



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

Attachment A: SFY23 Emerging Adults Reentry Initiative Application

Please complete each individual field. Note: "same as above" is not considered a valid response.

| | | | |
|---|--------|-----------------------------------|--------|
| SECTION I: | | | |
| Applicant Information | | | |
| Applicant Name: | | | |
| Address: | | | |
| City/Town: | | State: | |
| Zip: | | +4: | |
| Telephone: | | | |
| Fax: | | | |
| Email: | | | |
| Grant Contact Information | | Fiscal Contact Information | |
| Name: | | Name: | |
| Title: | | Title: | |
| Address: | | Address: | |
| City: | State: | City: | State: |
| Zip: | +4: | Zip: | +4: |
| Telephone: | | Telephone: | |
| Email: | | Email: | |
| Agency Signatory | | | |
| Name: | | Title: | |
| Street: | | City/Town: | |
| Zip: | | +4: | |
| Telephone: | | Fax: | |
| Email: | | | |
| Signature: | | Date: | |
| Financial Information | | | |
| Unique Entity Identifier (UEI) Number: | | | |
| Currently Registered in the System for Award Management (formerly CCR): | | | |
| Applicant Request for Funding: | | | |

A.) **Describe your agency's qualifications in implementing successful projects. Include a summary of relevant prior experience in your application.**

B.) **Provide information about personnel, resources, and capacity that qualifies 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 City/Town(s) served:

Agency Served by Program (MOU Partner)

Name of Sheriff's Department:

Name of Correctional Facility:

Program Abstract

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 and on Pages 4-6. (**3-page limit**).
 - Responses should be clear, concise, and be labeled with the corresponding number.
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 information or relevant literature and cite references where possible. The sources or methods used for assessing the problem should also be described.
 - a. 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.
 - b. 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).
 2. Specify the program model or design and the goals and objectives of the program (program logic model).
 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. Attach any screening instruments that will be used by the program.
 4. Explain how fidelity to the evidence-based 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 that number.

A: Needs Assessment

B. Program Description (3-page limit)

- This section should address 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.
 - Responses should be clear, concise, and be labeled with the corresponding number.
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).

B: Program Description

B: Program Description, Cont.

B: Program Description, Cont.

B: Program Description, Cont.

C: Goals, Objectives, Activities, Timeline and Performance Measures (Limit: 5)

Include your goals, objectives, activities, and timeline for guide development/projected milestones to reach within the 12-month project duration.

| 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 | | | |
| | | | |

SECTION IV:**Budget Narrative Summary**

Applicants may submit an operating budget for up to 12 months. The budget narrative shall provide a justification based on 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.)

Funding Resources:

Please list all state and federal awards your organization has been awarded that will be open during the Emerging Adult Reentry contract period (January 2023 through December 2023). Include awarding agency, award name and award amount.

Grant Submission and Checklist

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

1. Electronic Submission (via E-mail)

Applicants must submit the documents listed below, by e-mail, to robert.j.smith1@mass.gov no later than Friday, October 28, 2022 at 4:00 p.m.

1. Attachment A: Application Template (signed, dated, and scanned)
2. Attachment A: Application Template (attached as a PDF, not a scan)
3. Attachment B: Excel Budget Worksheet
4. Attachment C: Risk Assessment Form
5. Attachment D: Memoranda of Understanding (signed and dated by both parties, **scanned**)
6. Attachment E: Additional Material

**** Application documents must be emailed to: Robert.J.Smith1@Mass.Gov ****

Please ensure that all required attachments are sent as individual documents and labeled correctly (clearly identifying the attachment and the applicant).

2. Hard Copy Submission

Mail hard copy applications and attachments to the address below. Applications must be postmarked by Friday, October 28, 2022.

Office of Grants and Research
Justice and Prevention Division
ATTN: Robert Smith, Program Manager
Executive Office of Public Safety and Security
10 Park Plaza, Suite 3720-A
Boston, MA 02116