



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

**ATTACHMENT A: FY23 Restorative Justice Grant Application Template**

**SECTION I – (A) APPLICANT INFORMATION**

<b>Primary Applicant Information</b>			
Applicant Name:			
Address:			
City/Town:		State:	
ZIP:		+4:	
Telephone:			
Fax:			
Email:			
<b>Grant Contact Information</b>		<b>Fiscal Contact Information</b>	
Name:		Name:	
Title:		Title:	
Address:		Address:	
City:	State:	City:	State:
ZIP:	+4:	ZIP:	+4:
Telephone:		Telephone:	
Email:		Email:	
<b>Nonprofit 501 (c3) Signatory</b>			
Name:		Title:	
Address:		City/Town:	
ZIP:		+4:	
Telephone:		Fax:	
Email:			
Signature:		Date:	
<b>Funding Request</b>			
Application Type: Individual <input type="checkbox"/> Group <input type="checkbox"/>			
Applicant Request for Funding: \$			

**NOTE: If you are applying as a group, please list all organizations that will be receiving a subaward below. If you are applying as an individual entity, please skip to Page 4.**

<b>#1 Subaward Information</b>	
Applicant Name:	Point of Contact:
Address:	
City/Town:	State:
ZIP:	+4:
Telephone:	
Fax:	
Email:	Website:
Is this organization a registered 501 (c)(3) nonprofit? Yes No	

<b>#2 Subaward Information</b>	
Applicant Name:	Point of Contact:
Address:	
City/Town:	State:
ZIP:	+4:
Telephone:	
Fax:	
Email:	Website:
Is this organization a registered 501 (c)(3) nonprofit? Yes No	

<b>#3 Subaward Information</b>	
Applicant Name:	Point of Contact:
Address:	
City/Town:	State:
ZIP:	+4:
Telephone:	
Fax:	
Email:	Website:
Is this organization a registered 501 (c)(3) nonprofit? Yes No	

### #4 Subaward Information

Applicant Name:	Point of Contact:
Address:	
City/Town:	State:
ZIP:	+4:
Telephone:	
Fax:	
Email:	Website:
Is this organization a registered 501 (c)(3) nonprofit? Yes No	

### #5 Subaward Information

Applicant Name:	Point of Contact:
Address:	
City/Town:	State:
ZIP:	+4:
Telephone:	
Fax:	
Email:	Website:
Is this organization a registered 501 (c)(3) nonprofit? Yes No	

### #6 Subaward Information

Applicant Name:	Point of Contact:
Address:	
City/Town:	State:
ZIP:	+4:
Telephone:	
Fax:	
Email:	Website:
Is this organization a registered 501 (c)(3) nonprofit? Yes No	

**SECTION I – (B) APPLICANT QUALIFICATIONS** Complete the following questions for the Primary Applicant

**A. Describe the primary applicant agency's qualifications in implementing successful projects centered around restorative justice efforts. Include a summary of past projects in your answer.**

**B. Provide information about personnel, resources and capacity that qualify the applicant to conduct the proposed activities.**

## **SECTION II – PROGRAM INFORMATION**

Program Name:

Program Type:

### **Counties Served by Program**

Barnstable	Berkshire	Bristol	Dukes	Essex
Franklin	Hampshire	Hampden	Middlesex	Nantucket
Norfolk	Plymouth	Suffolk	Worcester	Statewide

Please list specific cities/towns served:

### **Program Abstract**

*Please provide a description summarizing the program (250 word limit)*

### **SECTION III – PROGRAM NARRATIVE**

#### **A. Needs Assessment**

At a minimum, the following should be addressed in this section. Responses should be clear, concise and labeled with the corresponding number.

**NOTE: This section has a 3 page response limit.**

1. Describe the need, nature and extent of the problem within the community to be served and the problem's effect or consequences for the community.
  - a. Describe your organization's mission, experience in providing restorative justice services, location in the community. If applying as a "Group", please describe the partnering organization (s) too. Don't assume the reviewers know your organization and services provided.
  - b. Describe the target population and geographic area to be served by the program or practice.
2. Identify how the proposed program or practice is supported by research that demonstrates its level of effectiveness as a promising program or practice (cite references).
3. Identify the risk/needs assessment tool and protocol you will use to select participants for the proposed program or practice. Please include who will be responsible for screening, the elements to be included in the screening instrument, where in the process it will take place, and how the results of the assessment will be used.
4. Explain how fidelity to the promising program or practice is measured.
5. Provide an estimate of the number of participants expected to be served by the proposed program or practice and how you arrived at, or why you are using that particular number.

## A: NEEDS ASSESMENT

## **A: NEEDS ASSESMENT, CONT.**

## **A: NEEDS ASSESMENT, CONT.**

B. **Program Description**

This section should address both the scope and intent of the program and how it will address the problem or need.

**NOTE: This section has a 3 page response limit**

1. Clearly describe the restorative justice program or practice you intend to either implement or expand. If expanding, please describe any previous success implementing the model thus far.
2. Describe the activities to be conducted and how they will address the needs/gaps stated in Section A: Statement of the Problem/Needs Assessment.
3. Specify the program model or design of the program. Include meeting information, frequency, length, projected attendance, and meeting content and desired outcome.
4. Describe collaborations with contractors, consultants and partner organizations that may receive subawards and the services they will be providing.

## **B: PROGRAM DESCRIPTION**

## **B: PROGRAM DESCRIPTION, CONT.**

## **B: PROGRAM DESCRIPTION, CONT.**

### C. Program Goals and Objectives, Activities, Timeline, Performance Measures

Applicants must clearly state goals and objectives of what will be achieved with this funding by including 3 to 4 Goals, with Objectives, Activities and Performance Measures. Refer to instructions in the AGF.

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 NARRATIVE SUMMARY

### Budget Narrative Summary

This section should reflect the budget necessary to implement the proposed program and achieve its goals and objectives. In the space provided below, detail the budget requested to perform the tasks as listed in Sections 1 through 4. In addition to the budget narrative, please complete Attachment B, the budget workbook.

## **Funding Resources**

Please list all State and Federal awards your organization has been awarded that will be open during the Restorative Justice Grant Program contract period (January 2023 – June 2023). Please include the awarding agency's name, the award name and award amount.

## Grant Submission Checklist and Instructions

Please review the following instructions carefully. Both hard copy and electronic submissions are required.

### Hard Copy Submission

Mail hard copy applications and attachments to the address below. Applications must be postmarked by Wednesday, December 14, 2022.

Justice and Prevention Division  
Office of Grants and Research  
Executive Office of Public Safety and Security  
Attention: Dan Hudson  
10 Park Plaza, Suite 3720-A  
Boston, MA 02116

### Electronic Submission

Email the following documents, in the listed format, to [daniel.hudson@mass.gov](mailto:daniel.hudson@mass.gov) no later than Wednesday, December 14, 2022 at 4:00 p.m.

- Attachment A: Application Template
  - Entire Attachment A as a fillable PDF (not as a scan) and
  - Scanned copy of p. 3 of Attachment A (Signature Page)-unless signed digitally
- Attachment B: Budget Excel Workbook (in Excel format, not PDF)
- Attachment C: Subrecipient Risk Assessment Form –Signed digitally or signed and scanned
- Attachment D: Partner Selection Workbook (if needed)
- Additional Attachments: 501(c)(3) as proof of non-profit status (for primary applicant)

**\*\*Adobe Reader version 9.5 or higher is necessary to open, complete, and save the Application Template as a PDF. Adobe may be downloaded at <http://get.adobe.com>.\*\***

Please refer to our [OGR Signature Policy](#) for accepted forms of signatures.