

Commonwealth of Massachusetts  
Executive Office of Public Safety and Security  
Office of Grants & Research  
Edward J. Byrne Memorial Justice Assistance Grant (JAG) Program  
**Attachment A: Application Template-*Heroin and Opioid Crime Reduction State Initiative***

**Section I. Applicant Information**

**State Agency/Applicant:** \_\_\_\_\_

**Applicant Mailing Address:**

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**(ISA) Authorized Signatory, Contact Information:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Grant Manager, 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. Project Information

**Program Name:** \_\_\_\_\_

**JAG Purpose\Program Area:** Select only one Purpose Area (the one that is most appropriate)

- ☐ Prevention\Intervention
- ☐ Diversion
- ☐ Enforcement
- ☐ Treatment

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

### Non- Supplant

If the Executive Office of Public Safety and Security should award JAG funds to \_\_\_\_\_, the funds will be used to supplement, not supplant other federal, state, or local funding sources during the grant award period with the Office of Grants and Research.

By signing the following page and submitting this application for consideration of a grant award, I have been informed by the Executive Office of Public Safety and Security that supplanting of funds is strictly prohibited.

**Applicant request for funding:** \$ \_\_\_\_\_

**Note:** Amount requested for funding should be a whole dollar amount (do not include cents). Also make certain that the amount requested here is the same total reflected in your budget section.

**THIS SIGNATURE PAGE MUST BE SIGNED AND MAILED WITH YOUR HARD COPY APPLICATION**

### **Signature Page**

*This form must be completed and signed by the Chief Executive Officer of the State Agency submitting this application. Remember to also complete **Attachment E** (Signatory Authorized Listing Form).*

### **State Agency Authorizing Official**

**As the Chief Executive Officer, I am authorizing my agency to solicit funds for a JAG Heroin and Opioid Crime Reduction State Initiative grant from the Executive Office of Public Safety and Security. I have reviewed and approve the content contained in this application being submitted for consideration of a grant award.**

Name of State Agency \_\_\_\_\_

Authorizing Official Name-Printed \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

*(this must be signed in **blue ink** and mailed with your application)*

## **Project Narrative**

### **a. *Statement of the Problem/Needs Assessment (3 page limit)***

**This section should identify and describe the problem and justify the reason for the proposed program, activity or services being selected.**

- Describe the need, nature and extent of the problem to be addressed and its effect or consequences for the community or locality impacted.
- Describe the intended target population using demographic and other data where possible.
- Statements should be supported with up to date statistical or other factual information or relevant literature. The sources or methods used for assessing the problem should also be identified and described.
- Please include any additional information that may further describe or validate the identified problem/need.

a. *Statement of the Problem/Needs Assessment (page 2 of 3)*

a. *Statement of the Problem/Needs Assessment (page 3 of 3)*

b. *Program Description (7 page limit)*

**This section should address both the scope and intent of the program, strategy or activity and how it will address the problem and needs previously provided.**

- Describe any risk factors to be addressed and protective factors.
- Describe the link between research (evidence-based) and the proposed program and if possible any previous evaluation results of the model program or strategy to be replicated or expanded.
- Please include the names of any collaborating agencies/ partners. Include a detailed description of the partner's participation in addressing the problem as outlined in the application. A Memorandum of Understanding should be attached for named project partners and labeled as Attachment C.
- Please include any other information that might be beneficial for better understanding your stated efforts.

b. *Program Description (page 2 of 7continued)*



b. *Program Description (page 3 of 7 continued)*

b. *Program Description (page 4 of 7 continued)*

*b. Program Description (page 5 of 7 continued)*

*b. Program Description (page 6 of 7 continued)*

*b. Program Description (page 7 of 7 continued)*

c. *Goals and Objectives, Activities, Timeline, Performance Measures, and Evaluation*

Goal 1	Objective(s)	Activities	Timeline
Performance Measures/Evaluation Methods			

Goal 2	Objective(s)	Activities	Timeline
Performance Measures/Evaluation Methods			

Goal 3	Objective(s)	Activities	Timeline

Performance Measures/Evaluation Methods



Goal 4	Objective(s)	Activities	Timeline
Performance Measures/Evaluation Methods			

Goal 5	Objective(s)	Activities	Timeline
Performance Measures\Evaluation Methods			

Goal 6	Objective(s)	Activities	Timeline
Performance Measures\Evaluation Methods			

**Applicants may submit an operating budget for up to 12-months.** In addition to the Budget Narrative, applicants must complete a Budget Excel Worksheet and Summary Sheet Form (refer to Attachment B) and submit as directed (hard-copy and electronically). Please list all program costs according to the specified budget category.

Name and Job Title	Computation	Federal Cost
<b>Total Personnel Costs</b>		\$

Please use this section to describe the duties for the staff named, hourly rate, how many hours will be charged to the JAG award and any other information to further explain the costs being charged against the grant.

