Commonwealth of Massachusetts Executive Office of Public Safety and Security Office of Grants & Research

Title II Formula Grant – 2019 Summer Programs Attachment A: Application Template

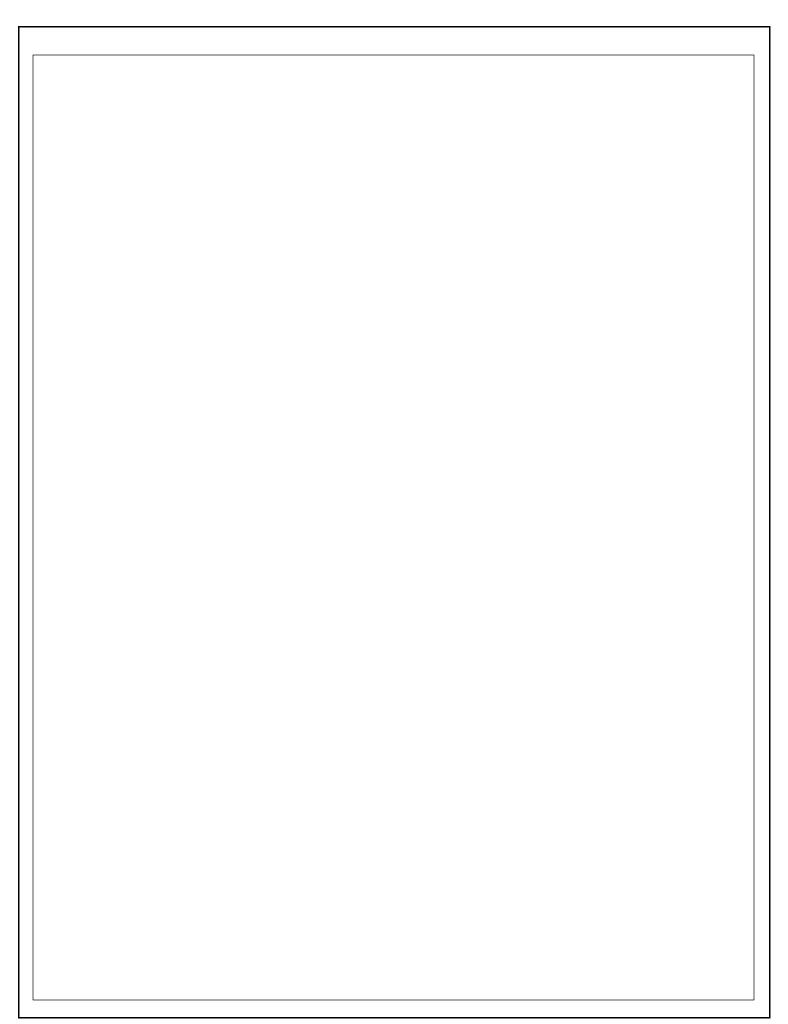
Section I. Applicant Information

Applicant Name:			
Implementing Agency Name:			
Applicant Mailing Address:			
Street	City		Zip Code
County:	Phone:	Fax:	
Contractor Authorized Signatory, C	Contact Information:	:	
Name:	Title:		
Street	City		Zip Code
Phone:	Ext:	Fax:	
E-mail:		<u></u>	
Grant Contact Person: Note that the person and be responsible for receiving			1 , 1
Name:		- /	,
Agency:			Zin Codo
	•		-
Phone:			
E-mail:			
Finance Officer, Contact Information		mud.	
Name:		Title:	
Street	City		_ Zip Code
Phone:	Ext:	Fax:	
E-mail:			

