

Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Office of Grants & Research
Residential Substance Abuse Treatment for State Prisoners (RSAT) Grant Program
Attachment A: Application Template

Section I. Applicant Information

Applicant Name: _____

Applicant Mailing Address:

Street _____ City _____ Zip Code _____

County: _____ Phone: _____ Fax: _____

Senior Agency/Department Official, Contact Information:

Name: _____ Title: _____

Street _____ City _____ Zip Code _____

Phone: _____ Ext: _____ 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 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. Program Information

Program Name: _____

Program Type:

(Select only based on core purpose of the program)

Residential Treatment

Jail-based Treatment

Program Summary: Four sentences (250 character *maximum*) summarizing the program activities

Related Requirements/Assurances:

The applicant must certify as part of its application that the required match will be made available for expenditures during the program period as part of this grant program. Certification of this assurance is made by including the total match amount on the application form, identifying the match source, and signing below.

Non- Supplant

If the Executive Office of Public Safety and Security (EOPSS) should award RSAT funds to _____ (applicant) 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 EOPSS that supplanting of funds is strictly prohibited and assure compliance with this requirement by signing below.

Applicant request for funding: \$

Senior Agency/Department Official:

Signature:

Date:

Print Name:

Title:

Program Narrative

The narrative is comprised of four components: Statement of the Problem/Needs Assessment; Program Description; Program Goals and Objectives, Activities, Timeline and Performance Measures.

Statement of the Problem/Needs Assessment (2-Page Limit)

- State clearly whether this request is to support a new Residential/Jail-Based Substance Abuse Treatment Program or an expansion/continuation of existing efforts
- Identify and provide the current status of any other existing RSAT program within the applicant agency
- Describe any other funding resources, if available, that are/will be available to support the new or existing RSAT program
- Describe the need, nature and extent of the problem to be addressed and its effect or consequences for the community and the target population.
- Describe the target population using demographic and other data where possible. Include complete references.
- 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.

Program Narrative: Statement of the Problem/Needs Assessment (continued)

Program Description (3-Page Limit)

- If applying for a jail-based treatment program, document why a residential treatment program cannot be provided. Describe activities to be conducted and anticipated impact of these activities within the jail-based treatment program or the residential treatment program.
- Describe what risk factors will be addressed. Discuss sustainability plan and potential impacts/solutions to COVID-19 challenges.
- Describe the link between research (science-based evidence) and the proposed program and the evaluation results of the model program to be replicated. Also provide past progress with RSAT funding, if applicable.
- Describe collaborations with community and business groups, government officials, parents, faith-based organizations, etc.
- Describe how the agency will ensure that individuals who participate in the RSAT Program, established or implemented with these federal funds, will be provided with aftercare services.

Program Description (continued)

Program Description (continued)

c. Program Goals and Objectives, Activities, Timeline and Performance Measures

Goal 1	Objective(s)	Activities	Timeline

Performance Measures

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Goal 2	Objective(s)	Activities	Timeline
Performance Measures			

Goal 3	Objective(s)	Activities	Timeline
Performance Measures			

Goal 4	Objective(s)	Activities	Timeline

Performance Measures

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Goal 5	Objective(s)	Activities	Timeline
Performance Measures			

Goal 6	Objective(s)	Activities	Timeline
Performance Measures			

Section III: Budget Narrative Summary

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). 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.

Budget Excel Worksheet Requirement

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 proposal responses *must* include the following budget forms:

1. Completed Budget Excel Worksheet and Summary Sheet (Attachment B);
2. Completed Budget Detail and Narrative (Application Template);
3. Documentation of Federally Approved or Audited Fringe Rate (if applicable); and
4. Documentation of Federally Approved Indirect Cost Rate (if applicable).

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. The signed and completed Application Template and required documents must be received by the Office of Grants and Research no later than 4:00 p.m. on Wednesday, September 1, 2021. Faxed proposals will not be accepted. Please use binder clips or paper clips (no staples). Under no circumstances will late submittals or facsimiles be accepted.

1. Attachment A: Application Template
2. Attachment B: Budget Excel Worksheet Form (both the Summary and Detail sheets)
3. Attachment C: Letter(s) of Collaboration (applicable if subgranting all or part of the requested federal funds to an implementing agency or independent contractor) Please mark as Attachment C.
4. Attachment D: Risk Assessment Form

Application Templates and required documents must be received **no later than 4:00 pm Wednesday, September 1, 2021 to:**

The Executive Office of Public Safety and Security
Office of Grants and Research
Ten Park Plaza, Suite 3720
Boston, MA 02116
Attention: Samantha Frongillo

Electronic (e-mail) Submission

Once complete, applicants are asked to submit electronically one version of the Application Template as a **PDF – not a scan**, the Budget Excel Worksheet, and other relevant documents to samantha.frongillo@mass.gov no later than **4:00 pm Friday, September 1, 2021**.

- Attachment A: Application Template (as a PDF-not a scan)
- Attachment B: Budget Excel Worksheet (not a PDF and not a scan) Summary and Detail
- Attachment C: Letter(s) of Collaboration (if applicable)
- Attachment D: Risk Assessment Form