

Must submit backup for all BARs,
except transfers of funds for SEG or
direct grants

STATE OF NEW MEXICO
PUBLIC EDUCATION DEPARTMENT
300 Don Gaspar Santa Fe, NM 87501-2786
Budget Adjustment Request

Doc. ID: 067-000-1617-0082-1

Fund Type: Direct Grant

Adjustment Type: Increase

Fiscal Year: 2016-2017

Entity Name: Central

Adjustment Changes Intent/Scope of Program Yes or No?: No

Contact: Lucille Begay, Grant Specialist

Total Approved Budget (Flowthrough):

Phone: (505) 368-4984

Email: begalu@centralschools.org

FLOWTHROUGH ONLY	
Budget Period: Jul 1 2016 12:00AM	To: Jun 30 2017 12:00AM
A. Approved Carryover:	
B. Total Current Year Allocation:	
D. Total Funding Available:	

Revenue 29102.0000.41921 \$2,250

Fund	Function	Object	Program	Job Class	Present Budget	Adj Amt Exp	Adj Budget	ADD'L FTE
29102 Private Dir Grants (Categorical)	1000 Instruction	53330 Professional Development	1010 Regular Education (K-12) Programs	0000 No Job Class	\$704	\$300	\$1,004	
29102 Private Dir Grants (Categorical)	1000 Instruction	55817 Student Travel	1010 Regular Education (K-12) Programs	0000 No Job Class	\$2,688	\$500	\$3,188	
29102 Private Dir Grants (Categorical)	1000 Instruction	56118 General Supplies and Materials	1010 Regular Education (K-12) Programs	0000 No Job Class	\$13,428	\$450	\$13,878	
29102 Private Dir Grants (Categorical)	2100 Support Services-Students	51300 Additional Compensation	0000 No Program	1214 Guidance Counselors/Social Workers	\$675	\$500	\$1,175	
29102 Private Dir Grants (Categorical)	2100 Support Services-Students	52111 Educational Retirement	0000 No Program	0000 No Job Class		\$140	\$140	
29102 Private Dir Grants (Categorical)	2100 Support Services-Students	52112 ERA - Retiree Health	0000 No Program	0000 No Job Class		\$33	\$33	
29102 Private Dir Grants (Categorical)	2100 Support Services-Students	52210 FICA Payments	0000 No Program	0000 No Job Class		\$62	\$62	
29102 Private Dir Grants (Categorical)	2100 Support Services-Students	52220 Medicare Payments	0000 No Program	0000 No Job Class		\$15	\$15	
29102 Private Dir Grants (Categorical)	2100 Support Services-Students	55813 Employee Travel - Non-Teachers	0000 No Program	0000 No Job Class	\$936	\$250	\$1,186	
Sub Total						\$2,250		
Indirect Cost								
DOC. TOTAL						\$2,250		

Justification:

Fund 29102 - Private Direct Grants - Additional Funds of \$2,250.00 received for the Grant Project, "Ignite Project -Natural Helpers Grant".

Compliance with Sections 10-15-1 and 22-8-12, NMSA, 1978 Compilation:

A. The requested budget/changes were authorized at a scheduled Board of Education or Governance Council meeting open to the public on:

B. Justification for the transfer: Explanation such as "underbudgeted", "insufficient budget", or "needed to close out Project" ARE NOT ACCEPTABLE. Attach additional sheets if necessary.

ALL TRANSFER BARS MUST NET OUT TO ZERO ON THE DOC. TOTAL LINE.

NMDOH PYD Peer to Peer Contractor Final Report

Deadline Dates- Monday May 15, 2017 (If you are off for the summer)