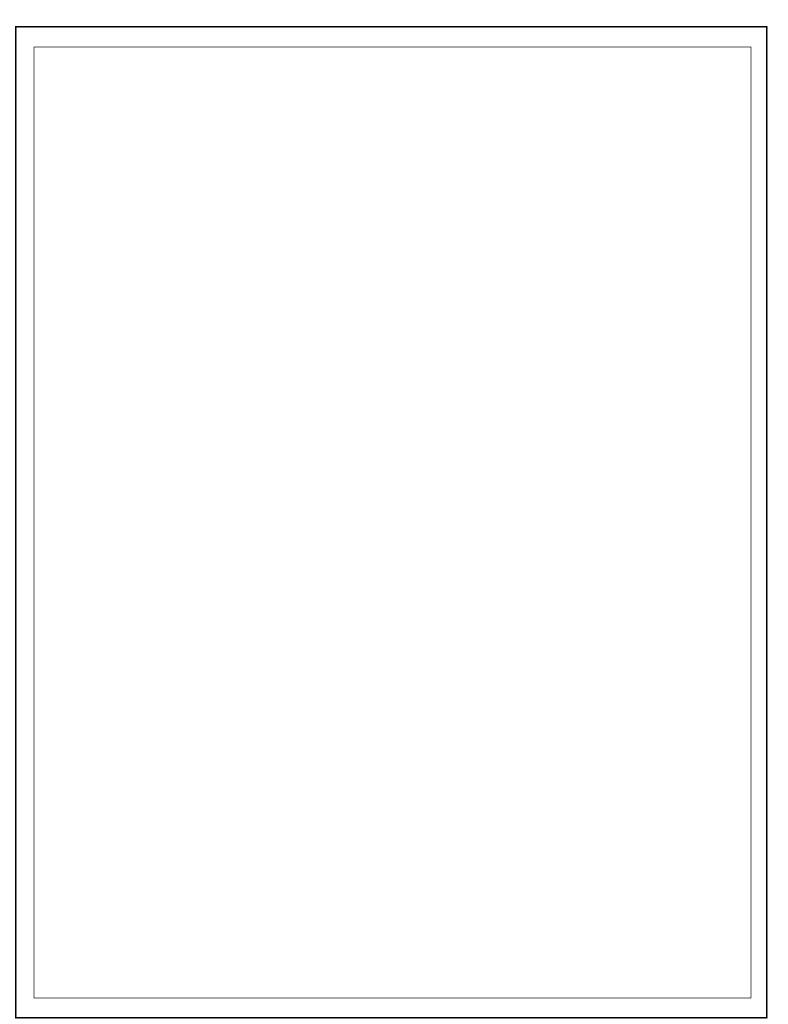
Currently registered in the System for	Award Management (formerly CCR):	Yes No
Section II. Project Information		
Project Name:		
Project Summary: Four sentences (250 char	racter maximum) summarizing the project act	ivities
Non- Supplant		
f the Executive Office of Public Safety and	Security should award Formula Grant fundsthe funds will be used to supplement, no	
_	ng the period of the contract with the Office Office of Public Safety and Security that suppl	of Grants and Researcl
Applicant request for funding: \$		
Authorized Signatory:		
Authorized Signatory.		
Signature:	Date:	_

