



# WISCONSIN DEPARTMENT OF **Public Instruction**

## Introduction

### **State Alcohol & Other Drug Abuse (AODA) Grant Interim/Renewal Application**

**This application is for the Grant Period of July 1, 2026 through June 30, 2027.  
Applications must be submitted by 11:59 pm on March 18, 2026.**

For this application to be accepted, all fields must be completed in full, unless marked as optional. For detailed grant information and a PDF version of this grant application, please visit <https://dpi.wi.gov/sspw/aoda>.

## **Helpful Hints**

If you have questions, contact: [DPIAODA.Grants@dpi.wi.gov](mailto:DPIAODA.Grants@dpi.wi.gov) or call 608-266-0890.

Use the Chrome browser for best results.

Text boxes will expand beyond the space given but may have a character limit.

Before beginning an application, it is a good practice to compose your narrative using Google Docs or Word and then copy/paste your responses into the application. However, you will be able to save your answers and do not need to complete it in one sitting.

A copy of the application will be emailed to the identified advisor upon completion.

*Collection of this information is a requirement of s. 115.36.*

## **I. General Information**

### **I. GENERAL INFORMATION**

#### **Agency Information**

Applicant or Agency:  
*Legal Name = \${e://Field/Name}*

Mailing Address  
*Street, City, State, ZIP*

Telephone Area/No.

CESA

**District or Agency Administrator Contact Information**

First and Last Name

Email Address

Telephone Area/No.

**Business Services Contact Information**

First and Last Name

Email Address

Telephone Area/No.

**Project Coordinator Contact Information**

If everything is accurate, please enter the missing pieces of information below. If not, please enter the correct information in the space provided.

First and Last Name

Title

Email Address

Telephone Area/No.

Mailing Address  
*Street, City, State, ZIP*

**Project Information**

Project Title

Our Records Indicate Total Grant  
Funds Awarded for 2025-26 School  
Year = **\${e://Field/Amount}**.  
*Please enter this amount in the space*

provided without any punctuation (\$).

Total Grant Funds Being Requested  
for 2026-27 School Year

Please do not include punctuation.

Example: 10000

Local Match (20% or more of grant  
funds required)

Please do not include punctuation.

Example: 2000

## II. Interim

### II. INTERIM NARRATIVE

July 1, 2025 to June 30, 2026

#### A. Project Abstract

##### A. PROJECT ABSTRACT

*Limit the narrative response to 5,000 characters.*

1. Summarize the key elements of this grant. NOTE THAT THIS GRANT RENEWAL requires all grantees to continue work under the goals and objectives that were in the approved funded project proposal. If this application is for a consortium of districts, list all participating districts as well as their role in the grant program.

#### B. Local Plan - Example

##### B. AODA LOCAL PLAN - EXAMPLE

Please note: The email you received with the link to this form included a link to your [Year 1 Action Plan](#). To complete the section below, you will need to refer to the PDF which is linked both in this paragraph and within the email.

This section asks you to summarize the progress of Year 1 and should align with the approved goals in your 2025-2026 application. You may not have identified 6 Action Steps for each goal. However, the spaces are provided in case you did and need to report on the progress.

**EXAMPLE:**

Local Plan for use of Discretionary Funds: For each SMART goal develop a chronological list of action steps, the timeline/completion date(s), evidence of completion, and person/position responsible.

NOTE: Year two plan must reflect a continuation of year one goals, objectives, etc.

Example SMART Goal				
<i>By the end of the 2025 school year, at least five student services staff members will be trained in SBIRT and fully implement the program while providing ongoing evaluation data as to student outcomes</i>				
Action Step	Timeline/Planned Completion Date	Evidence of Completion	Personnel Responsible	Progress
<i>Identify screener to use in assessment</i>	<i>November 2024</i>	<i>Documented and approved by school board</i>	<i>AODA Coordinator and Student Services Team</i>	
<i>Identify which students may be screened e.g., (all freshman, students who violate school AODA policies, Athletes who violate athletic code)</i>	<i>December 2024</i>	<i>Resources approved by school board</i>	<i>AODA Coordinator and Student Services Team</i>	
<i>Train 5 student services staff members in SBIRT.</i>	<i>February and March 2025</i>	<i>Attendance at and successful completion of training per instructor evaluation</i>	<i>AODA Coordinator and Student Services Team/WISH Center or other trainer</i>	
<i>Provide SBIRT and track individual successes and referrals to treatment</i>	<i>April 2025/ongoing</i>	<i>Staff SBIRT logs: number of students, sessions, outcomes, follow up</i>	<i>AODA Coordinator and Staff trained in SBIRT</i>	

**B. AODA Local Plan - Year 1 Progress (Goal #1)**

**B. AODA LOCAL PLAN - YEAR 1 PROGRESS**

Please note: To complete the section below, you will need to refer to the [Year 1 Action Plan](#).

