

JAG AND LOTTERY GRANT APPLICATION
OFFICE OF THE ATTORNEY GENERAL

Project Period 1/1/2021-12/31/2021

I – APPLICATION OVERVIEW

Subrecipients are state agencies, units of local government (such as a city or county), or other general-purpose political subdivisions of a state or Indian Tribe.			
Subrecipient Level of Government (Check One)			
State	County	City/Town	Indian Tribe

Name of Subrecipient (City, County, State Agency)	DUNS #	Subrecipient Phone	
Suprecipient Street Address	City	State	Zip Code
Suprecipient Contact Name	Title		
Email Address			

The authorized official must have the legal authority to commit the subrecipient to a contract or other agreement. Overall responsibility for the administration of the project rests with this individual. Examples: mayor, city or county auditor, director of the state agency, or Tribal Chairperson.			
Name of Authorized Official	Title	Phone	
Street Address	City	State	Zip Code
Email Address			

The Project Director has the direct responsibility for implementation of the project activities. This person will prepare and submit all progress reports as required by the Office of Attorney General. Examples: task force coordinator or executive director.			
Name of Project Director	Title	Phone	
Street Address	City	State	Zip Code
Email Address			

The Implementing Agency has direct responsibility for carrying out the activities of the grant.

Type of Implementing Agency (Check all that apply)

Prosecution

Corrections

Domestic Violence

Law Enforcement

Treatment

Courts

Victim/Witness

Other

Name of Implementing Agency

The Fiscal Officer has the responsibility of the financial administration of the project. This person prepares and submits all financial reports as required by the Office of Attorney General. Examples: city or county auditor, fiscal designee, or it can also be the project director.

Name of Fiscal Officer

Title

Phone

Street Address

City

State

Zip Code

Email Address

Authorized Program Area: (select all that apply)

Law Enforcement

Prevention/Education

Drug Treatment

Crime Victim and Witness Programs (other than compensation)

Prosecution/Courts

Corrections/Community Corrections

Planning/Evaluation/Technology Improvement

Multi-agency Project (two or more)?

Yes

No

Multijurisdictional Project (two or more)?

Yes

No

II - BUDGET NARRATIVE & CALCULATIONS - Totals must equal budget summary total for each section.
Applicants should indicate the total cost for each category of the proposed project. Please round to the nearest dollar.

A. Personnel - List each position by type. Compensation for employees engaged in grant activities must be consistent with that paid for similar work within the surrounding areas. Fringe benefits should be based on actual known costs or an established formula. Fringe benefits may include common items such as payroll taxes, health and life insurance, and retirement contributions. NOTE: Salary Cap (Wages and Fringe) \$52,000 for prosecutors and \$42,000 all other personnel. Attach a sheet using [this](#) format if you have additional items.

Name/Position	Rate/ Month or Hour	Fringe/Month or Hour	# of Months or Hours	Total Personnel Cost
Total Personnel Salary/Fringe:				

Narrative – Please provide a detailed description for all personnel expenses.

B. Supplies - General office supplies, investigative supplies, postage, etc. Generally, supplies include any materials that are expendable or consumed during the course of the project (**includes equipment under \$5000**). Attach a sheet using this format if you have additional items.

Supply Item	# of items	Unit Cost	Total Supplies Cost
Total Supplies:			

Narrative – Please provide a detailed description for all supply expenses.

C. Rent - List buildings or locations that require a rent payment.

Rent Item	Cost per Month	# of Months	Total Rent Cost
Total Rent:			

Narrative – Please provide a detailed description for all rent expenses.
D. Communications - List items used for communications (telephone, cell phone charges, etc.) Attach a sheet using [this](#) format if you have additional items.

Communication Items (number of phones)	Cost per month	Number of months	Total Communication Cost
Total Communications:			

Narrative – Please provide a detailed description for all communication expenses.

E. Fuel/Oil/Vehicle Maintenance - List fuel usage, oil changes, and vehicle maintenance for all vehicles, leased or owned. Attach a sheet using this format if you have additional items.

Fuel/Oil/Vehicle Maintenance Items	# of Items	Cost per item or month	Total Fuel Cost
Total Fuel/Oil/Vehicle Maintenance:			

Narrative – Please provide a detailed description for all fuel/oil/vehicle maintenance expenses.