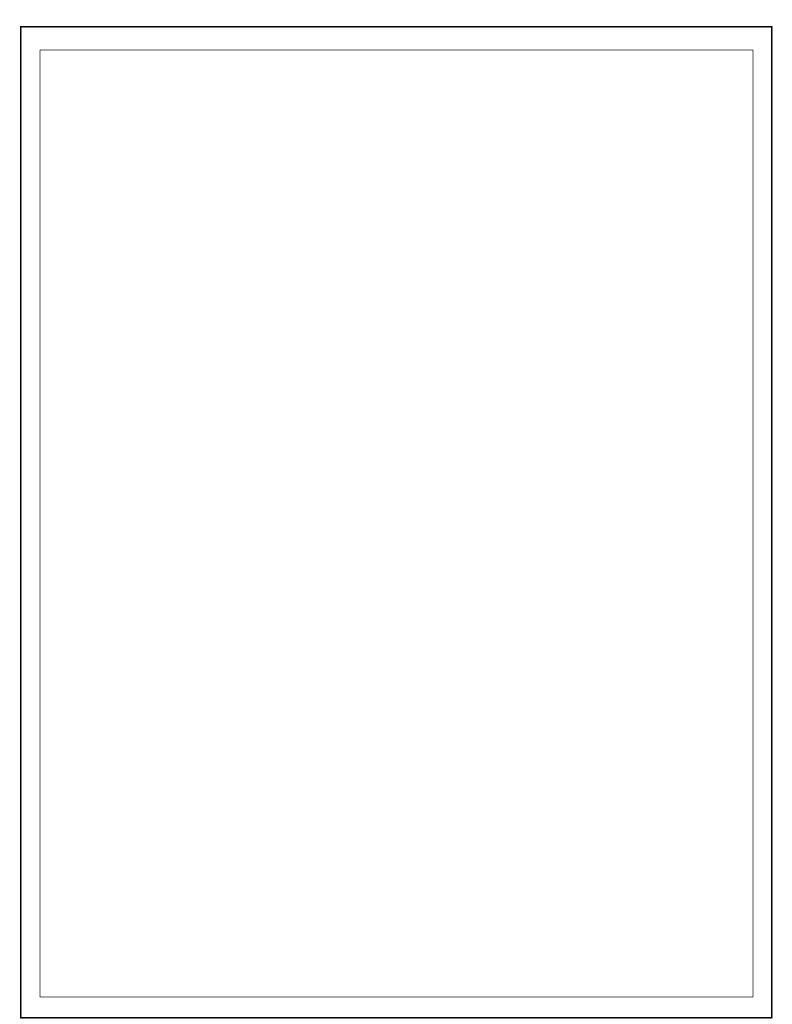
a. Statement of the Problem/Needs Assessment (2 page limit)
 Describe the need, nature and extent of the problem to be addressed and its effect or consequences for the community and/or the target population.
 Describe the target population using demographic and other data where possible. Cite references whenever possible or applicable. Discuss risk factors confronting the target population.
 Support your statements with statistical or other factual information or relevant literature. The sources or methods used for assessing the problem should also be described.

