|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CRIME PREVENTION AND JUSTICE ASSISTANCE DIVISION**  **DEPARTMENT OF THE ATTORNEY GENERAL**  235 South Beretania Street, Suite 401  Honolulu, Hawaii 96813 | | | | | | | | | | | | | | | | |
| **APPLICATION FOR FY 2018 PROJECT SAFE NEIGHBORHOODS (PSN) GRANT**  **PART I. TITLE PAGE** | | | | | | | | | | | | | | | | |
| **A.** | **PROJECT TITLE**: | | | |  | | | | | | | | | | | |
| **B.** | **APPLICANT AGENCY:** | | | |  | | | | | | | | | | | |
| **C.** | **SYSTEM FOR AWARD MANAGEMENT (SAM)**  **REGISTRATION:**  **Yes**  **No DUNS No. \_\_\_\_\_\_\_\_\_\_**     **\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | |  |  |
| **D.** | **ADDRESS:** | |  | | | | | | | **City** | | |  | | **Zip** |  |
| **E.** | **LOCATION OF PROJECT:** | | | | |  | | | | | | | | | | |
| **F.** | **PROJECT PERIOD:** | | | **From**     ,  **To**    , | | | | | | | | | | | | |
| **G.** | **TOTAL PROJECT AMOUNT:** | | | | | | **$** |  | | |  | | | | | |
| **H.** | **OTHER FUNDING SOURCES:** | | | | | | | | | | | | | | | |
|  | Is the proposed project seeking other sources of funding? Yes  No  If yes, then provide name of  source and the amount of funds that is being sought: Source       Amount $ | | | | | | | | | | | | | | | |
| **I.** | **PERFORMANCE MEASURES:** | | | | | | | | | | | | | | | |
|  | The applicant agrees to comply with all reporting, data collection and evaluation requirements, as prescribed by the Department of the Attorney General and the Bureau of Justice Assistance. Yes No | | | | | | | | | | | | | | | |
| **J.** | **PROJECT DIRECTOR** | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | Title: | | |  | | | | |
|  | Address: |  | | | | | | | | | | | | | | |
|  | Telephone |  | | | | | | | | | | | | | | |
|  | E-Mail: |  | | | | | | | | | | | | | | |
| **K.** | **FINANCIAL OFFICER** | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | Title: | | |  | | | | |
|  | Address: |  | | | | | | | | | | | | | | |
|  | Telephone: |  | | | | | | | | | | | | | | |
|  | E-Mail: |  | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |
| FOR CPJAD USE | | | | | | | | | | | | | | | | |
| **Date received:** | |  | | | | | | | **Project Number:** | | | | |  | | |
|  | |  | | | | | | |  | | | | |  | | |

**EXHIBIT A**

**AG/CPJAD #1 PSN (Rev 8/2019)**

**APPLICATION FOR FY 2018**

**PROJECT SAFE NEIGHBORHOODS (PSN) GRANT**

**PART II. DESCRIPTION OF PROJECT**

Note: This form does not provide spell check.

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. SUSTAINABILITY PLAN

**APPLICATION FOR FY 2018**

**PROJECT SAFE NEIGHBORHOODS (PSN) GRANT**

**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. Consultant Services/Contracts** | | | | | | | | | | | | | |
| Scope of Consultant  Service/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. 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. **Consultant Services/Contracts**

1. **Transportation and Subsistence**

1. **Supplies**

1. **Equipment**

1. **Other Costs**

1. **Indirect Costs**