

APPLICATION FOR PROGRAM FUNDS

<i>STATE USE ONLY</i>		
App #:	Grant #:	Award:

SECTION I - APPLICANT INFORMATION

APPLICANT AGENCY:			
Address		City, ZIP	
Project Director		E-mail	
Telephone		FAX	
Federal Employer ID Number		Has applicant agency registered with the SYSTEM FOR AWARD MANAGEMENT (SAM) database?	
DUNS NUMBER		<input type="checkbox"/> Yes (SAM attached) <input type="checkbox"/> No	
IMPLEMENTING AGENCY:			
Contact		Email	
Address		City, ZIP	
Telephone		FAX	
FEDERAL FUNDS REQUESTED:	CASH MATCH:	TOTAL:	

TYPE OF AGENCY: (check one) <input type="checkbox"/> State <input type="checkbox"/> City/Town <input type="checkbox"/> County <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Other			
FUNCTION OF AGENCY:	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> Probation	<input type="checkbox"/> Prosecution
	<input type="checkbox"/> Courts	<input type="checkbox"/> Social Services	<input type="checkbox"/> Youth Services
	<input type="checkbox"/> Public Defense	<input type="checkbox"/> Education	<input type="checkbox"/> Treatment/Mental Health
	<input type="checkbox"/> Treatment/Substance Abuse	<input type="checkbox"/> Other Describe:	

TYPE OF APPLICATION: <input checked="" type="checkbox"/> JABG Local Allocation <input type="checkbox"/> State Program Funds <input type="checkbox"/> Other _____		
New: <input type="checkbox"/> Start a new project <input type="checkbox"/> Expand or enhance an existing project <u>not</u> previously JABG-funded	Continuation: <input type="checkbox"/> Continue a project currently receiving JABG funds <input type="checkbox"/> Expand/enhance an existing project receiving JABG funds For continuation applications, list up to three years of prior JABG funding in the table below.	
GRANT NUMBER	FEDERAL FUNDS	DURATION

PROJECT TITLE:	PROJECT DURATION: From _____ To _____
PROJECT DESCRIPTION (Limit to space provided):	

PURPOSE AREA (only one purpose area may be selected):
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SERVICE AREA:	U. S. Congressional District(s): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> Statewide
	Rural <input type="checkbox"/> Suburban <input type="checkbox"/> Tribal <input type="checkbox"/> Urban <input type="checkbox"/>
Judicial District(s) (Identify by District Number):	
Cities and Counties to be served:	
School(s) and or School District(s):	
IS THE JURISDICTION(S) TO BE SERVED IN COMPLIANCE WITH THE JJDP ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but working with DCJ Compliance Monitor.	<u>DCJ USE ONLY</u> - Jurisdiction Compliant with JJDP Act? _____
PROJECT WILL BE USING EVIDENCE-BASED OR RESEARCH INFORMED PROGRAMS OR PRINCIPLES: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the <u>NAME</u> and <u>SOURCE</u> where program information can be found:	

IMPORTANT: READ INSTRUCTIONS TO RESPOND TO THE FOLLOWING QUESTIONS

SECTION II – PROBLEM IDENTIFICATION AND TARGET POPULATION

1. **PROBLEM IDENTIFICATION (Limit 2 page)**

2. **POPULATION TO BE SERVED (Limit 1 page)**

A. **Complete the Table provided to define the proposed population to be served.**

Number of Juveniles Targeted to be Served								
	White/ Caucasian	Black/ African American	Hispanic/ Latino	Asian	American Indian/ Alaskan Native	Nat. Hawaiian/ Pacific Islander	Other/ Unknown	Total
Males								
Females								
Total								
Age/Grade Range of Target Population:								
Percent of Total to be Served with Limited English Proficiency: %								

B. Although the target population must be youth who are truant and for whom court proceedings have been initiated, you may choose to target a subset of that population such as minority youth, students of a certain age, grade or school. Provide a description of the target population including age, gender, ethnicity and other characteristics of those the project is intending to target.

Describe how the proposed project will be culturally, gender and age appropriate to the proposed target population. If the target population includes youth and families with limited English proficiency, explain how you plan to meet their needs.

3. **PROJECT DESCRIPTION (Limit 4 pages)**

SECTION III – AGENCY CAPACITY AND COLLABORATION

4. **APPLICANT AGENCY CAPACITY (Limit ½ page)**

5. **COMMUNITY COLLABORATION & SUPPORT (Limit 2 pages)**

Minimum required representation includes categories A-E: Provide the information requested in the table below.

