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

#### **Attachment A**

#### Application Template for Strenghtening Protective Factors through Grant Opportunity

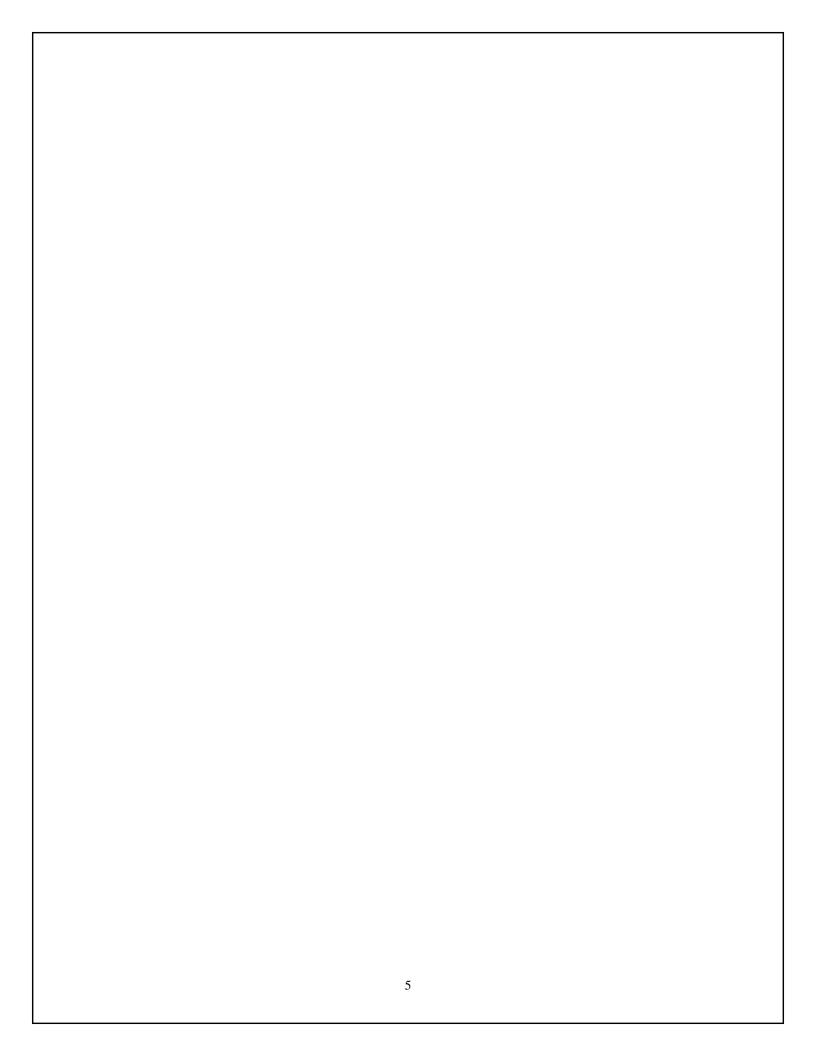
# **Section I. Applicant Template Information Applicant Legal Name:** PSN Funding Requested: \$ Authorized Signatory: — (First and Last Name, Title) Authorized Signatory Phone: \_\_\_\_\_ Email Address: \_\_\_\_ **Applicant Agency Mailing Address:** Street: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ 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 County: \_\_\_\_\_ Phone: \_\_\_\_ Fax: \_\_\_\_\_ Fiscal Point of Contact for Grant: Name: \_\_\_\_\_ Title: \_\_\_\_ **Fiscal Contact Mailing Address:** Same as Above Street: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: **DUNS Number** Currently registered in SAM Yes No

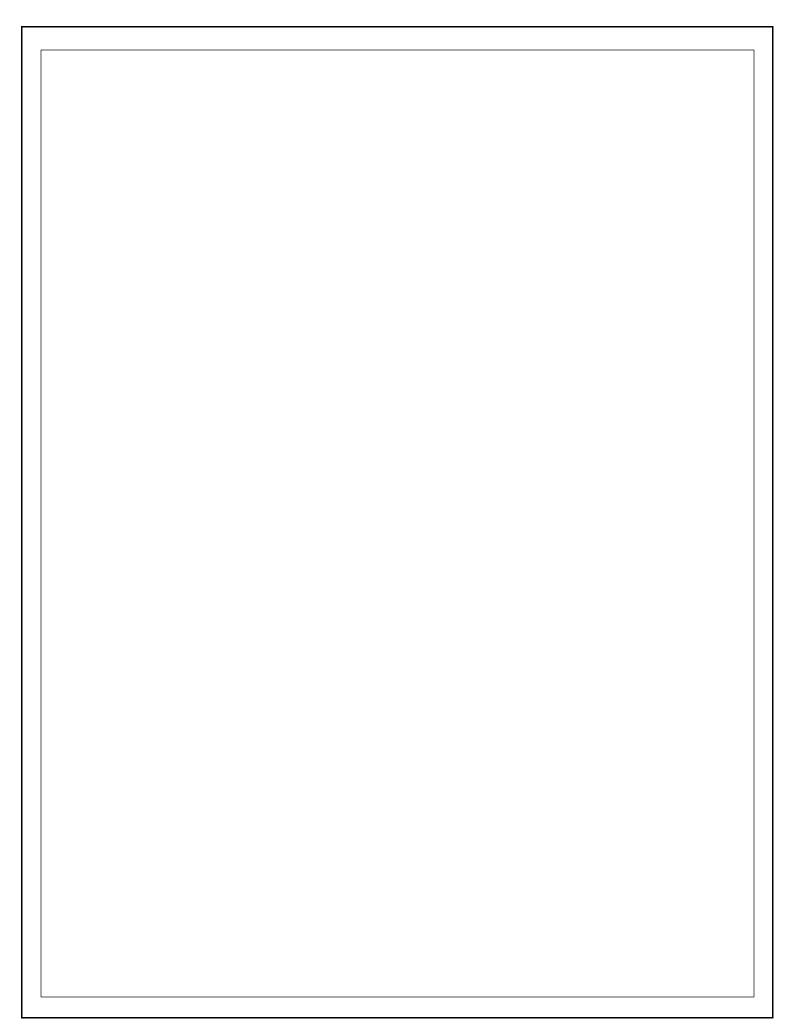
ctivities.	
Ion- Supplanting	
hereby certify that, in accordance with I	OOJ Financial Guidelines, the(NAME OF APPLICANT)
has been informed by the EOPSS that sur	(NAME OF APPLICANT) oplanting of PSN funds is strictly prohibited and if awarded will
ot use grant funds to replace state and le	ocal funds that would, in the absence of such assistance, otherwise
e made available for this law enforceme	ent purpose.
Authorized Signatory:	
Authorized Signatory: Signature:	Date:
Signature:	
Signature:	

