



NEW JERSEY CHILD ASSAULT PREVENTION

Program Application – 2018/2019

Elementary, Teen & Special Needs

NJ Child Assault Prevention (NJ CAP) seeks to improve school climate, strengthen families and reduce students’ vulnerability to assault and bullying. NJCAP is funded through the NJ Department of Children and Families and is supported by the NJ Department of Education with 21 County CAP Offices and over 200 program facilitators. To date, NJCAP has trained over 4 million students, parents and school staff. To learn more about the CAP program and network visit www.njcap.org

Applications must be submitted via email to njcap.applications@gmail.com

The District Superintendent will complete the following application, review and sign implementation timelines and contract criteria, and submit it to **NJ CAP State Office, by June 29, 2018.**

In order to maximize funds, each district is requested to provide a minimum contribution of **30%** of the total cost of implementation.

The district match may only be waived if there is a demonstrable financial need, eligibility for urban aide funding or other related factors. In these circumstances, a waiver letter on **school district letterhead** from the Chief School Administrator, must accompany this application. **Exemption requests will not be approved without the waiver letter.**

Depending on availability of funds, districts may be responsible for additional funding.

(Please Print or Type)

COUNTY: _____ SCHOOL DISTRICT: _____

NAMES of SCHOOLS: _____

DISTRICT SUPERINTENDENT NAME: _____

PHONE: _____ EMAIL: _____

MAILING ADDRESS: _____



Elementary CAP Program

This application is for Pre–K, Kindergarten, (within the district) and Grades 1- 6. (See page 7 for specific information about each program.)

PLEASE COMPLETE FUNDING REQUEST:

The following should be completed in conjunction with the CAP County Coordinator. The CAP program requires a **1½ hour staff in-service** of continuous time for teachers who have not had CAP training in the last three years. The in-service date should be reserved in advance. A **1½ hour parent workshop** is also required for each school; however, where low attendance is anticipated, schools are encouraged to combine these workshops.

Funding may not be authorized to districts who cannot guarantee in-service dates.

Please indicate a tentative in-service date _____

Elementary Program (Grades Pre K - 6)

a) \$181.00 x _____ # of **Pre-K classes** = \$ _____

b) \$169.00 x _____ # of **Kindergarten classes** = \$ _____
(AM Classes & PM Classes)

c) \$130.00 x _____ # of classes **1 - 6** = \$ _____
(Includes **all classes other than** cognitively impaired
- see page four for special needs classes)

d) \$168.00 x _____ # of Staff workshops = \$ _____

e) \$168.00 x _____ # of Parent workshops = \$ _____

Total cost of implementation (a+b+c+d+e) = \$ _____

District contribution – 30% minimum minus \$ _____

State CAP Funding = \$ _____

Partial grants may be awarded.

If the application is not approved for CAP funding, the district may still implement the CAP program using other funding sources. Visit the NJ CAP website at www.nicap.org to download additional applications.

TEEN CAP PROGRAM

This application is for **Teen CAP, Grades 7-12**. (See page 7 for specific information about program.)

PLEASE COMPLETE FUNDING REQUEST:

The following should be completed in conjunction with the CAP County Coordinator. The CAP program requires a **1½ hour staff in-service** of continuous time for teachers who have not had CAP training in the last three years. The in-service date should be reserved in advance. A **1½ hour parent workshop** is also required for each school; however, where low attendance is anticipated schools, are encouraged to combine these workshops.

Funding may not be authorized to districts who cannot guarantee in-service dates.

Please indicate a tentative in-service date _____

Teen CAP Program (grades 7- 12)

a) \$191 x _____ # of _____ **grade classrooms** = \$ _____

b) \$168 x _____ # of **Staff workshops** = \$ _____

c) \$168 x _____ # of **Parent workshops** = \$ _____

Total cost of implementation (a+b+c) = \$ _____

District contribution - 30% minimum minus \$ _____

State CAP Funding = \$ _____

Partial grants may be awarded.

If the application is not approved for CAP funding, the district may still implement the CAP program using other funding sources. Visit the NJ CAP website at www.njcap.org to download additional applications.

SPECIAL NEEDS CAP PROGRAM

This application is for the CAP program designed for **Intellectually Disabled** students. (See page 7 for specific details on program.)

PLEASE COMPLETE FUNDING REQUEST:

The following should be completed in conjunction with the CAP County Coordinator. The CAP program requires a **1½ hour staff in-service** of continuous time for teachers who have not had CAP training in the last three years. The in-service date should be reserved in advance. A **1½ hour parent workshop** is also required for each school; however, where low attendance is anticipated schools, are encouraged to combine these workshops.

