

PROJECT SAFE NEIGHBORHOODS GRANT FUNDS REQUEST

ND OFFICE OF ATTORNEY GENERAL IN CONJUNCTION WITH THE U.S. ATTORNEY'S OFFICE DISTRICT OF ND

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 (check one)			
State	County	City/Town	Indian Tribe
Subrecipient Name (City, County, State Agency)	DUNS Number	Subrecipient Phone Number	
Subrecipient Mailing Address	City	State	Zip Code
Subrecipient Contact Name	Title	E-Mail 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 are the mayor, city or county auditor, director of the state agency, or Tribal Chairperson.			
Authorized Official Name	Title		
Phone	E-Mail Address		
Mailing Address	City	State	Zip Code

Implementing Agency Name	Multi Agency Project Yes No	Multi-Jurisdiction Project Yes No	
The project director has direct responsibility for implementation of the project activities. The person will prepare and submit all progress reports as required by the Office of Attorney General. Examples are task force commander or executive director.			
Project Director Name	Title		
Email Address	Telephone Number		
Agency Mailing Address	City	State	Zip Code
PSN Goal Alignment (select all that apply)			
Reduce Violent Crime	Identify/Deter Hotspots	Outreach/Education	

<p>The fiscal officer prepares and submits all financial reports as required by the Office of Attorney General and has responsibility for the financial administration of the project. Examples are city or county auditor, fiscal designee, or it can also be the project director.</p>			
Fiscal Officer Name		Title	
Phone		E-Mail Address	
Mailing Address	City	State	Zip Code

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, indicate what portion of that project will be funded by this award, and what portion will be funded through other means.

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.

Name/Position	Rate/ Month	Fringe/ Month	# of Months	Percentage of Time	Grant Request
Total Grant Request:					

B. Overtime - List overtime by type of position. Overtime for employees engaged in grant activities must be consistent with that paid for similar work within the surrounding areas.

Name/Position -or- Type of Position	Overtime Rate/Hour	Overtime Fringe/Hour	# Hours	Grant Request
Total Grant Request:				

C. Workshops and Events – Proposed workshops and events that support the PSN project		
Item	Calculation	Grant Request
Total Grant Request:		

D. Travel - Itemize travel expenses of project personnel for the purpose of implementing the PSN project. Show calculations (i.e. Presentation A = 2 staff \$X lodging for X nights, \$X per diem for X days plus mileage. State rates for in-state travel, or GSA rates for out-of state travel apply.		
Purpose of Travel	Calculation	Grant Request
Total Grant Request:		

E. Equipment - List non-expendable items with an individual cost of \$5000 or more and a useful life of 1 year or more. Items that do not meet these criteria should not be considered. Attach a sheet using this format if you have additional items.		
Item	Calculation	Grant Request
Total Grant Request:		

Which agency will maintain ownership of the equipment at the end of the grant period?	
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F. Printing/Publishing/Duplication of Materials - List all costs for printed material that support the PSN project and show basis for calculation.

Items	Calculation	Grant Request
Total Grant Request:		

III - BUDGET SUMMARY

Category	Grant Request
A. Personnel	
B. Overtime	
C. Workshops/Events	
D. Travel	
E. Equipment	
F. Printing/Publishing/Duplication of Materials	
Total Grant Request:	

IV - PROGRAM INCOME

<p>Will the proposed project result in program income?</p>	<p>Yes</p>	<p>No</p>
<p>If yes, please explain:</p>		

V - PROJECT NARRATIVE, CURRENT EFFORTS, TIMELINE, GOALS, AND PERFORMANCE MEASURES

1. Project Description - Briefly describe the project that is proposed. How will this project address the specific goals of the PSN Grant? What is the target area of the project? Be sure to demonstrate understanding of the PSN program strategy goals.
If this project is in conjunction or collaboration with another agency, please submit the MOU or letters of support as additional attachments.

2. Current Efforts - Clearly define what efforts are currently underway in response to the problems identified in the project description. Has there been coordination of efforts with other agencies?

3. Timeline – Provide a detailed project timeline.

Quarter	Activities Planned
Quarter 1 January 1, 2022 - March 31, 2022	
Quarter 2 April 1, 2022 June 30, 2022	
Quarter 3 July 1, 2022- Sept 30, 2022	
Quarter 4 October 1, 2022- Dec 31, 2022	

4. Project Goals - Describe the goals of this project and how they support the PSN Task Force goals.

Blank area for describing project goals and their support for PSN Task Force goals.

5. Performance Measures – Describe the measures by which you will determine your project's success. Provide a description of how data supporting these measures will be collected. (Example: Number of presentations given, clients served, violent crime statistics)

ADDITIONAL REQUIRED INFORMATION

Non-government or Multi-agency Applicants:

A third party contract or memorandum of understanding between the agency and the authorized official of the unit local government stating that the unit of local government will be the legal recipient of the federal funds granted to this agency (If applicable)

Letter(s) of support (Optional attachment)

Information regarding communication with Department of Homeland Security (DHS) and Immigration and Customs Enforcement (ICE):

1. Does your jurisdiction have any laws, policies, or practices related to whether, when, or how employees may communicate with DHS or ICE? **Yes** **No**
2. Is your jurisdiction subject to any laws from superior political entity (e.g. a state law that binds a city) that meet the description in question 1? **Yes** **No**

UCR Reporting Requirements:

If the implementing agency is a local law enforcement agency, it:

1. must report crime statistics to the State's Uniform Crime Reporting system
2. must be current in its reporting or must have a plan to become current by January 1, 2022.

In order to keep a PSN award, the implementing agency must maintain current UCR stats through the award period (January 1, 2022, through December 31, 2022). Failure to maintain current UCR statistics will result in award sanctions and/or deobligation.

Please indicate most recent crime statistics submitted: _____
month year

AUTHORIZED SIGNATURES

I certify that the project proposed in this application meets applicable requirements of the Project Safe Neighborhoods Grant (PSN) Program, that all information presented is correct, and that the applicant will comply with the provisions of the subgrant program and all other applicable federal laws. By appropriate language incorporated in each grant, sub-grant, or other document under which funds are to be disbursed, the undersigned shall assure that the applicable conditions shown above apply to all recipients of these grant funds.

Signature of Authorized Official

Date

Signature of Project Director

Date

Signature of Fiscal Officer

Date