#### 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.





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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		
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Section II. Narrative Template, Continued		
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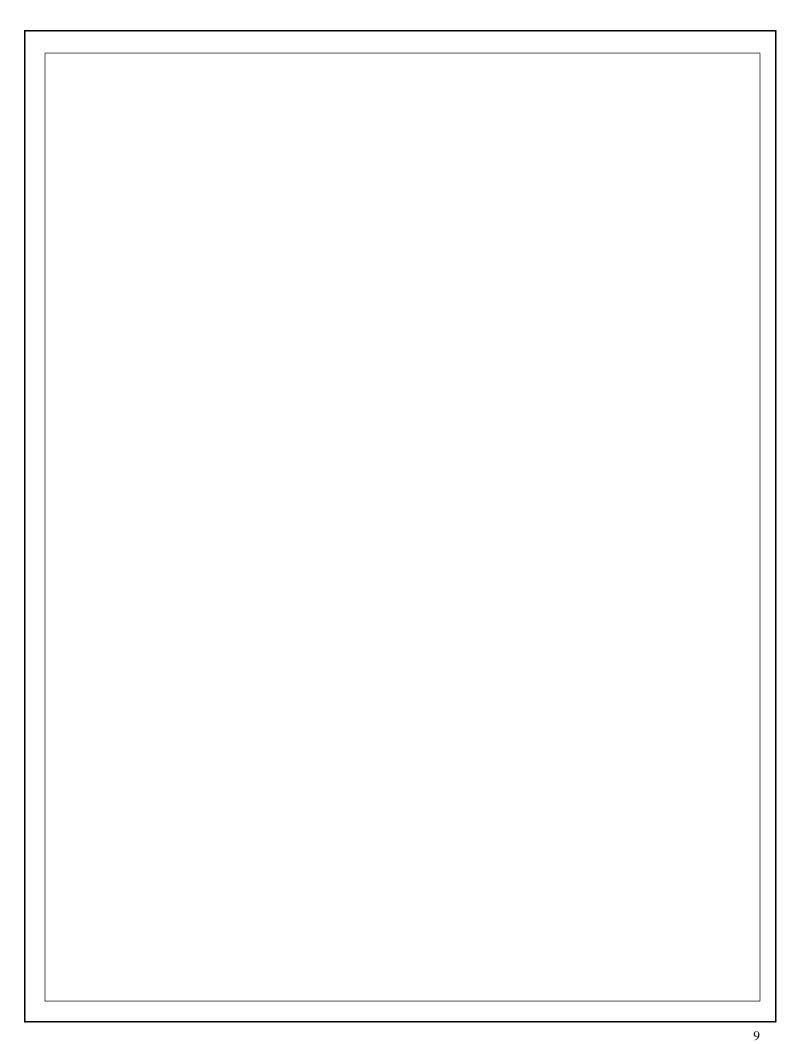
Section II. Narrative Template, Continued		
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Section II. Narrative Template, Continued		
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Section II. Narrative Template, Continued		
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Applicant Capacity (2-page limit)
<ul> <li>Discuss organizational capacity to carry out the proposed project and related activities.</li> </ul>
<ul> <li>Describe agency qualifications and history implementing similar programs and/or with targeted population.</li> </ul>
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.
<ul> <li>Describe collaboration among law enforcement, community groups, state agencies, juvenile court, criminal justice agencies, and/or other juvenile justice stakeholders.</li> </ul>



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 Me	easures	

Goal 4	Objective(s)	Activities	Timeline	
	Performance Meas	ures		

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.

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

#### 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.

**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		

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		

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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.

**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		

**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		1

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		\$
 Narrative		

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.	

**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.

<b>Equipment\Technology</b>	Description or Computation	Federal Cost
<b>Total Equipment Costs</b>		\$
Narrative		
Please use this space to further e	explain and justify any of the equipment or	technology items
listed.		

**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		\$
Total Supplies Costs		φ 
Narrative		I
Please use this space to provide	any additional information for items	being requested.