## Budget Detail & Narrative

- 2. Fringe Benefits** - Based on federally negotiated rate agreement or established formula by sub-recipient's accountant, comptroller or human resource unit. Costs are limited to the employer's share of life insurance, health insurance, social security, pension, unemployment and workers compensation costs. Include copy of approved or audited rate with the proposal. If applicant does not have a federally approved or audited rate, actual known costs must be itemized by type and include rate computation in this section of the budget forms.

Name and Job Title	Computation	Federal Cost
Total Fringe Costs		\$

### Narrative

If applicant does not have a federally approved or audited fringe rate, please provide a breakdown of actual allowable costs which must be pro-rated for staff time charged to the program.

**Budget Detail & Narrative**

**3. Indirect Costs** - Federally negotiated and approved rate for costs that are not readily assignable to a particular project, but are necessary to the operation, maintenance of the organization and performance of the project. **Applicants must include a copy of the federally approved rate with the proposal.** If applicant does not have an approved indirect cost rate, please refer to the "Other" category section.

Indirect Costs	Computation	Federal Cost
Total Indirect Costs		\$

**Narrative**

If applicant does not have a federally negotiated approved indirect cost rate and your accounting system permits, costs may be allocated in the other cost category.

## Budget Detail & Narrative

- 4. Consultants** - For each consultant enter the name, if known, hourly or daily fee (8-hour day), estimated time on the program and service to be provided. Consultant fees in excess of \$650/day, \$81.25 per hour require additional justification and prior approval from EOPSS/OGR.

Consultant Name	Computation	Federal Cost
<b>Total Consultant Costs</b>		<b>\$</b>

## Narrative

Please describe the work to be performed by the consultant, explanation of the costs, duration of the service, etc.

## Budget Detail & Narrative

- 5. Contract Services** - Applicants are encouraged to promote free and open competition in awarding contracts and must adhere to their procurement rules and regulations.

Contract	Computation	Federal Cost
<b>Total Contract Costs</b>		\$

### Narrative

Provide a description of the product or services to be procured by contract and an estimate of the cost. Be sure to include the purpose for such contract as well as activities (if applicable) to be completed.



**6. Travel** - Costs associated with travel by employees while conducting official program business. Please note that JAG related in-state travel mileage rate costs cannot exceed the state reimbursement rate (currently \$0.45 per mile.) Out of state travel is strictly scrutinized and will require additional justification and prior approval from EOPSS.

Type of Travel Expense	Computation	Federal Cost
<b>Total Travel Costs</b>		\$

**At a minimum, please indicate area to be traveled as well as purpose for travel. Provide as much detail as possible to justify the reason for the expense.**

## Budget Detail & Narrative

7. **Equipment** - List the cost of all equipment and technology to be purchased, including communication equipment, for program use. Please be as specific as possible.

Equipment\Technology	Description or Computation	Federal Cost
<b>Total Equipment Costs</b>		<b>\$</b>

### Narrative

Please use this space to further explain and justify any of the equipment or technology items listed. If purchasing communication equipment, please also complete "Attachment D" *Interoperable Communications Investment Proposal* form.

## Budget Detail & Narrative

8. **Supplies** - List items individually by type (postage, training materials, copying paper, and other expendable items) and show computation. Generally, supplies include any materials that are expendable or consumed during the course of the program.

Supplies	Computation	Federal Costs
<b>Total Supplies Costs</b>		<b>\$</b>

## Narrative

**Please use this space to provide any additional information for the supplies being requested.**

## Budget Detail & Narrative

**9. Other**—Any other costs not listed in previous budget categories. Expenses listed in this category may include additional direct costs relevant to proposed program such as rent, phone, accounting/human resource services and utilities.

Other Expenses	Description\Computation	Federal Costs
<b>Total Other Costs</b>		\$

## Narrative

For example, provide the square footage and the cost per square foot for rent, and provide a monthly rental cost and how many months to rent. Please remember that supplanting is not allowed per JAG federal rules and regulations.

## 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. **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 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 (mail or hand delivered) **one** (1) signed original and **three** (3) copies of the documents listed below. Faxed proposals will **not** be accepted. Please use binder or paper clips (no staples or ring binders). 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: Memorandum of Understanding (please mark each MOU as Attachment C).
4. Attachment D: Interoperable Communications Investment Proposal Form (ICIP) (applicable if requesting funds for interoperable communication components).
5. Attachment E: Contractor Authorized Signatory Listing

Application Templates and required documents must be received **no later than 4:00 pm Monday, November 16, 2015** to:

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

#### Electronic (e-mail) Submission

Once complete, applicants are asked to submit one version of the Application Template as a **PDF -not a scan** electronically to [eopssbjag@state.ma.us](mailto:eopssbjag@state.ma.us) no later than **4:00 pm Monday, November 16, 2015**.

- ☐ Attachment A: Application Template as a PDF (not a scan)