

Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Office of Grants & Research  
**Attachment A: Emerging Adults Reentry Initiative 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: \$**

## **Section I. Applicant Information (continued)**

- B.** Describe your agency's qualifications in implementing successful projects. Include a summary of relevant prior experience in your application.
- C.** Provide information about personnel, resources and capacity that qualifies the applicant to conduct the proposed activities.

## Section II. Program Information

Program Name:

Program Type:

Program Abstract: Not to exceed 250 words summarizing the program activities.

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

Signature:

Date:

Print Name:

Title:

## Section III. Program Narrative: A. Needs Assessment

At a minimum, the following bullets should be addressed in this section and on **Pages 4-6. Note: 3-page limit**

1. Describe the need, nature and extent of the problem to be addressed and the problem's effect or consequences for the community and the target population and its impact on reducing recidivism. Support your statements with statistical or other factual information or relevant literature and cite references where possible. The sources or methods used for assessing the problem should also be described.
2. Describe the target population and geographic area served by the program or practice using demographic and other data where possible. Cite references whenever possible or applicable.
3. Identify how the proposed program or practice is supported by research that demonstrates its level of effectiveness as an evidence-based program or practice or a promising program or practice (cite references).
4. Specify the program model or design and the goals and objectives of the program (program logic model).
5. 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. Attach any screening instruments that will be used by the program.
6. Explain how fidelity to the evidence-based program or practice is measured.
7. 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.

Beginning on **Page 11** 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 9-month project duration.

Beginning on Page 16 of this template, please provide a 9-month budget.

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

## **Program Narrative: Needs Assessment**

**Program Narrative: Needs Assessment, cont.**

**Program Narrative: Needs Assessment, cont.**

### **Section III. B. Program Description (3 page limit)**

This section should address both the scope and intent of the program or evaluation and how it will address the problem or need. At a minimum, the following bullets should be addressed in this section and on **Pages 8-10. Note: 3-page limit**

1. Identify the evidence-based program or practice *or* promising program or practice you intend to either implement or expand.
2. Describe the activities to be conducted **and how they will address the needs/gaps stated in Section A: Needs Assessment.**
3. Describe collaborations with MA DOC and/or Sheriff's Office, as well as the MA Parole Board and MA Probation Service. Applicants must submit a Memorandum of Understanding (MOU), signed by the authorized signatory of the applicant organization and the superintendent of the targeted MA DOC or Sheriff's Office facility. The MOU must outline the respective roles and responsibilities of the applicant and their partner facility. The MA DOC and/or Sheriff must commit to working with the MA Parole Board to assist with identifying eligible program participants. All parties must agree to track the participant identifiers, program data, and participation dates so that follow-up recidivism rates may be measured, in accordance with legislative intent (see Appendix A: Reentry Performance and Outcome Measures for the minimum information required for tracking program participants). Submit the signed MOU, marked as Attachment D, with the completed application.
4. Program participants returning to the community must be objectively assessed for risk to re-offend using a valid and reliable instrument. Releasing agency and program must use the information and data gained from inmate assessments to guide decision-making about individualized reentry plans for each offender. Identify the details of the risk assessment tool and protocol you will use to satisfy this requirement (e.g., who will be responsible for the assessment, the elements to be included in the assessment instrument, when it will take place, and how the results will impact decisions). Attach any risk assessment instruments that will be used by the program.
5. Describe what, how, where and when information will be collected for quarterly submission of progress on achieving goals and objectives and measuring performance (see Appendix A: Reentry Performance and Outcome Measures).

## **Program Narrative: Program Description**



**Program Narrative: Program Description, con't.**

**Program Narrative: Program Description, 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			

**Applicants may submit an operating budget for up to 9 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 **three** (3) copies 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
4. Attachment D: Memorandum of Understanding - signed (in blue ink)
5. Attachment E: Additional Material

Application Templates and required documents must be postmarked **no later than 4:00 pm EST Friday, March 27, 2020** to:

The Executive Office of Public  
Safety and Security  
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 27, 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)