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| **CRIME PREVENTION AND JUSTICE ASSISTANCE DIVISION****DEPARTMENT OF THE ATTORNEY GENERAL** |
| **APPLICATION FOR GRANT** **FY 2017 EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT (JAG)****PART I. TITLE PAGE** |
| **A.** | **PROJECT TITLE**: |       |
| **B.** | **APPLICANT AGENCY:** |       |
| **C.** | **SYSTEM FOR AWARD MANAGEMENT (SAM)****REGISTRATION:** **[ ]  Yes** **[ ]  No** | **DUNS No.** |       |
| **D.** | **APPLICATION RANKING WITHIN AGENCY:** | \_\_\_\_\_\_\_\_\_ (as determined by agency head) |
| **E.** | **ADDRESS:** |       | **City** |       | **Zip** |       |
| **F.** | **PRIMARY PLACE OF PERFORMANCE:** | **City** |       | **State** |       | **Zip + 4 digits** |      -     |
| **G.** | **PROJECT PERIOD:** | **From**  1,  **To** ,  |
| **H.** | **AUTHORIZED PROGRAM AREA**: |  |
| **I.** | **PRIORITY AREA:** |  and  |
| **J.** | **TYPE OF APPLICATION:** | **New** **[ ]  Continuation** **[ ]**  |
| **K.** | **TOTAL PROJECT AMOUNT:** | **$**  |       |  |
| **L.** | **OTHER FUNDING SOURCES:** |
|  | Is the proposed project seeking other sources of funding? Yes [ ]  No [ ]  If yes, then provide name of the source or grant program and the amount of funds that is being sought: Source       Amount $      |
| **M.** | **PROJECT DIRECTOR** |
|  | Name: |       | Title: |       |
|  | Address: |       |
|  | Telephone |       |
|  | E-Mail: |       |
| **N.** | **FINANCIAL OFFICER** |
|  | Name: |       | Title: |       |
|  | Address: |       |
|  | Telephone: |       |
|  | E-Mail: |       |
|  |  |
|  |  |
|  FOR CPJAD USE |
| **Date received:** |  | **Project Number:** |  |
|  |  |  |  |

**EXHIBIT A**

**APPLICATION FOR GRANT**

 **FY 2017 EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT (JAG)**

**PART II. DESCRIPTION OF PROJECT**

**A. THE PROBLEM**

**B. GOALS AND OBJECTIVES**

**C. PROJECT ACTIVITIES**

**D. PROJECT ORGANIZATION AND MANAGEMENT**

**E. PERSONNEL**

**F. BRIEF PERSONNEL BIOGRAPHIES**

**G. PARTICIPATING AGENCIES**

**H. PERFORMANCE INDICATORS/OUTCOME MEASURES**

**I. PROBABILITY TO IMPROVE THE CRIMINAL JUSTICE SYSTEM AND SUSTAINABILITY PLAN**

**APPLICATION FOR GRANT**

**FY 2017 EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE GRANT (JAG)**

**PART III. BUDGET DETAIL AND EXPLANATION**

**BUDGET DETAIL:**

|  |  |  |
| --- | --- | --- |
| **COST ELEMENT** |  | **AMOUNT** |
| **A. Salaries and Wages** |
| Position Title | No. of Positions | Monthly rate | Subtotal |  |
|       |       | $      | $      |  |
|       |       | $      | $      |  |
|       |       | $      | $      |  |
| Position Title | No. of Positions |  | No. of Hours |  |  |
|       |       | $      |       | $      |  |
|       |       | $      |       | $      |  |
|       |       | $      |       | $      |  |
| **Total Salaries and Wages** | $      |
| **B. Fringe Benefits** | Employee Benefits @     % |
| Position Title | No. of Positions | Monthly Rate | Subtotal |  |
|       |       | $      | $      |  |
|       |       | $      | $      |  |
| Position Title | No. of Positions |  | No. of Hours |  |  |
|       |       | $      |       | $      |  |
|       |       | $      |       | $      |  |
| **Total Fringe Benefits** | $      |
| **C. Consultants/Contracts** |
| Scope of Consultant/Contract | Estimated Cost | Length of Consultant/Contract Service | Select as Appropriate |  |
|       | $      |       | [ ]  Consultant [ ]  Contract |  |
|       | $      |       | [ ]  Consultant [ ]  Contract |  |
| Itemize for mainland/interisland airfare, ground transportation, rental car, per diem | Unit Cost | No. of Travelers as applicable | No. of Days | Subtotal |  |
|       | $      |    |    | $      |  |
|       | $      |    |    | $      |  |
|  |  |
| **Total Consultants/Contracts** | $      |
| **COST ELEMENT** |  | **AMOUNT** |
| **D. Transportation and Subsistence** |
| Itemize for mainland/interisland airfare, ground transportation, rental car, per diem | Unit Cost | No. of Travelers as applicable | No. of Days | Subtotal |  |
|       | $      |    |    | $      |  |
|       | $      |    |    | $      |  |
|       | $      |    |    | $      |  |
| **Total Transportation and Subsistence** | $      |
| **E. Office Supplies** |
| Itemize supplies and related costs such as printing, paper, binders, etc. | Quantity | Cost by Unit | Subtotal |  |
|       |     | $      | $      |  |
|       |     | $      | $      |  |
|       |     | $      | $      |  |
| **Total Office Supplies** | $      |
| **F. Equipment** |
| Specify equipment that will be purchased, leased, or rented. | Quantity | Cost by Unit | Subtotal |  |
|       |     | $      | $      |  |
|       |     | $      | $      |  |
|       |     | $      | $      |  |
| **Total Equipment** | $      |
| **G. Other Costs** | Quantity | Cost by Unit | Subtotal |  |
|       |     | $      | $      |  |
|       |     | $      | $      |  |
|       |     | $      | $      |  |
| **Total Other Costs** | $      |
| **H. Indirect Costs** | Base | Rate (%) | Subtotal |  |
|       | $    |       | $      |  |
|       | $    |       | $      |  |
|       | $    |       | $      |  |
| **Total Indirect Costs** | $      |
|  **TOTAL PROJECT COSTS** $      |

**BUDGET EXPLANATION:**

1. **Salaries and Wages**

1. **Fringe Benefits**

**The composite fringe benefit rate is at** **% for** **(list positions). The rate consists of the following fringe benefit items and computed rates:**

1. **Consultants/Contracts**

1. **Transportation and Subsistence**

1. **Office Supplies**

1. **Equipment**

1. **Other Costs**

1. **Indirect Costs**