***OCJA strongly recommends the applicant read the “Detailed Guide” and review the “Project Directors Manual” before completing this application***.

The entire application package consists of four sections and a checklist. Submit the entire package, the original and three hard copies to OCJA, as well as the electronic version, Word and Excel (PDF not accepted), of the package, to ocja@dps.state.nv.us by the designated due date. For review and ranking purposes, a “point” value is assigned to each Section. The total possible score for the entire application is 100, with 20 additional awarded for proposing an evidenced-based project. The OCJA Project Director’s Manual contains more detailed information.

*Section I – Title (5 points)*

The letter indicated below will correspond to the field to complete in the application.

1. ***Check*** the name of the grant program from which the application is requesting funds.
2. ***Applicant Agency***: enter the official name of the agency submitting the application. The address refers to the physical and mailing address of the applicant agency (9 digit Zip is required in this section). OCJA will consider the application incomplete when the DUNS and/or Federal TAX ID fields are incomplete. To comply with federal requirements for Accountability and Transparency, the DUNS number must be registered in the System for Award Management. See page 4 of the *“Detailed Guide”*for details about registration.
3. ***Direct Award from US Department of Justice (DOJ)*.** Some agencies are eligible to receive funding directly from DOJ under the Justice Assistance Grant (JAG). If the county or city where the applying agency resides did not receive a direct award for JAG this past year, check the **not applicable** or **no** box as appropriate, and continue to field D. Otherwise, confirm by checking the **Yes** box and entering the amount awarded.
4. ***Project Title:*** Succinct description of the proposed activity. If funded previously, use the title from the previous award.
5. ***Project Period****:* October through September (12 months) **NOTE THE NEW TIME PERIOD 2015,** is the expected starting and completion dates of the proposed project, unless otherwise pre-approved by OCJA.
6. ***Purpose/Program Area***: Select only ONE of the areas listed by circling the corresponding number.
7. ***Project Director*:** Refers to the person with direct responsibility for the administration of the proposed project, enter the information requested for contact purposes.
8. ***Fiscal Officer***: Enter the name of the person who will manage the fiscal matters of the proposed project if awarded. The Fiscal Officer must be someone other than the Project Director.
9. ***Project Point of Contact***: This field refers to the person OCJA will contact with questions about quarterly reports, monthly financial claim forms, etc.
10. ***Previous Funding Received from OCJA***: If OCJA previously awarded funds for the proposed project, indicate the year(s) of the award(s), and the amount of federal funds received.
11. ***Proposed Project Budget Summary***: Please enter the data in this field only after completing the budget pages (separate Excel spreadsheet).
12. ***Certification by Authorized Official***; The sheriff, police chief, division chief, agency head or other official ultimately responsible for this project/program must sign in BLUE ink.

*Section II – Narrative (75 points with 20 additional possible for evidenced based programs)*

This Section has nine (9) fields assigned different value in points. Make sure to link all 9 sections with a common thread. A more detailed explanation about the language and information each field is looking for, the weight in points, and page limits of this Section begins on Page 7 of the “Detailed Guide for Completing and Application.” *Use a 12 point font* for the Narrative Section. Field 11 “Disclosure of Current Federal Funds and IT Statement” is required but not weighted.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Field Name*** | ***Scoring Points*** | ***Page Limit*** | ***Narrative provides:*** |
| 1. Title Page
 | 5 | 4 | See title page. |
| 1. Abstract
 | 5 | ½ (Half) | Summary of the 8 fields below. Use key words that tie the fields with a common thread. |
| 1. General Overview
 | 5 | 2 (two) | Establish who, what the applicant agency is and does. Agency successes and the expected outcome of the application.  |
| 1. Problem Statement
 | 10 | 2 (two) | What issue will the federal funding awarded solve? Use statistics and reference material to support the statement(s). |
| 1. Goals and Objectives
 | 15 | 1 ½(one &one-half) | How, who, where and when the project (solution to problem stated above) will be accomplished. Measurable objectives are a must! |
| 1. Methods of Accomplishment (Include timeline)
 | 15 | 2 (two) | State the plan to succeed in completing the proposed project. Include timeline of benchmarks.  |
| 1. Project Evaluation
 | 15 | 1 (one) | Who will document, what and when accomplishments are made to meet goals. |
| 1. Sustainment of the Project
 | 5 | 1 (one) | If necessary to continue this proposed project, how will this be accomplished without federal funding from OCJA; include maintenance costs and methods |
| 1. Statement of Coordination
 | 5 | 1 (one) | Partnerships, coordination, resources that will support the applicant agency in the completion of this project. How are tasks distributed among partners? |
| 1. Evidence Based Program
 | 20 Extra | 1 (one) | Explain the similarity of the proposed project with program(s) previously approved by Bureau of Justice Assistance proven crime solutions or “Evidenced Based Programs”. |
| 1. - Disclosure of