This section asks you to summarize the progress of Year 1 and should align with the approved goals in your 2025-2026 application. **At least one Action Step is required for each SMART goal identified.** You may not have identified 6 Action Steps for each goal. However, the spaces are provided in case you did and need to report on the progress.

## 2025-26 SMART Goal #1 Progress

### **ACTION STEP #1**

Describe the Action Step

Progress

### **ACTION STEP #2**

Describe the Action Step

Progress

### **ACTION STEP #3**

Describe the Action Step

Progress

### **ACTION STEP #4**

Describe the Action Step

Progress

### **ACTION STEP #5**

Describe the Action Step

Progress

### **ACTION STEP #6**

Describe the Action Step

Progress

## B. AODA Local Plan - Year 1 Progress (Goal #2)

### B. AODA LOCAL PLAN - YEAR 1 PROGRESS (Continued)

Please note: To complete the section below, you will need to refer to the [Year 1 Action Plan](#).

This section asks you to summarize the progress of Year 1 and should align with the approved goals in your 2025-2026 application. **At least one Action Step is required for each SMART goal identified.** You may not have identified 6 Action Steps for each goal. However, the spaces are provided in case you did and need to report on the progress.

#### 2025-26 SMART Goal #2 Progress

#### ACTION STEP #1

Describe the Action Step

Progress

#### ACTION STEP #2

Describe the Action Step

Progress

#### ACTION STEP #3

Describe the Action Step

Progress

#### ACTION STEP #4

Describe the Action Step

Progress

**ACTION STEP #5**

Describe the Action Step

Progress

**ACTION STEP #6**

Describe the Action Step

Progress

**B. AODA Local Plan - Year 1 Progress (Goal #3)**

**B. AODA LOCAL PLAN - YEAR 1 PROGRESS (Continued)**

Please note: To complete the section below, you will need to refer to the [Year 1 Action Plan](#).

This section asks you to summarize the progress of Year 1 and should align with the approved goals in your 2025-2026 application. **At least one Action Step is required for each SMART goal identified.** You may not have identified 6 Action Steps for each goal. However, the spaces are provided in case you did and need to report on the progress.

2025-26 SMART Goal #3 Progress

**ACTION STEP #1**

Describe the Action Step

Progress

**ACTION STEP #2**

Describe the Action Step

Progress

**ACTION STEP #3**

Describe the Action Step

Progress

**ACTION STEP #4**

Describe the Action Step

Progress

**ACTION STEP #5**

Describe the Action Step

Progress

**ACTION STEP #6**

Describe the Action Step

Progress

**B. AODA Local Plan - Year 1 Progress (Progress Made)**

**B. AODA LOCAL PLAN - YEAR 1 PROGRESS (Continued)**

1. Describe the progress made, to date, in implementing the project. Include quantitative and qualitative data from completed events and initiatives.

2. What problems or obstacles have you experienced, if any, in implementing the project? Describe proposed solutions to overcome these problems.

3. Briefly describe how AODA grant funds are benefitting your district.

4. The DPI cannot carry over unspent state AODA grant funds for re-granting in subsequent years.

Do you anticipate spending and/or obligating all of your district's AODA funding by the end of the school fiscal year, June 30, 2026?

No

Yes

4B. If you indicated "No" in the question above, indicate below the projected balance and briefly explain the reasons.

5. If your district needs some help in utilizing/exhausting all available grant funds or any other technical assistance, describe your concerns.

### III. Renewal

#### III. RENEWAL FOR 2026-2027

The interim report section concludes here. Grantees for this grant are eligible for a non-competitive renewal. Moving forward, the next set of questions pertains to the 2026-2027 renewal application.