Community Collaborative Representation
A. School(s) B. Judiciary C. Child Welfare D. Juvenile Justice (e.g., law enforcement, SB94, Probation) E. Behavioral Health(mental health and substance abuse providers)

NAME	AGENCY/ORGANIZATION AND ADDRESS	CATEGORY

Letters of Commitment are required from these entities (A-E). For schools the letters of commitment must be from the School District Superintendent and the Principal(s) of participating schools. For the Judiciary the letter of commitment must be from the Chief Judge. For the remaining collaborative members the letter must be from a high ranking official who can commit the agencies’ participation in the pilot.

SECTION IV – PROJECT PLAN

6. **GOALS AND OBJECTIVES (Limit 3 pages)**

Project Title:

GOAL 1:				
	ACTIVITIES	OUTCOMES	MEASUREMENT TOOLS	TIMEFRAME
OBJECTIVE 1.1:				
OBJECTIVE 1.2:				

GOAL 2:				
	ACTIVITIES	OUTCOMES	MEASUREMENT TOOLS	TIMEFRAME
OBJECTIVE 2.1:				
OBJECTIVE 2.2:				

GOAL 3:				
	ACTIVITIES	OUTCOMES	MEASUREMENT TOOLS	TIMEFRAME
OBJECTIVE 3.1:				
OBJECTIVE 3.2:				

7. INTENDED LONG-TERM OUTCOMES/CHANGES (Limit 1 page)

SECTION V – EVALUATION

8. PROJECT EVALUATION

A. Evaluation Plan (Limit 2 ½ pages)

B. Will research be conducted as part of this project? (Limit ½ page)

NO YES if yes, check the type of research proposed:

The planned research/evaluation activities do not involve the collection of information identifiable to private persons.

The planned research/evaluation activities involve the collection of information identifiable to private persons. If this box is checked, describe the procedures that will be put in place to ensure administrative and physical security of identifiable data and to preserve anonymity of private persons to whom information relates.

SECTION VI – SUSTAINABILITY

9. SUSTAINABILITY (Limit ½ page)

SECTION VII – BUDGET

10. BUDGET

Provide a budget for at least the planning process utilizing up to \$20,000 of funding. If you know where some or all of your implementation funds will be needed provide that information. It is anticipated that you may not know what your implementation budget will be at this time. If this is the case, for budget purposes use the Contracted Consultant/Professional Services section as a place holder for the funds that will be used for your implementation plan.

In the budget table below list by line item the total project costs. Make sure and indicate which funds you are requesting (fed \$) versus which funds you are providing as Cash Match.

ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR.

Project Title:

1. PERSONNEL	(1) Annual Full-time Salary	(2) Annual Fringe Benefit Cost	(3) Sub-Total	(4) % of time for This Project	TOTAL	Funding Source	
						Fed \$	Cash Match
	+		=	X %	\$		
	+		=	X %	\$		
	+		=	X %	\$		
	+		=	X %	\$		
TOTAL PERSONNEL COST					\$		
2. SUPPLIES AND OPERATING					TOTAL	Funding Source	
						Fed \$	Cash Match
					\$		
					\$		
					\$		
TOTAL SUPPLIES AND OPERATING COSTS					\$		
3. TRAVEL (Designate specifically in-state and out-of-state travel.)					TOTAL	Funding Source	
						Fed \$	Cash Match
					\$		
					\$		
TOTAL TRAVEL COST					\$		
4. EQUIPMENT					TOTAL	Source	
						Fed \$	Cash Match
					\$		
TOTAL EQUIPMENT COST					\$		
5. CONTRACTED CONSULTANT AND PROFESSIONAL SERVICES Attach a copy of each contract with a detailed budget.					TOTAL	Funding Source	
						Fed \$	Cash Match
					\$		
					\$		
TOTAL CONTRACTED COST					\$		
6. TOTAL OF ALL PROJECT COSTS (1 through 5)	TOTAL	Funding Source					
		Fed \$	% of Total	Cash Match \$	% of Total		
TOTAL COST	\$						

11. BUDGET NARRATIVE: (Limit 2 pages)

Follow the line items as in the Budget Table. Describe in detail how you arrived at the amounts in the budget table. Clearly indicate what is Cash Match versus what you are requesting.

