

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

**Attachment A: Emerging Adults Reentry Initiative
FY2021 Technical Assistance Provider Application**

Template Section I. Applicant Information

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: Agency representative, authorized to sign legal documents for the applicant.

Signature:

Date:

Print Name:

Title:

Program Narrative: Qualifications and Strategy

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

1. Demonstrate the applicant's knowledge and experience working on a project with a comprehensive, multi-disciplinary approach based on Evidence-based or Promising Programs and Practices. Include:
 - Knowledge and experience relating to evidence-based practices and best practices research relevant to this model.
 - Based on the anticipated strategy for each Emerging Adults Reentry Initiative grant recipient, detail the applicant's capacity to provide support, assist, guide and potentially re-assess the feasibility and appropriateness of the selected strategy with the community reentry program director.
2. Action Research: Explain the methods the applicant will use to provide strategic, analytic, technical and research support when assisting the funded community reentry programs and correctional partners in improving or maintaining the Emerging Adults Reentry Initiative strategy and outcomes. (See AGF for more details).
3. Reporting Technical Assistance: Explain how the applicant will assist the funded community reentry program sites and community reentry program directors to ensure timely and accurate programmatic reporting. Explanations should include:
 - How the applicant will assist with data entry and processing, and reviewing and validating the data.
 - How the applicant will provide technical assistance related to data collection, reporting and evaluation.

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 10-month project duration.

Beginning on **Page 13** of this template, please provide a **10-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: Qualifications and Strategy cont.

Program Narrative: Qualifications and Strategy, cont.

Program Narrative: Qualifications and Strategy, cont.

Program Narrative: Qualifications and Strategy, cont.

Program Narrative: Qualifications and Strategy, cont.

Program Narrative, 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			

Section IV: Budget Narrative Summary

Applicants may submit an operating budget for up to 10 months. The budget narrative shall provide a justification on the basis of each proposed cost category in the budget and how the cost supports the goals and objectives of the proposed project(s) as reflected in the **Budget Worksheet (Attachment B)**. Please describe each cost category, the amount requested for the category, and the purpose of the cost/purchase. All costs must be justified in this section.

Submission Process and Checklist

Please review the following instructions carefully:

Electronic (e-mail) Submission

Applicants must submit, by e-mail, the documents listed below. Faxed proposals will **not** be accepted. Under no circumstances will late submittals be accepted.

1. Attachment A: Application Template, Page 2 signed in blue ink and scanned
2. Attachment A: Application Template attached as a PDF not a scan
3. Attachment B: Excel Budget Worksheet (both the Summary and Detail sheets)
4. Attachment C: Contractor Authorized Signatory Listing Form, signed in blue ink and scanned
5. Attachment D: Additional Material

Application Templates and required documents must be e-mailed in the listed format, to elizabeth.m.flynn@mass.gov no later than Friday, February 19, 2021 at 4:00 p.m.