Click "Next Page" to continue.

#### A. AODA Local Plan - Year 2

##### A. AODA LOCAL PLAN - YEAR 2

**Please note: To complete the section below, you will need to refer to the [Year 1 Action Plan](#).**

Year two plans must reflect a continuation of year one goals, objectives, etc. You do not need to identify 6 Action Steps for each goal. However, the spaces are provided in case you would like to add that many.

2026-27 SMART Goal #1

2026-27 SMART Goal #1 (At least one Action Step is required for each SMART Goal identified.)

	Action Step	Timeline/Planned Completion Date	Evidence of Completion	Personnel Responsible
Action Step 1				
Action Step 2				
Action Step 3				
Action Step 4				
Action Step 5				
Action Step 6				

2026-27 SMART Goal #2

2026-27 SMART Goal #2 (At least one Action Step is required for each SMART Goal identified.)

	Action Step	Timeline/Planned Completion Date	Evidence of Completion	Personnel Responsible
Action Step 1				
Action Step 2				
Action Step 3				
Action Step 4				
Action Step 5				
Action Step 6				

2026-27 SMART Goal #3

2026-27 SMART Goal #3 (At least one Action Step is required for each SMART Goal identified.)

	Action Step	Timeline/Planned Completion Date	Evidence of Completion	Personnel Responsible
Action Step 1				

	Action Step	Timeline/Planned Completion Date	Evidence of Completion	Personnel Responsible
Action Step 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Action Step 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Action Step 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Action Step 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Action Step 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## B. Budget Detail

### B. BUDGET DETAILS

To complete the Budget Detail section of this form, please download and complete a copy of the [Budget Detail Form](#). Before completing the form, it is recommended to download and save the PDF to your computer first. To save the [Budget Detail Form](#), click the save button, choose where you would like to save the template, and click Save. Retrieve your template from the saved location, complete the document, and then upload the finalized version into this form. Opening the link as a Google Document or trying to make edits directly in the online PDF version may prevent you from typing in the form or saving the form.

If clicking the link or following the directions above do not work, please email us for an alternative copy.

Once you have completed and saved a copy of the Budget Detail Form, please attach it to your application by selecting "Choose File".

## IV. Assurances

### IV. STATE GENERAL ASSURANCES

The Applicant understands and agrees that the following assurances are pre-award requirements generally imposed by state law or regulation, and do not include all state regulations that may apply to the Applicant or its project.

**Each Applicant is ultimately responsible for compliance with the certifications and assurances selected on its behalf that apply to its project or award.**

## Instructions

Step 1—Read each assurance that follows.

Step 2—Sign and date the certification statement.

Step 3—Include signed certification and assurances with the application materials.

Step 4—Keep a copy for your records.

### Assurance is hereby provided that:

**1. Applicant agrees** to comply with all terms and conditions set forth in the grant program's Application Guidelines document provided with this application. Services provided under this grant will be used to address the needs set forth in the guidelines document. Applicant agrees to implement the activities within the prescribed timeline as outlined in their work plan section of their proposal. Applicant will provide fiscal information within the fiscal year timeline established for new and reapplying programs. Wis. Stat. § 35.93; Wis. Admin. Code § PI 38.008 (Grant reporting).

**2. Legal and Regulatory Compliance:** Administration of the program, activities, and services covered by this application will be in accordance with all applicable state and federal statutes, regulations, and the approved application.

**3. Allowable Costs:** Costs incurred shall be allowable and meet grant goals and objectives.

**4. Confidentiality:** The Applicant shall comply with provisions applicable to public schools regarding confidentiality of student information for any pupil record created, obtained, or maintained under this grant, regardless of whether those provisions would not otherwise apply to the Applicant but for the Applicant's participation in this grant. Wis. Stat. § 118.125 (Pupil records).

**5. Conflict of Interest:** No board or staff member of an LEA or CESA may use his or her position to obtain financial gain or anything of substantial value for the private benefit of himself or herself or his or her immediate family, or for an organization with which he or she is associated, such as a royalty, commission, contingent fee, brokerage fee, consultant fee, or other benefit. Wis. Stat. § 19.59(1)(a).

**6. Contracts and Procurement:** The Applicant will use its own procurement procedures that reflect applicable state and local laws and regulations.