Section III. Project Narrative

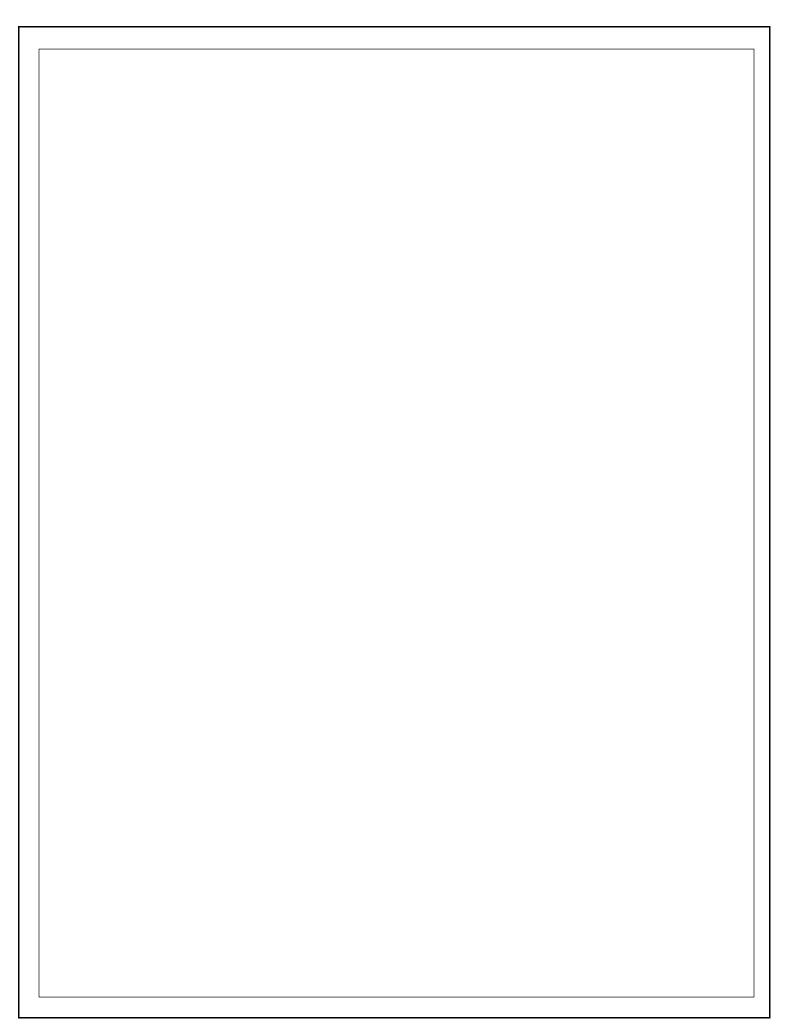


b. Project Description (3 page limit) (<u>Please see page 8 of the AGF for a full description of what is expected in this section</u>).				
 Describe the activities to be conducted and how they will address the needs/gaps stated above. 				
 Describe the link between research, Evidence-Based, or Best Practices and the proposed program (i applicable). 				
 Describe collaborations with public, private and non-profit, community-based organizations. 				
Describe the positive impact the program may have on reducing racial and ethnic disparities.				





c.	c. Applicant Capacity (2 page limit)			
•	Discuss organizational capacity to carry out the proposed project and related activities.			
•	 Describe agency qualifications and history implementing similar programs and/or with targeted population. 			
•	Describe ability to provide trained staff to deliver the services required by the proposed project.			
•	Describe proven track record and commitment of management team proposed for project.			
•	Describe collaboration among law enforcement, community groups, state agencies, juvenile court, criminal justice agencies, and/or other juvenile justice stakeholders.			



Goal 1	Objective(s)	Activities	Timelin
	Performance Mea	sures	

Goal 2	Objective(s)	Activities	Timeline	
Performance Measures				

Goal 3	Objective(s)	Activities	Timeline
Performance Measures			

Goal 4	Objective(s)	Activities	Timeline
Performance Measures			

Section IV.	Budget Detail & Narrativ	e
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Original

Revised

Applicants must submit an operating budget of up to 2 months. Matching funds are <u>not</u> required. In addition to the Budget Narrative, applicants must complete a Budget Excel Worksheet and Summary Sheet Form (refer to Attachment B) and submit as directed (hard-copy and electronically). Please list all program costs according to the specified budget category.

1. Personnel - Costs associated with agency personnel. Please include current copies of FORMULA-funded personnel resumes or job descriptions (if position is vacant) as attachments.

Position	Computation	Match	Federal Request
		_	
Total Personnel Costs			
NT ()			

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N	ar	rat	1Ve

At a minimum, please include staff name and title, annual salary, total number of hours identified staff (or position if vacant) works at the agency per week, how many of those hours will be worked on this program, hourly rate, activities to be completed by staff, and location of staff. If working out of multiple locations for this program please provide estimated hours for each location.

2. Fringe Benefits - Based on federally accountant, comptroller or human re	0		2
insurance, health insurance, social se		1 2	
Include copy of approved or audited	rate with the proposal. If ap	pplicant does not have	a federally
approved or audited rate, actual kno	wn costs must be itemized by	y type and include rat	e computation in
this section of the budget forms.	Commutation	Matala	Endoual Danssat
Position	Computation	Match	Federal Request
Total Fringe Costs			
Total Tinge Cools			
Narrative			
If applicant does not have a federally ap			
costs which must be pro-rated for staff	2 2	a. If utilizing an appr	oved rate, include a
copy of your agency's rate agreement w	ith your response.		

the project. Include copy of federa approved indirect cost rate, pleas			s not have an
Indirect Costs	Computation	Match	Federal Request
Total Indirect Costs			
Narrative		ı	1
If utilizing an approved rate, includ applicant does not have a federally permits, costs may be allocated in the	negotiated approved indirect c	ost rate and your acco	response. If ounting system

