



**Commonwealth of Massachusetts**  
**Executive Office of Public Safety and Security**  
**Office of Grants and Research**  
**Attachment A: SFY23 Technical Assistance Provider Application**

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

<b>SECTION I:</b>			
<b>Applicant Information</b>			
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 Abstract**

*Provide a description summarizing the program (250-word limit).*

## Program Abstract, Cont.

*Provide a description summarizing the program (250-word limit).*

### SECTION III:

#### Program Narrative:

##### A. Qualifications and Strategy

- At a minimum, the following bullets should be addressed in this section. (**5-page limit**)
  - Responses should be clear, concise, and be labeled with the corresponding number.
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.

##### B. Program Goals and Objectives, Activities, Timeline and Performance Measures

- Beginning on **Page 9** of this template, please list project goals, objectives, timeline, performance measures. (**5-goal limit**)













**B: 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
<b>Performance Measures</b>			

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.)

## 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](mailto: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: Additional Material

**\*\* Application documents must be emailed to: [Robert.J.Smith1@Mass.Gov](mailto: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