**7. Cooperation with Evaluation:** The Applicant shall cooperate with the performance of any evaluation of the program by the WDPI or by their contractors. Wis. Stat. § 35.93; Wis. Admin. Code § PI 38.008 (Grant reporting).

**8. Copyright, Acknowledgement, and Publications:** The Applicant/ Recipient will comply with all copyright and materials acknowledgement requirements as addressed in the projects' grant guidelines. The WDPI reserves a royalty-free, nonexclusive, and irrevocable

license to reproduce, publish or otherwise use, and to authorize others to use, for WDPI purposes: the copyright in any work developed under this grant; and any rights of copyright to which the Applicant or a contractor purchases ownership with grant support.

The content of any grant-funded publication or product may be reprinted in whole or in part, with credit to the WDPI acknowledged. However, reproduction of this product in whole or in part for resale must be explicitly authorized by the WDPI. When issuing statements, press releases, and other documents describing projects or programs funded in whole or in part with grant funds, the grant award recipient shall clearly acknowledge the receipt of grant funds in a statement.

**9. Fiscal Control:** The Applicant will use fiscal control and fund accounting procedures and will ensure proper disbursement of, and accounting for, funds received and distributed under this program Wis. Stat. § 16.41 (Agency and authority accounting; information; aid).

**10. Indirect Costs:** If the fiscal agent is allowed to claim indirect costs, the total amount budgeted for indirect costs is limited to and cannot exceed the negotiated indirect rate established with the WDPI. Indirect costs cannot be charged against capital objects.

**11. Programmatic Changes:** The Applicant will obtain the prior approval of the WDPI whenever any of the following actions is anticipated:

- a. Any revision of the scope or objectives of the project;
- b. Changes in key persons where specified in the application or grant award;
- c. A disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director;
- d. Contracting out or otherwise obtaining services of a third party to perform activities central to the purpose of the award;
- e. Changes in the amount of approved cost-sharing or matching provided by the grant recipient. Wis. Stat. § 35.93; Wis. Admin. Code § PI 38.008 (Grant reporting).

**12. Record Retention:** The applicant will ensure records created or obtained under this grant are maintained in accordance with the Wisconsin Records Retention Schedule for School Districts, regardless of whether this retention schedule would not otherwise apply to the Applicant but for the Applicant's participation in this grant. The retention schedule is available online at: <https://publicrecordsboard.wi.gov/Documents/School%20GRS.pdf>.

**13. Reporting:** The Applicant will ensure all required financial and program data and information is reported to the WDPI timely on a schedule established by the WDPI. Wis. Stat. § 35.93; Wis. Admin. Code § PI 38.008 (Grant reporting).

**14. Grant Evaluation:** The Applicant shall ensure that all grant evaluation reporting will be timely on a schedule established by the WDPI. Grant evaluation information provided to the

WDPI staff shall accurately assess the completeness of grant goals, activities, benchmarks and target dates. Wis. Stat. § 35.93; Wis. Admin. Code § PI 38.008 (Grant reporting).

After reading the Assurances listed above, please click "Next Page" to continue.

The school district must have a professional school employee designated as an AODA program coordinator who holds a license issued by the DPI under Chapter PI 34 of the Wisconsin Administrative Code to administer, coordinate, and implement the AODA program.

AODA Program Coordinator  
*First and Last Name*

Type of DPI Certification Held

## V. Certification

### V. CERTIFICATION SIGNATURES

**I, THE UNDERSIGNED, CERTIFY** that the information contained in this application is complete and accurate to the best of our knowledge; that the necessary assurances of compliance with applicable state and federal statutes, rules, and regulations will be met; and, that the indicated agency designated in this application is authorized to administer this grant.

#### Signature of District Authorizer

Signature may be "written" using your mouse or touch screen.

×

SIGN HERE

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clear

Full name of the District Authorizer

Date Electronically Signed By District Authorizer *Mo./Day/Yr.*

Click the "Submit Application" button to complete your State Alcohol and Other Drug Abuse (AODA) Grant Interim/Renewal Application.

PI-1813

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION

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PO Box 7841, Madison, WI 53707-7841 • 201 West Washington Avenue, Madison, WI 53703  
(608) 266-3390 • (800) 441-4563 toll free • [dpi.wi.gov](http://dpi.wi.gov)

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