

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, Contact Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Grant Contact Person:** Note that the person designated as the *Contact* shall serve as the project's point person and be responsible for receiving and responding to EOPSS' project related requests)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Finance Officer, Contact Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

DUNS Number \_\_\_\_\_

Currently registered in the System for Award Management (formerly CCR):

Yes    No

## Section II. Project Information

Project Name: \_\_\_\_\_

**Project Summary:** Four sentences (250 character *maximum*) summarizing the project activities

### Non- Supplant

If the Executive Office of Public Safety and Security should award Formula Grant funds to \_\_\_\_\_ the funds will be used to supplement, not supplant, other federal, state, or local funding sources during the period of the contract with the Office of Grants and Research. We have been informed by the Executive Office of Public Safety and Security that supplanting of funds is strictly prohibited.

**Applicant request for funding:** \$ \_\_\_\_\_

### Authorized Signatory:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

### Section III. Project Narrative

#### 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.



b. ***Project Description (3 page limit) (Please see page 8 of the AGF for a full description of what is expected in this section).***

- 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 (if 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. *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.





d. *Project Goals and Objectives, Activities, Timeline and Performance Measures (See page 9 of the AGF for instructions).*

Goal 1	Objective(s)	Activities	Timeline
Performance Measures			

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 & Narrative****Original****Revised**

**Applicants must submit an operating budget of up to 2 months. Matching funds are not 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
<b>Total Personnel Costs</b>			

**Narrative**

**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 negotiated rate agreement or established formula by sub-recipient's accountant, comptroller or human resource unit. Costs are limited to the employer's share of life insurance, health insurance, social security, pension, unemployment and workers compensation costs. Include copy of approved or audited rate with the proposal. If applicant does not have a federally approved or audited rate, actual known costs must be itemized by type and include rate computation in this section of the budget forms.

Position	Computation	Match	Federal Request
<b>Total Fringe Costs</b>			

**Narrative**

If applicant does not have a federally approved or audited fringe rate, please provide a breakdown of actual costs which must be pro-rated for staff time charged to the program. If utilizing an approved rate, include a copy of your agency's rate agreement with your response.

**3. Indirect Costs** - Federally negotiated and approved rate for costs that are not readily assignable to a particular project, but are necessary to the operation, maintenance of the organization and performance of the project. Include copy of federally approved rate with the proposal. If applicant does not have an approved indirect cost rate, please refer to the "Other" category section.

Indirect Costs	Computation	Match	Federal Request
<b>Total Indirect Costs</b>			

**Narrative**

If utilizing an approved rate, include a copy of your agency's rate agreement with your response. If applicant does not have a federally negotiated approved indirect cost rate and your accounting system permits, costs may be allocated in the other "Other Expenses" category.



**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
<b>Total Consultants Costs</b>			

**Narrative**

**Be sure to include activities to be completed. Indicate whether applicant's formal written Procurement Policy or the Federal Acquisition Regulations are followed.**

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

Contract	Computation	Match	Federal
<b>Total Contract Costs</b>			

**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.

**7. Travel** - Costs associated with travel by employees while conducting official program business. Please note that FORMULA related in-state travel mileage rate costs cannot exceed the state reimbursement rate (currently \$0.45 per mile.)

Travel	Computation	Match	Federal Request
<b>Total Travel Costs</b>			

**Narrative**

At a minimum, please indicate area to be traveled as well as purpose for travel.

**8. Equipment** - Describe the make and cost of all equipment purchased, including communication equipment, for program use.

Equipment	Computation	Match	Federal Request
<b>Total Equipment Costs</b>			

**Narrative**

Describe purpose and/or how equipment will be utilized for project related activities.

**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
<b>Total Supplies Costs</b>			

**Narrative**

Describe purpose and/or how supplies 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.

Other Costs	Computation	Match	Federal Request
<b>Total Other Costs</b>			

**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.

**Total Federal Request**

**\$**

## **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:

1. 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.

#### *Required Documents for Hard Copy Submission*

- ☐ Attachment A: Application Template (with signature)
- ☐ Attachment B: Budget Excel Worksheet Form (Summary and Detail Worksheets)
- ☐ Attachment C: Memorandum of Understanding (If subgranting all or part of the requested federal funds.) Please 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<sup>nd</sup> 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](mailto: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