***Note: The final report will have everything on it for FY July 1, 2016-June 15, 2017.**

Date:	
P2P Helper Group Name:	
School &/or Organization Name:	
Prepared By:	Name: Title: Phone #:
Total # of Meetings & # of Hours to Date:	
Deliverables Due	<p style="text-align: center;"><u>Contract Scope of Work & Budget</u></p> <ol style="list-style-type: none"> 1. Identify 1-2 youth friendly sponsor(s) to provide guidance, leadership and oversight of peer-to-peer helper program & Statewide Positive Youth Development Empowerment Team youth representative from their group. <ol style="list-style-type: none"> a. Participate in mandatory conference calls and attend OSAH meetings (date, time and place to be announced). b. Act as liasons between the school or organization and the Office of School & Adolescent Health (OSAH). c. Complete and submit all deliverables to OSAH contract monitor. 2. Sponsor(s) will plan and implement a peer-to-peer primary prevention program utilizing principles and guidance from the evidenced-based program entitled <i>Natural Helpers</i> and the Positive Youth Development Approach. Action steps include: <ol style="list-style-type: none"> a. Recrute 10-25 youth and meet regularly b. Plan & implement a group retreat(s) that includes skill-building, team-building, relationship building, effective communication with diverse groups, peer to peer helping skills and suicide prevention training. Retreat must include training on the Talk about Campaign, Youth Health Literacy or another OSAH pre-approved toolkit. c. Plan & implement one service learning project for the Natural Helper group. d. Plan and implement one of the following health promotion campaigns: Talk About it, Youth Health Literacy or Mental Health/Anti-Stigma Training. 3. Select two (2) youth representatives from your group to sit on the Statewide Positive Youth Development Empowerment Team and an alternate representative. The youth representatives and sponsor will: <ol style="list-style-type: none"> a. Participate in face to face meetings and conference calls. b. Continue to support the development of a Statewide Strategic Plan to promote the Positive Youth Development and Adolescent Health, including a statewide health promotion activity/event. c. Share all information learned

4. Provide assurance to OSAH there is a ***policy and practice requiring an appropriate background check is conducted for all adult(s) who work directly with youth*** is completed.
5. ***Complete an overall program evaluation*** using the Result Based Accountability (RBA) model by May 30, 2017. RBA asks the following questions: How much did you do? How well did you do it? And How do we know we are better off?
6. Work with the County and/or Tribal Community Health Improvement Councils' and School-Based Health Centers to ensure ***coordination of efforts whenever applicable.***

Natural Helpers Implementation/Evaluation	FY 17
Adult Sponsor Stipend <ul style="list-style-type: none"> • Coordination, Conference Calls, Meetings, Etc.. \$500 • Complete Reports & Evaluation \$500 	\$ 1,000.00
Retreat	\$ 2,000.00
Implementation and Evaluation (1 Service Learning Project & 1 Health Promotion Activity/Event)	\$ 1,000.00
Statewide Positive Youth Development Empowerment Team Activity/Event (2 nd Health Promotion Activity/Event)	\$ 1,000.00
Total	\$ 5,000.00

List of Youth Peer Educators:
NOTE: If you worked with other youth after the update please add them to the list in the **FINAL REPORT.**

Name	Grade	Age	Sex (Male or Female)

Summary of Activities/Events

Please only provide summaries on activities and events that have been implemented, not on the planning process/meetings.

Activity/Event # 1

Activity/Event Title:

Date(s):

Where did the activity/event occur?

Who was your target audience?

of participated &/or impacted by the activity or event:

of Youth-

of Adults-

	<p>Were Youth Involved in Planning & Implementing (Yes or No):</p> <p>What school or community partners collaborated with this activity/event?</p> <p>In a short paragraph, please describe the activity/event:</p> <p><u>Briefly describe:</u></p> <ul style="list-style-type: none"> • What worked? • What did not work? • Proposed changes for the future? <p>Which deliverable did this meet?</p> <p>Provide a picture of the event:</p> <p style="text-align: center;">Attach: Advertisement Flier/Announcement/Invitation</p>
<p>Activity/Event # 2</p>	<p>Activity/Event Title:</p> <p>Date(s):</p> <p>Where did the activity/event occur?</p> <p>Who was your target audience?</p> <p># of participated &/or impacted by the activity or event: # of Youth- # of Adults-</p> <p>Were Youth Involved in Planning & Implementing (Yes or No):</p> <p>What school or community partners collaborated with this activity/event?</p> <p>In a short paragraph, please describe the activity/event:</p> <p><u>Briefly describe:</u></p> <ul style="list-style-type: none"> • What worked? • What did not work? • Proposed changes for the future? <p>Which deliverable did this meet?</p> <p>Provide a picture of the event:</p> <p style="text-align: center;">Attach: Advertisement Flier/Announcement/Invitation</p>

