|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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**