F. Contractual Services - List service to be provided, anticipated hourly, daily, or monthly rates. Also include expenses to be paid to the consultants in addition to their fees (i.e., travel, meals, lodging, etc.) The maximum rate for consultants is \$650 for an 8-hour day.

Description of products or services	Purpose of the contract	Total Contractual Cost
Total Contractual Services:		

G. Equipment Rent/Lease - List equipment items to be rented or leased.

Item	# of Items	Cost per item	Total Equipment Rent/Lease Cost
Total Equipment Rent/Lease:			

Narrative – Please provide a detailed description for all equipment rented or leased expenses.

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H. Travel & Training - List travel expenses for attending trainings, meetings, conference, and other work related travel. State rates will be used for in-state travel, GSA rates for out-of state travel.

Purpose of Travel	Type of Expense (Lodging, Meals, , Registration, Etc.)	Cost	# of Staff	Total Travel Cost
Total Travel/Training:				

Narrative – Please provide a detailed description for all travel expenses.

I. Equipment - List non-expendable items that are to be purchased that are **\$5000** or more for each item. Items that do not meet these criteria should be considered Supplies. Rented or leased equipment should be listed in the Equipment Rent/Lease category. Attach a sheet using this format if you have additional items.

Equipment Item	# of Items	Cost per Item	Total Equipment Cost
Total Equipment:			

Narrative – Please provide a detailed description for all equipment expenses. Please list which agency will maintain ownership of the equipment at the end of the grant.

J. Other Costs - List other items that do not fall into the other budget categories.

Other Items	# of Items	Cost Per Item	Total Cost
Total Other:			

Narrative – Please provide a detailed description for all other expenses.

III – BUDGET SUMMARY

Category	Total Budget
A. Personnel	
B. Supplies	
C. Rent	
D. Communications	
E. Fuel/Oil/Vehicle Maintenance	
F. Contractual Services	
G. Equipment Rent/Lease	
H. Travel/Training	
I. Equipment	
J. Other Costs	
Total Budget Request	

Grant Funds	\$	Enter 65% of Total Budget
Match	\$	Enter 35% of Total Budget

Source of Matching Funds:

IV. AGENCY FUNDING SOURCES

Please list any direct **JAG grant awards** your agency received from the Bureau of Justice Assistance program and list the projects supported by these grant funds.

Direct Justice Assistance Grant (JAG) Program	Amount
Projects Supported:	
	\$
	\$
	\$
TOTAL FY ____ AWARD AMOUNT	\$

Please list all other sources of grant funding that support this project's activities.

Funding Sources	Amount
Other (specify):	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL FUNDING	\$

If the operations of this project are expected to generate income, please discuss possible sources and how it will be used (i.e. asset forfeiture, training fees collected as a result of grant-funded training):

V. PROJECT NARRATIVE

I. Project Description: Briefly describe the project that is proposed. How will this project address specific problems? Include specifics about the services to be provided, how the services will be provided (how often and by whom), and the project accomplishments.

II. Current Efforts: *Clearly define what efforts are currently underway in responding to the problem described in the Project Description.*

III. Collaboration with Other Agencies: *Describe coordination and cooperation between agencies during the past year.*

IV. Describe in detail what plans or steps are being taken to assure continuation of your agency's project after grant funding ends.

VI. PROJECT GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Stated goals, objectives, and performance measures will be used by the Office of Attorney General to monitor and assess the project's progress in achieving the intended results. Project goals, objectives, and performance measures should be listed in the format below and not referred to in a narrative format.

Overall Project Goals: State the project's goals, in general or broad terms. Goals should address the specific problem/need identified in the application. Goals should be stated in terms of the outcomes that the project wants to achieve. (Example: Reduce the amount of crime committed by persons under the influence of illicit drugs.)

1.	
2.	
3.	
4.	

Objectives (Activities directed at achieving goals): State the project's objectives, in terms of specific steps or benchmarks that will eventually lead to accomplishing the goals. Objectives must be clearly expressed and in measurable terms. (Example: Increase the number of drug-related arrests by 10 percent.)

1.	
2.	
3.	
4.	

Performance Measures (How you measure your project's success): (Example: Number of drug-related arrests)

1.	
2.	
3.	
4.	