3. Indirect Costs - Federally negotiated and approved rate for costs that are not readily assignable to a

5. Consultants - For each consultant enter the name, if known, hourly or daily fee (8-hour day), estimated time on the program and service to be provided. Consultant fees in excess of \$650/day, \$81.25 per hour require additional justification and prior approval from the Office of Justice Programs.				
Consultant Name; Services Provided	Computation	Match	Federal Request	
Total Consultants Costs Narrative				
Be sure to include activities to be composition or the Federal Acquisition Regularity of the Federal Regularity of the		licant's formal writ	ten Procurement	

6. Contract Services - Applicants are encouraged to promote free and open competition in awarding
contracts.

Contract	Computation	Match	Federal
Total Contract Costs			
Narrative			

Provide a description of the product or services to be procured by contract and an estimate of the cost. Be sure to include purpose for contract as well as activities (if applicable) to be completed. Indicate whether applicant's formal written Procurement Policy or the Federal Acquisition Regulations are followed.

note that FORMULA related in-state (currently \$0.45 per mile.)			
Travel	Computation	Match	Federal Request
	1		1
Total Travel Costs			
Narrative			
At a minimum, please indicate area	a to be traveled as well as pu	rpose for travel.	

		Computation	Match	Federal Reques
Total Equipment Cos	ts			
Narrative				
Describe purpose and/o	or how equipr	nent will be utilized for pr	oject related activiti	es.

9. Supplies - List items individually by type (postage, training materials, copying paper, and other expendable items) and show computation. Generally, supplies include any materials that are expendable or consumed during the course of the program.			
Supplies	Computation	Match	Federal Request
	- Transfer		
Total Supplies Costs			
Narrative			
Describe purpose and/or how supplie	s will be utilized for project	related activities.	

10. Other Expenses – Any other costs not listed in previous budget categories. Expenses listed in this
category may include additional direct costs relevant to proposed program such as rent, phone, accounting/human resource services and utilities.
G,

Other Costs	Computation	Match	Federal Request
Total Other Costs	l		
Narrative			

Describe purpose and use of items listed in this section. If including costs for rent, provide the square footage and the cost per square foot for rent, and provide a monthly rental cost and how many months to rent.

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Additional Budget Documentation

A copy of the **Budget Excel Worksheet and Summary Sheet** (refer to Attachment B) must also be completed and submitted with your hard copy and electronic submission. **Note:** In order for a complete review of the proposed budget, the application responses *must* include the following budget forms:

- Completed Budget Detail and Narrative (Section V of Attachment A: Application Template);
- 2. Completed Budget Excel Worksheet and Summary Sheet (Attachment B);
- 3. Documentation of Federally Approved or Audited Fringe rate (if applicable) and
- 4. Documentation of Federally Approved Indirect rate (if applicable).

Submission Process (Please see the AGF for complete information and due date)

Step 1: Hard Copy Submission

Mail or hand-deliver one signed original and four copies.

Re	quired Documents fo	or Hard Copy Submission
	Attachment A:	Application Template (with signature)
	Attachment B:	Budget Excel Worksheet Form (Summary and Detail Worksheets)
		Memorandum of Understanding (If subgranting all or part of the requested ease mark as Attachment C.

Proposals must be mailed or hand-delivered to:

Office of Grants and Research Ten Park Plaza, Suite 3720 Boston, MA 02116-3933 ATTN: Samantha Frongillo

If hand-delivering your proposal, please note that a valid form of identification is required to enter Ten Park Plaza Office Building beyond the 2^{nd} floor. Building security will not allow entrance after 5:00 pm or accept grant applications on behalf of the Office of Grants and Research. No exceptions will be made.

Step 2: Electronic Submission

Email the completed Application Response Template (Attachment A) as a PDF- not as a scan - to and Attachment B: Budget Excel Worksheet form to samantha.frongillo@mass.gov. Include the applicant name in the subject line.

Required Documents for Electronic Submission	
	Attachment A: Application Template. (Signatures not necessary.
	Attachment B: Budget Excel Worksheet Form