|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CRIME PREVENTION AND JUSTICE ASSISTANCE DIVISION**  **DEPARTMENT OF THE ATTORNEY GENERAL** | | | | | | | | | | | | | | | | | |
| **APPLICATION FOR GRANT**  **FY 2021 PAUL COVERDELL FORENSIC SCIENCE IMPROVEMENT GRANTS PROGRAM - FORMULA**  **PART I. TITLE PAGE** | | | | | | | | | | | | | | | | | |
| **A.** | **PROJECT TITLE**: | | | |  | | | | | | | | | | | | |
| **B.** | **APPLICANT AGENCY:** | | | |  | | | | | | | | | | | | |
| **C.** | **SYSTEM FOR AWARD MANAGEMENT (SAM)**  **REGISTRATION:**  **Yes**  **No** | | | | | | | | | | | **UNIQUE ENTITY IDENTIFIER (UEI):** | | | |  | |
| **D.** | **ADDRESS:** | |  | | | | | | **City** | | | |  | | **Zip+4 digits** | | - |
| **E.** | **PROJECT PERIOD:** | | | **From**  1,  **To** , | | | | | | | | | | | | | |
| **F.** | **GRANT PURPOSE**: | | | | |  | | | | | | | | | | | |
| **G.** | **ACCREDITATION:** | | | | | **Yes  :** Attach **No  :** Date applying for accreditation: | | | | | | | | | | | |
| **H.** | **TOTAL PROJECT AMOUNT:** | | | | | **$** |  | | |  | | | | | | | |
| **I.** | **OTHER FUNDING SOURCES:** | | | | | | | | | | | | | | | | |
|  | Is the proposed project seeking other sources of funding? Yes  No  If yes, then provide name of  source or grant program and the amount of funds that is being sought: Source       Amount $ | | | | | | | | | | | | | | | | |
| **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**

**APPLICATION FOR GRANT**

**FY 2021 PAUL COVERDELL FORENSIC SCIENCE IMPROVEMENT**

**GRANTS PROGRAM - FORMULA**

**PART II. DESCRIPTION OF PROJECT**

1. ABSTRACT (250 words)
2. PROBLEM STATEMENT
3. GOALS AND OBJECTIVES
4. PROJECT ACTIVITIES
5. PERSONNEL
6. CAPABILITIES AND COMPETENCIES
7. PERFORMANCE MEASURES
8. PLAN FOR COLLECTING THE DATA FOR PERFORMANCE MEASURES

**DEPARTMENT OF THE ATTORNEY GENERAL/CPJAD**

**APPLICATION FOR 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 | | | | | | |  |
|  | $ | | |  | | 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 Consultant Services/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 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
2. 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
2. Transportation and Subsistence
3. Supplies
4. Equipment
5. Other Costs
6. Indirect Costs