12. TOTAL PROJECT FUNDING:

Will this project **BE FUNDED** using **ADDITIONAL FUNDS** other than those provided from this grant? ____YES / ____NO

If yes, what percentage of the total project costs will be supported by these federal funds **including your match**? ____%

List the type and amount of other funding that will be provided to this project, **do not include match funds obligated for this grant application.**

Fund Type/Describe	Amount
Federal:	
State:	
County Government:	
Municipal Government:	
Private:	
Other – specify:	
TOTAL PROJECT COSTS	

13. FINANCIAL MANAGEMENT: Please complete the items below.

- A. Has a copy of your last independent audit or financial review been previously submitted to DCJ?
 YES NO

If YES, to which program and for what time period? _____.

If audit last provided to DCJ is older than one year, include one copy of the most recent audit or financial review, including any management report or other auditor comments in the appendix. Also, if there were findings, please attach the audit resolutions and/or corrective action plan.

- B. Does your agency expend over \$500,000 from combined federal sources in a year?
 YES NO

If YES, attach a copy of the A-133 audit, including audit resolutions and/or corrective action plan.

- C. Please respond to the following questions about whether your accounting system meets the criteria for managing federal grant funds. (These questions cover areas that will be monitored by DCJ staff

during site visits or through other reporting mechanisms. They are not intended to be all inclusive and do not substitute for the agency's responsibility to meet all federal and state requirements for these grant funds.)

- YES NO Does your accounting system separate ALL revenues and expenditures by funding source?
- YES NO Does your system track revenues and expenditures for each grant award separately through a sub-ledger system?
- YES NO Does your system allow expenditures to be classified by the broad budget categories listed in the approved budget in your grant, i.e. Personnel, Supplies and Operating, Travel, Equipment and Professional Services?
- YES NO Do you reconcile sub-ledgers to your general ledger at least monthly?
- YES NO Do you mark your invoices with the grant number?
- YES NO Do you maintain time sheets, signed by the employee and supervisor for each employee paid by DCJ grant funds?
- YES NO Do you have written financial policies and procedures in place?
- YES NO Do you have accounting internal controls in place, such as separation of duties, two signatures on certain checks, reconciliations or other reviews?

For Continuation Applicants only

- YES NO Do you use your accounting system data to prepare your quarterly financial reports for DCJ?
- YES NO Do you reconcile your accounting system data with your quarterly financial reports for DCJ?

If you answered "No" to any of the questions above, please provide an explanation on an inserted page referencing Section VII Item #13.

CERTIFICATION OF APPROPRIATION OF MATCH

This **Certification of Appropriation of Match** form should be completed by all agencies providing match.

Certification of Appropriation of Match

Date: _____

Colorado Division of Criminal Justice
Office of Adult and Juvenile Justice Assistance
700 Kipling Street
Denver, Colorado 80215

To Whom It May Concern:

Please be advised that _____ has committed support

in the form of **Cash Match** in the amount of \$_____ to match the for the **FY 20**_____ **Federal**

Juvenile Accountability Block Grant funds for

(Project Title or Agency) _____.

Execution of this document represents a certification that said funds have been earmarked within the appropriation of budget process for use as matching funds for this grant application.

Sincerely,

The individual authorized to commit these funds on behalf of the unit of local government or corporation. This individual is either the authorized official or appropriate controller of the matching funds.

Signature/Date

Typed Name and Title

Agency, Address

SECTION IX - CERTIFICATIONS/SIGNATURES

These pages contain the required federal and state certified assurances and certifications (updated) necessary for the applicant to qualify for federal funding. **Read these carefully.** If you have any questions regarding these assurances, call OAJJA. *These pages must accompany the completed application.*

X - ATTACHMENTS

Attach the following applicable items behind the Signature page (Page 14 of the Special Provision and Certified Assurances pages) and label with the appropriate title:

- A. **Organizational Chart** – Highlight any positions included in the budget personnel category.
- B. **Job Descriptions** for the positions included in the budget personnel category.
- C. **Memoranda of Understanding/Agreement or Letters of Commitment** – Refer to the Application Instructions and the specific program area to which this application is responding to determine if these are required. If so, attach and label.
- D. Copy of **Privacy Certificate**, if applicable.
- E. Copy of **SAM Registration**.
- F. **Copy of last audit or formal financial review** – Supply only one copy of the last audit or formal financial review. However, if there were any management reports or other auditor comments, attach them to each copy of the application. It is not necessary to provide copies with each copy of the application.

NOTE: Applicants for federal funding are required to undergo an annual A-133 audit if \$500,000 or more is spent annually from any federal source. Applicants that spend less than \$500,000 in federal assistance must maintain records and internal controls sufficient for audit. DCJ requires all subgrantees, regardless of amount received, to submit a current formal financial review or audit report every year.