 current federal funds - Technology  Statement | N/A | N/A | OJP requires applicant agencies disclose information about current application for, or other sources of federal funding supporting the same project. When applicable, confirmation that applicant’s Technology Department reviewed the request. |

*Section III – Budget (15 points)*

The Budget section is downloaded separately from Sections I, II and IV in Excel format to maintain the required federal format and ease of use. The form contains detailed instructions on how to complete each field. Contact OCJA’s main telephone at (775) 687-3700 with any questions, concerns, or suggestions.

*Section IV – Certifications (5 points)*

Section IV is also downloaded and provided separately from the other 3 sections. See below for a list of the forms contained in this section. Please make sure the authorized official(s) sign these forms in BLUE ink. This will confirm the submission of the original documents.

1. Standard Certifications, lobbying, debarment, suspension and other responsibility matters, and drug free workplace
2. Standard Assurances
3. Equal Employment Opportunity Plan Certification – EEOP
4. Civil Rights Requirements

**This page left blank intentionally**

1. **Application for (Check only one):**

[ ]  Justice Assistance Grant (JAG) [ ]  Residential Substance Abuse Treatment (RSAT)

[ ]  Paul Coverdale Forensic Science Improvement (FSI)

[ ]  Other (Name)

**B. Applicant Agency**

| Name: |       |
| --- | --- |
| Mailing Address |       |
| Physical Address |       |
| City |       | NV |
| Zip (9 digit zip required) |      -     |
| Federal Tax ID #: |   -      (xx-xxxxxxx) |
| DUNS Number: |       (9 digits) |
| Has your agency registered with the System for Award Management (SAM) previously known as CCR data base? [ ]  Yes [ ]  No |

**C. Direct Award from US Department of Justice (DOJ)**

|  |
| --- |
| Did the applicant agency’s City or County receive a direct DOJ award last year?[ ]  Not Applicable or [ ]  No *(continue to the next field)*[ ]  Yes, what was the amount awarded?        |

**D. Project Title**

|  |
| --- |
|  |

**E. Project Period (period of performance)**

|  |  |
| --- | --- |
| From: **/  /** (mm/dd/yyyy) | To: **/  /** (mm/dd/yyyy) |

**F. Purpose/Program Area**: (choose one by circling the corresponding number)

1. Law enforcement programs.
2. Prosecution, defense and court programs. (Not drug courts – see # 5)
3. Prevention and education programs.
4. Corrections and community corrections programs.
5. Drug treatment and drug courts programs.
6. Planning, evaluation, and technology improvement programs.
7. Crime victim and witness programs.

**G Project Director**

|  |  |
| --- | --- |
| Name: |       |
| Title |       |
| Phone | (   )    -     |
| Email |      @      |
| Address |       |
| City |       | NV |
| Zip (9 digit zip required) |      -     |

**H Fiscal Officer:**

| Name: |       |
| --- | --- |
| Title |       |
| Phone | (   )    -     |
| Email |      @      |
| Address |       |
| City |       | NV |
| Zip (9 digit zip required) |      -     |

**I Project Point of Contact:**

| Name: |       |
| --- | --- |
| Title |       |
| Phone | (   )    -     |
| Email |      @      |
| Address |       |
| City |       | NV |
| Zip (9 digit zip required) |      -     |