Funding may not be authorized to districts who cannot guarantee in-service dates.

Please indicate a tentative in-service date _____

| | | |
|--|-------|----------|
| a) \$307 x _____ # of intellectually disabled classes | = | \$ _____ |
| b) \$168 x _____ # of Staff workshops | = | \$ _____ |
| c) \$168 x _____ # of Parent workshops | = | \$ _____ |
| Total cost of implementation (a+b+c) | = | \$ _____ |
| District contribution - 30% minimum | minus | \$ _____ |
| State CAP Funding | = | \$ _____ |

Partial grants may be awarded.

If the application is not approved for CAP funding, the district may still implement the CAP program using other funding sources. Visit the NJ CAP website at www.njcap.org to download additional applications.

CONTRACT CRITERIA

A school district which chooses to nominate itself will meet the following criteria:

1. Will agree to have CAP County Coordinator and CAP Facilitators implement the CAP programs according to the design of the International Center for Assault Prevention, including:
 - a. **Administrative Set up Meeting** - 30-60 minutes - Involving principal and CAP County Coordinator to discuss all specifics of the programming and scheduling.
 - b. **Teacher-Staff Workshops** - Provide *1½ hours* of **continuous** and **uninterrupted** time for teacher/staff in service.
 - c. **Support Staff** - (e.g. bus drivers, crossing guards, maintenance, lunch aides and kitchen staff) will be invited to participate in parent or staff workshops.
 - d. **Parent Workshops** - Provide space to conduct a 1½ to 2 hour parent workshop.
 - e. **Pre-K**- Provide one hour on three consecutive days for the classroom workshop and for review time. The school will allow the post workshop review to take place in the classroom. Children interested in participating in the Review Time shall be permitted the time to attend.
 - f. **Kindergarten**- Provide one hour on two consecutive days for classroom workshop and for review time. The school will allow the post workshop review to take place in the classroom. Children interested in participating in the Review Time shall be permitted the time to attend.
 - g. **Elementary CAP Children Workshops** - Provide 1½ hours of uninterrupted time for each workshop and for post workshop review. The school will provide space for the post workshop review. Children interested in participating in the Review Time shall be permitted the time to attend.
 - h. **Teen CAP Student Workshops** - Provide additional staff coverage for day two and three. Provide time for each class to attend three student workshops on three sequential days, within a maximum of seven school days. The school will provide the following: space on the first day for one joint workshop which will include both male and female students; space for two separate and simultaneous workshops, one male and one female, the second and third day; space for the post workshop review for individual students to meet with workshop facilitators each day.
 - i. **Special Needs (Intellectually Disabled)** - Provide five consecutive days for student workshops (Day 1 and 5 taught by the classroom teacher. Day 2, 3 & 4 are presented by CAP Facilitators. One hour of uninterrupted time for each workshop and for post workshop review.) **(Note: This program is designed for students with moderate to severe intellectual impairment in self-contained special education settings. Students with mild intellectual disability should receive CAP in the regular education classroom with typically developing peers.)**
2. All elementary and/or secondary schools in a district will participate.
3. All districts will have school board approval.
4. All districts will have support of home/school organization.
5. All districts will be available for implementation during the months of September 2018-May 2019.
6. **All districts will participate in a CAP evaluation process which will require that each teacher complete an evaluation of the classroom workshop and the School Principal or Chief School Administrator complete an in-person exit interview with the CAP County Coordinator to be submitted to NJ CAP RTC.**

I have read and agreed to the above terms for application to this grant application.

District Superintendent Signature

Date

NEW JERSEY CAP TIME LINES/DEADLINES

By February 2018- CAP application will be available on-line at www.njcap.org .

By June 30, 2018 – **Application Deadline**- All District Superintendents interested in applying for CAP monies will complete the application, receive school board approval and return application to the CAP State Office.

By August 31, 2018- The CAP State Office in conjunction with County Superintendents and CAP County Coordinators will have selected school districts and notified them of this selection.

By January 31, 2019- All CAP grant workshops will have been scheduled with the CAP County Coordinator.

By May 29, 2019 - All CAP workshops will have been completed. Deadline extensions must be approved by the State CAP Office.

I have read and agreed to the above deadlines and I understand that they are essential for the efficient implementation of the CAP program within my district. I understand that by signing this document, the school district will be committed to implement the CAP Program as indicated by Timelines/Deadlines and Contract Criteria.

District Superintendent Signature

Date