

Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Office of Grants & Research
**Attachment A: SFY21 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 10-month project duration.

Beginning on Page 16 of this template, please provide a 10-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.

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.

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 Memoranda 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's must outline the respective roles and responsibilities of the applicant and their partner facilities. 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's, 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.

C. Goals, Objectives, Activities, Timeline and Performance Measures (Limit: 5): Include your goals, objectives, and timeline for guide development/projected milestones to reach within the 11-month project duration.

Goal 1	Objective(s)	Activities	Timeline

Performance Measures

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Goal 2	Objective(s)	Activities	Timeline

Performance Measures

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Goal 3	Objective(s)	Activities	Timeline

Performance Measures

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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 3 signed in blue ink, dated and scanned
2. Attachment A: Application Template attached as a PDF not a scan
3. Attachment B: Excel Budget Worksheet
4. Attachment C: Contractor Authorized Signatory Listing Form, signed in blue ink and dated, scanned
5. Attachment D: Memoranda of Understanding - signed (in blue ink) and dated by both parties, scanned
6. Attachment E: Additional Material

Email the following documents, in the listed format, to elizabeth.m.flynn@mass.gov no later than Friday, February 19, 2021 at 4:00 p.m.