



For Internal Use Only

Date Received _____

Date Reviewed _____

Accepted _____

Denied _____

**MULTI DISCIPLINARY CHILD ABUSE INVESTIGATION TEAM
DEVELOPMENT GRANT APPLICATION**

1. TEAM INFORMATION (attach a copy of team protocol to application)

TEAM NAME _____

DATE OF REQUEST _____ LAST MDT MEETING DATE _____

2. CONTACT INFORMATION

CONTACT PERSON _____ DISCIPLINE _____

ADDRESS _____ CITY _____ ZIP _____

PHONE _____ EMAIL _____

3. GRANT REQUEST TOTAL AMOUNT REQUESTED: \$ _____

PURPOSE: (mark one area) TEAM START UP ___ TRAINING ___ EQUIPMENT ___ OTHER ___

CHECK SHOULD BE MADE PAYABLE TO: _____

4. Please submit the following information with this Grant request form:

- A) COMPLETE description of Training
 - a) Training Brochure would be preferred
 - b) Itemized amount(s) needed:
 - c) Registration amount(s)
 - d) Per diem amount(s)
 - e) Travel Cost(s) . Air and/or travel amount(s)
 - f) Any other cost(s) that you are requesting
- B) COMPLETE description of equipment or item(s) wanting to purchase
 - a) Itemize the cost of each item requested
 - b) Provide research or explanation of cost if specific item is requested (Must submit minimum of 3 bids/prices)
- C) Benefit(s) the training or equipment will provide to your specific position/job or agency?
- D) How will you use this training or equipment to benefit and/or train others?
- E) CARTF Grant amount(s) your MDT/Agency or you have received previously and for what purpose?
- F) If your Grant Request is not fully funded how will you address the deficiency?

BE AWARE Your Team will be required to complete the Grant Monitoring Tool (pg 2-3) upon completion of your project. If more than one item requested please prioritize. (Attach additional sheet if necessary)

5. TEAM REPRESENTATIVE SIGNATURES (at least three signatures are required)

Prosecutor

Child Protection

Law Enforcement

Other (title)

Return signed application and protocol to: Mindy Peper, CARTF Administrative Support

Questions or further information, phone 208-369-1994, email: mindy@idcartf.org



MULTI-DISCIPLINARY TEAM DEVELOPMENT GRANT MONITORING TOOL

DATE: _____

Team Name: _____ County: _____

Date Grant Awarded: _____ Amount: _____

Purpose of grant (i.e. equipment purchase, training, team development):

Current status:

Describe the progress made:

Describe how this grant has benefited your MDT, County and MDTs across the state:

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MULTI-DISCIPLINARY TEAM DEVELOPMENT GRANT MONITORING TOOL (CONQ)

If the grant was used for training, how will you pass this information on to the remainder of your team?
How will you pass this information on to other teams in your geographic region?

Recommendations: (check one)

Close out grant _____ Additional monitoring needed _____

Person completing this form:

Name: _____ Title: _____

Phone: _____ Fax: _____

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