<p>Activity/Event # 3</p>	<p>Activity/Event Title:</p> <p>Date(s):</p> <p>Where did the activity/event occur?</p> <p>Who was your target audience?</p> <p># of participated &/or impacted by the activity or event: # of Youth- # of Adults-</p> <p>Were Youth Involved in Planning & Implementing (Yes or No):</p> <p>What school or community partners collaborated with this activity/event?</p> <p>In a short paragraph, please describe the activity/event:</p> <p><u>Briefly describe:</u></p> <ul style="list-style-type: none"> • What worked? • What did not work? • Proposed changes for the future? <p>Which deliverable did this meet?</p> <p>Provide a picture of the event:</p> <p style="text-align: center;">Attach: Advertisement Flier/Announcement/Invitation</p>
<p>Activity/Event # 4</p>	<p>Activity/Event Title:</p> <p>Date(s):</p> <p>Where did the activity/event occur?</p> <p>Who was your target audience?</p> <p># of participated &/or impacted by the activity or event: # of Youth- # of Adults-</p> <p>Were Youth Involved in Planning & Implementing (Yes or No):</p> <p>What school or community partners collaborated with this activity/event?</p> <p>In a short paragraph, please describe the activity/event:</p> <p><u>Briefly describe:</u></p> <ul style="list-style-type: none"> • What worked?

	<ul style="list-style-type: none"> • What did not work? • Proposed changes for the future? <p>Which deliverable did this meet?</p> <p>Provide a picture of the event:</p> <p style="text-align: center;">Attach: Advertisement Flier/Announcement/Invitation</p>
	<p>ADD MORE IF NEEDED!!!</p>
<p>Other Comments</p>	<p style="text-align: center;">Provide OSAH some feedback</p>

**NMDOH Positive Youth Development- Peer to Peer Helper (PYD P2P Contract)
Scope of Work & Budget**

1. Identify 1-2 youth friendly sponsor(s) to provide guidance, leadership and oversight of peer-to-peer helper program & Statewide Positive Youth Development Empowerment Team youth representative from their group.
 - a. Participate in mandatory conference calls and attend OSAH meetings (date, time and place to be announced).
 - b. Act as liasons between the school or organization and the Office of School & Adolescent Health (OSAH)).
 - c. Complete and submit all deliverables to OSAH contract monitor.

2. Sponsor(s) will plan and implement a peer-to-peer primary prevention program utilizing principles and guidance from the evidenced-based program entitled *Natural Helpers* and the Positive Youth Development Approach. Action steps include:
 - a. Recrute 10-25 youth and meet regularly
 - b. Plan & implement a group retreat(s) that includes skill-building, team-building, relationship building, effective communication with diverse groups, peer to peer helping skills and suicide prevention training. Retreat must include training on the Talk about Campaign, Youth Health Literacy or another OSAH pre-approved toolkit.
 - c. Plan & implement one service learning project for the Natural Helper group.
 - d. Plan and implement one of the following health promotion campaigns: Talk About it, Youth Health Literacy or Mental Health/Anti-Stigma Training.

3. Select two (2) youth representatives from your group to sit on the Statewide Positive Youth Development Empowerment Team and an alternate representative. The youth representatives and sponsor will:
 - a. Participate in face to face meetings and conference calls.
 - b. Continue to support the development of a Statewide Strategic Plan to promote the Positive Youth Development and Adolescent Health, including a statewide health promotion activity/event.
 - c. Share all information learned

4. Provide assurance to OSAH there is a policy and practice requiring an appropriate background check is conducted for all adult(s) who work directly with youth is completed.

5. Complete an overall program evaluation using the Result Based Accountability (RBA) model by May 30, 2017. RBA asks the following questions: How much did you do? How well did you do it? And How do we know we are better off?

6. Work with the County and/or Tribal Community Health Improvement Councils' and School-Based Health Centers to ensure coordination of efforts whenever applicable.

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