontracts

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

 Subcontract Awards 

-  Select the "i" symbol to the right of tab title to expand the heading for special instructions for the page. *Please view right side of application screen for helpful instructional information and tips. information*

Subcontracts

Field Type: Radio Buttons



Yes

Field Type:

Check box & Fill in the blank

Are Contractual Service providers paid with funds outlined by IC 11-12?

- Yes
- No

I understand that all subcontracted agencies and services will have a written agreement outlining terms and conditions for subawarded funding on file and available to IDOC upon request.

Briefly describe the services provided by Contractual Service Providers:

0 / 300 words

Select one of the following options to save and proceed, save, and close, preview, 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 

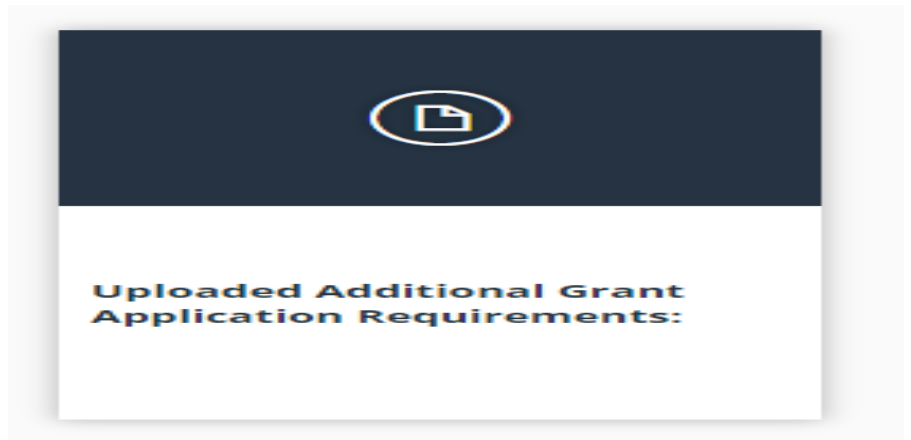
-  Select the "^" symbol to the right of tab title to expand the heading for special instructions for the page.
Please view right side of application screen for helpful instructional information and tips.

Upload Supporting Documents

Field Type: Check Box

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

Field Type: Attach Files
Upload Documents



Application Submission

Field Type: Click Button

