

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

Attachment A

Application Template for Strengthening Protective Factors through Grant Opportunity

Section I. Applicant Template Information

Applicant Legal Name: _____

PSN Funding Requested: \$ _____

**Name, Title of
Authorized Signatory:** _____
(First and Last Name, Title)

**Authorized Signatory
Phone:** _____ **Email Address:** _____

Applicant Agency Mailing Address:

Street: _____ **City:** _____ **Zip Code:** _____

County: _____ **Phone:** _____ **Fax:** _____

Grant Contact Name: _____ **Title:** _____

(Note: The person designated as the *Grant Contact* shall serve as the project's point person and be responsible for receiving and responding to EOPSS' project related requests)

Grant Contact Mailing Address:

Same as Above ☐

Street: _____ **City:** _____ **Zip Code:** _____

County: _____ **Phone:** _____ **Fax:** _____

E-mail: _____

Fiscal Point of Contact for Grant: Name: _____ **Title:** _____

Fiscal Contact Mailing Address:

Same as Above ☐

Street: _____ **City:** _____ **Zip Code:** _____

County: _____ **Phone:** _____ **Fax:** _____

E-mail: _____

DUNS Number _____ **Currently registered in SAM** ☐ Yes ☐ No

Program Summary: Four sentences (250 characters *maximum*), summarizing the proposed project activities.

Non- Supplanting

I hereby certify that, in accordance with DOJ Financial Guidelines, the _____
(NAME OF APPLICANT)

has been informed by the EOPSS that supplanting of PSN funds is strictly prohibited and if awarded will not use grant funds to replace state and local funds that would, in the absence of such assistance, otherwise be made available for this law enforcement purpose.

Authorized Signatory:

Signature: _____

Date: _____

Print Name: _____

Title: _____

Section II. Narrative Template

1. Statement of the Problem/Needs Assessment (3 page limit)

- As it relates to the purpose of this solicitation, applicants must describe the needs impacting youth, families and the communities and their effect or consequences on the local community. Include socio-economic data to help justify the needs as well as the financial hardship in the community to address the needs.
- Describe the intended target population using demographic and other data where possible. Please include the ages being targeted and risk factors confronting the target population.
- Statements should be supported with up-to-date statistical or other factual information/data or relevant literature. The sources or methods used for assessing the problem should also be identified and described.

Section II. Narrative Template, Continued

2. Project Description (7 page limit) - See p. 9 of AGF for instructions

This section should address both the scope and intent of the program, including detailed descriptions of its components and activities. Additionally, the applicant should discuss (if applicable) if the program will benefit a minority youth population or populations not normally receiving services. Also the applicant should show how the components of the program will address the problem and needs previously identified.

Section II. Narrative Template, Continued

Applicant Capacity (2-page limit)

- Discuss organizational capacity to carry out the proposed project and related activities.
- Describe agency qualifications and history implementing similar programs and/or with targeted population.
- Describe ability to provide trained staff to deliver the services required by the proposed project.
- Describe proven track record and commitment of management team proposed for project.
- Describe collaboration among law enforcement, community groups, state agencies, juvenile court, criminal justice agencies, and/or other juvenile justice stakeholders.

Project Goals and Objectives, Activities, Timeline and Performance Measures (See page 10 of the AGF for instructions).

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			

Budget Detail & Narrative

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. Please include any overtime costs in this section. Overtime is only allowed for full-time sworn uniform personnel.

1. Personnel - Costs associated with agency personnel.

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

Narrative

Please use this section to describe the duties for the staff named, hourly rate, how many hours will be charged to the PSN 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. Municipalities must follow their local procurement rules and regulations when sub-awarding funds.

Consultant Name	Computation	Federal Cost
Total Consultant Costs		\$

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 local procurement rules and regulations.

Contract	Computation	Federal Cost
Total Contract Costs		\$

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
Total Travel Costs		\$

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
Total Equipment Costs		\$

Narrative

Please use this space to further explain and justify any of the equipment or technology items listed.

Budget Detail & Narrative

8. **Other/Supplies** - List any additional costs here such as supplies needed for your program. 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
Total Supplies Costs		\$

Narrative

Please use this space to provide any additional information for items being requested.