

Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Office of Grants & Research  
**Attachment A: Hate Crimes Resource Guide Application Template**

**Section I. Applicant Information**

**A. Applicant Name:** \_\_\_\_\_

**Applicant Mailing Address:**

Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

County: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Authorized Signatory, Contact Information:**

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

Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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

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

Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Finance Officer, Contact Information:**

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

Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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

**Currently registered in the System for Award Management (formerly CCR):** Yes No

**Applicant Request for Funding: \$** \_\_\_\_\_

**Authorized Signatory:**

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

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

## Program Narrative/Project (Resource Guide) Design

At a minimum, the following bullets should be addressed in this section and on **Pages 3-7**. **Note: 5-page limit**

1. Describe your agency's qualifications in developing and implementing similar projects. Include a summary of relevant experience and subject matter expertise as it relates to addressing hate crimes and incidences of bias.
2. Provide information about key personnel and institutional resources that will be assigned to this project, and the agency capacity that qualifies the applicant to conduct the proposed activities.
3. Explain any preliminary ideas as to how this Guide could be structured, target audience, tentative concept/content, and the like.
4. Describe the plan for how to disseminate the Guide, upon completion, to appropriate school personnel and how such information will be used by a school/district, such as by staff, students, families, and law enforcement.
5. Include any other relevant information that would be of benefit to securing this grant award.

Beginning on **Page 8** of this template, please list project goals, objectives, timeline, performance measures. **Note: 5-goal limit**

Include your goals, objectives, and timeline for guide development/projected milestones to reach within the 3-month project duration.

Beginning on **Page 13** of this template, please provide a **3-month** budget.

Summarize project costs and include supporting information that will assist to justify all expenses as provide on your **Excel Budget Worksheet-Attachment B**.

**Program Narrative/Project (Resource Guide) Design, cont.**

**Program Narrative/Project (Resource Guide) Design, cont.**

**Program Narrative/Project (Resource Guide) Design, cont.**

**Program Narrative/Project (Resource Guide) Design, cont.**

**Program Narrative/Project (Resource Guide) Design, cont.**

**Program Narrative/Project (Resource Guide) Design, cont.**

*Program Goals and Objectives, Activities, Timeline and Performance Measures (Limit: 5)*

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			

Goal 5	Objective(s)	Activities	Timeline
Performance Measures			

**Applicants may submit an operating budget for up to 3 months. In addition to the Budget Narrative, applicants must complete a Budget Excel Worksheet Form (refer to Attachment B) and submit as directed (hard-copy and electronically). Please list all program costs according to the specified budget category.**

- | Position                     | Computation | Amount |
|------------------------------|-------------|--------|
|                              |             |        |
|                              |             |        |
|                              |             |        |
|                              |             |        |
|                              |             |        |
|                              |             |        |
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|                              |             |        |
|                              |             |        |
|                              |             |        |
|                              |             |        |
|                              |             |        |
| <b>Total Personnel Costs</b> |             | \$     |

**At a minimum, please include staff name, rank, hourly rate, how many hours will be funded, activities to be completed by staff, and location of staff.**

## Budget Detail & Narrative

- 2. Fringe Benefits** – Based on federally negotiated rate agreement or established formula by applicant'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	Amount

<b>Total Fringe Costs</b>	<b>\$</b>
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### Narrative

If applicant does not have a federally approved or audited fringe rate, please provide a breakdown of actual allowable costs which must be pro-rated for staff time charged to the program.

## Budget Detail & Narrative

- 3. Contracts/Consultants** – Applicants are encouraged to promote free and open competition in awarding contracts. 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 or \$81.25/hour require additional justification and prior approval from EOPSS OGR.

Consultant Name; Services Provided	Computation	Amount
<b>Total Contracts/Consultants Costs</b>		<b>\$</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.

## Budget Detail & Narrative

- 4. Local Travel** - Costs associated with travel by employees while conducting official program business. Please note that grant related in-state travel mileage rate costs cannot exceed the state reimbursement rate (currently \$0.45 per mile.) Out-of-state travel is not allowable.

Travel	Computation	Amount
<b>Total Travel Costs</b>		\$

### Narrative

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



## Budget Detail & Narrative

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

Equipment	Computation	Amount
<b>Total Equipment Costs</b>		<b>\$</b>

### Narrative

## Budget Detail & Narrative

6. **Supplies/Other** - 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. Also, please list any other costs not listed in previous budget categories.

Supplies/Other	Computation	Amount
<b>Total Supplies/Other Costs</b>		\$

## Narrative

## Submission Process and Checklist

There are **two separate steps** involved in submitting the Application Template and other documents. Please review the following instructions carefully:

### Hard Copy Submission

Applicants must submit **one** (1) signed original and **one** (1) copy of the documents listed below. Faxed or e-mailed proposals will **not** be accepted. Please use binder clips or paper clips (no staples or ring binders). Under no circumstances will late submittals or facsimiles be accepted.

1. Attachment A: Application Template, signed in blue ink
2. Attachment B: Excel Budget Worksheet (both the Summary and Detail sheets), signed in blue ink
3. Attachment C: Contractor Authorized Signatory Listing Form, signed in blue ink

Application Templates and required documents must be received **no later than 4:00 pm EST Friday, March 6, 2020** to:

Office of Grants and Research  
Ten Park Plaza, Suite 3720  
Boston, MA 02116  
Attention: Elizabeth Flynn

### Electronic (e-mail) Submission

Once complete, applicants are asked to submit one version of the Application Template as a **PDF -not a scan** and a Budget Excel Worksheet electronically to [elizabeth.m.flynn@mass.gov](mailto:elizabeth.m.flynn@mass.gov) no later than **4:00 pm EST, Friday, March 6, 2020**.

1. Attachment A: Application Template as a PDF (not a scan)
2. Attachment B: Excel Budget Worksheet-Summary and Detail sheets (not a PDF and not a scan)