1. **Previous Funding Received from OCJA:**

|  |  |  |
| --- | --- | --- |
| YearExample (2010) | Award Number (10-JAG-01) | Federal Amount Awarded ($)(250,000) |
|      |   -    -   |       |
|      |   -    -   |       |
|      |   -    -   |       |
|      |   -    -   |       |

1. **Proposed Project Budget Summary:**

|  |  |
| --- | --- |
| **Category** | **Federal Amount Requested ($)** |
| Personnel |       |
| Consultant/Contract |       |
| Travel |       |
| Supplies/Operating |       |
| Equipment |       |
| Confidential Funds |       |
| Total Federal Funding Requested ($) |       |

1. **Certification by Authorized Official**

|  |
| --- |
| As the authorized official for the applying agency, I certify that the proposed project described in this application meets all requirements of the legislation governing the grant as indicated by the attached Certifications found in Section IV; that all the information contained in the application is correct; that the appropriate coordination with affected agencies took place; that this agency agrees to comply with all provisions of the applicable grant program, including the reporting requirements. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Statement of Grant Award, and the current applicable OCJA Project Director’s Manual. To eliminate the possibility of supplanting, my signature also confirms the items requested within this application are not included in the agency’s current budget. |
| Authorized Official’s |
| Name (type/print):      | Phone: (   )    -     |
| Title:      | eMail:     @      |
| Signature:  | Date:  |

*CHECKLIST*

1. *The following documentation package constitutes the OCJA application. Please submit the entire package by the deadline indicated in the RFA.*
2. *[ ]  Checklist*
3. *[ ]  Title Page - (Please sign in blue ink for signatures)*
4. *[ ]  Abstract*
5. *[ ]  General Overview*
6. *[ ]  Problem Statement*
7. *[ ]  Goals and Objectives (Must be measurable)*
8. *[ ]  Methods of Accomplishment (including timeline)*
9. *[ ]  Project Evaluation/Internal Assessment*
10. *[ ]  Sustainment of the Project – including time line*
11. *[ ]  Statement of Coordination*
12. *[ ]  Budget Form* ***with*** *itemization and narratives*
13. *[ ]  Evidence Based Program (extra 20 points)*
14. *[ ]  Inter-Agency Agreement or Memorandum of Understanding for current year,
 if applicable*
15. *[ ]  Disclosure of other federal funding sources and when applicable, technology
 statement*
16. *[ ]  Waiver of Pass Through (for non-profits, if applicable)*
17. *[ ]  Appendices – when applicable*

 *The following assurances must be signed by the authorized official/s and considered part of this application. Please use blue ink for signatures. These forms are posted on OCJA’s website* [*www.ocj.nv.gov*](http://www.ocj.nv.gov/)*, under the Grant Application link.*

1. *[ ]  Standard Certifications, Lobbying and Debarment and Drug-Free Workplace, etc.*
2. *[ ]  Standard Assurances*
3. *[ ]  Equal Employment Opportunity Plan Form –EEOP*
4. *[ ]  Civil Rights Requirements*
5. *[ ]  Submit* ***Original*** *paper application and three hard copies to OCJA’s physical address AND the electronic version of the application’s title page, narrative and budget, Word and Excel respectively, to* *ocja@dps.state.nv.us* *before the deadline.*

*Please submit this checklist with your application.*

Begin typing below each field header.

ABSTRACT: ½ page.

GENERAL OVERVIEW: 2 page.

PROBLEM STATEMENT: 2 page.

GOALS AND OBJECTIVES: 1 ½ page.

METHODS OF ACCOMPLISHMENT (including timeline) 2 page.

PROJECT EVALUATION 1 page limit.

SUSTAINMENT OF THE PROJECT 1 page.

STATEMENT OF COORDINATION (and, if applicable, interagency Agreement or Memorandum of Understanding for current year) 1 page.

EVIDENCE BASED PROGRAM (If applicable) 1 page.

 - DISCLOSURE OF CURRENT FEDERAL FUNDS
 - TECHNOLOGY STATEMENT.

Grant\_Application\_Form.docx