

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

**Attachment A: Emerging Adults Reentry Initiative  
FY2022 Technical Assistance Provider Application**

**Template Section I. Applicant Information**

**Applicant Name:** \_\_\_\_\_

**Applicant Mailing Address:**

Street \_\_\_\_\_ City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

County: \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Agency 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: \$**

Agency Signatory: Agency leadership representative, authorized to sign 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 12-month project duration.

Beginning on **Page 13** of this template, please provide a **12-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**

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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 12 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. Hard copy and electronic submissions are both required.

### **Electronic (e-mail) Submission**

Applicants must submit, by e-mail, the documents listed below. Email proposals and all attachments to [elizabeth.m.flynn@mass.gov](mailto:elizabeth.m.flynn@mass.gov) by Friday November 12, 2021 by 4:00pm.

1. Attachment A: Application Template, Page 2 signed 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: Subrecipient Risk Assessment Form
5. Attachment D: Additional Material

### **Hard Copy Submission**

Mail or hand deliver an Original and 3 hard copy applications and attachments to the address below. Applications must be either dropped off or postmarked by Friday, November 12, 2021.

Beth Flynn, Division Manager  
Justice and Prevention Division  
Office of Grants and Research  
Executive Office of Public Safety and Security  
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Boston, MA 02116