



# NEW JERSEY CHILD ASSAULT PREVENTION

Program Application – 2022/2023

Elementary, Teen & Special Needs

**New Jersey Child Assault Prevention (NJ CAP) fulfills the Erin’s Law compliance requirement.** Erin’s Law (A-769/S-1130), signed in 2019, requires all New Jersey school districts to incorporate age-appropriate sexual abuse prevention and awareness education into the New Jersey Student Learning Standards from Pre-K through grade 12. This legislation also requires the training of school personnel on sexual assault awareness and prevention.

<https://www.nj.gov/education/broadcasts/2020/mar/05/DCF%20Provides%20Resources%20for%20Schools%20to%20Comply%20with%20Erins%20Law%20on%20Assault%20Awareness%20Prevention.pdf>

NJ CAP is funded through the NJ Department of Children and Families with 21 County CAP Offices. To learn more about the NJ CAP program, visit [www.njcap.org](http://www.njcap.org)

**Applications must be submitted via email to [njcap.applications@gmail.com](mailto: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 August 30, 2022.**

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)

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 6 for specific information about each program.)

**PLEASE COMPLETE FUNDING REQUEST:**

The following should be completed in collaboration with the CAP County Coordinator. The CAP program requires a **staff in-service** for teachers who have not had CAP training in the last three years. The in-service date should be reserved in advance. A **parent workshop** is required for each school; however, districts may opt for a district wide parent workshop.

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 <b>Pre-K classes</b>	=	\$ _____
b) \$169.00 x _____ # of <b>Kindergarten classes</b> (AM Classes & PM Classes)	=	\$ _____
c) \$130.00 x _____ # of classes <b>1 - 5</b> (Includes <b>all classes other than</b> cognitively impaired - see page four for special needs classes)	=	\$ _____
d) \$109.00 x _____ # of 6 <sup>th</sup> grade classes	=	\$ _____
e) \$168.00 x _____ # of Staff workshops	=	\$ _____
f) \$168.00 x _____ # of Parent workshops	=	\$ _____
Total cost of implementation (a+b+c+d+e+f)	=	\$ _____
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.

## TEEN CAP PROGRAM

This application is for **Teen CAP, Grades 7-12**. (See page 6 for specific information about program.)

**PLEASE COMPLETE FUNDING REQUEST:**

The following should be completed in collaboration with the CAP County Coordinator. The CAP program requires a **staff in-service** for teachers who have not had CAP training in the last three years. The in-service date should be reserved in advance. A **parent workshop** is required for each school; however, schools districts may opt to provide a district wide parent workshop.

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.

## SPECIAL NEEDS CAP PROGRAM

This application is for the CAP program designed for **Intellectually Impaired** students. *(See page 6 for specific details on program.)*

### PLEASE COMPLETE FUNDING REQUEST:

The following should be completed in collaboration with the CAP County Coordinator. The CAP program requires a **staff in-service** for teachers who have not had CAP training in the last three years. The in-service date should be reserved in advance. A **parent workshop** is required for each school; however, school districts may opt to provide a district wide parent workshop.

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

Please indicate a tentative in-service date \_\_\_\_\_

a) \$307 x _____ # of <b>intellectually impaired classes</b>	=	\$ _____
b) \$168 x _____ # of <b>Staff</b> workshops	=	\$ _____
c) \$168 x _____ # of <b>Parent</b> 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.



## CONTRACT CRITERIA

**A school district which chooses to apply for funding will meet the following criteria:**

1. The district will support the implementation of the CAP model according to the design of the International Center for Assault Prevention (ICAP) 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 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 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 time for each class to attend three student workshops on three sequential days, within a maximum of seven school days. The school will provide space for the post workshop review for individual students to meet with workshop facilitators each day, if interested.
  - i. **Special Needs (Intellectually Disabled)** - Provide five consecutive days for student workshops (Day 1 and 5 taught by the classroom teacher. Days 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 schools in a district will participate, if funding allows.
3. All districts will have school board approval.
4. All districts will be available for implementation during the months of September 2022-May 2023.
5. **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.**
6. After the CAP project has finished implementation, the district administration will continue to encourage their staff, guardians and students and parents to utilize CAP strategies in the classroom and in the community.

**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 2022-** CAP application will be available.

**By August 30, 2022 – 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 September 30, 2022-** 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, 2023-** All CAP grant workshops will have been scheduled with the CAP County Coordinator.

**By June 15, 2023 -** 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