

# Edward Byrne Justice Assistance Grant (JAG) Application

## LOTTERY GRANT APPLICATION

OFFICE OF THE ATTORNEY GENERAL

Project Period 1/1/2025-12/31/2025

Application Deadline: Friday, August 26, 2024 11:59 PM

### I – APPLICATION OVERVIEW

**Subrecipient contact information:**

Name and Unique Entity Identifier (UEI) as registered with Sam.gov. This is the entity receiving the funding.

Entity Applying (Check One)

State or units of  
local government

Indian Tribe

Non-government  
victim witness  
assistance programs

Non-government domestic  
violence programs

|  |   |                           |                 |
|--|---|---------------------------|-----------------|
| <b>Name of Subrecipient (City, County, State Agency)</b> | <b>Unique Entity Identifier - <span style="color: red;">required</span></b> | <b>Subrecipient Phone</b> |                 |
| <b>Suprecipient Street Address</b>                       | <b>City</b>   | <b>State</b>              | <b>Zip Code</b> |
| <b>Suprecipient Contact Name</b>                         | <b>Title</b>  |                           |                 |
| <b>Email Address</b>                                     |   |                           |                 |

**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 agency, or Tribal Chairperson.

|                                    |              |              |                 |
|------------------------------------|--------------|--------------|-----------------|
| <b>Name of Authorized Official</b> | <b>Title</b> | <b>Phone</b> |                 |
| <b>Street Address</b>              | <b>City</b>  | <b>State</b> | <b>Zip Code</b> |
| <b>Email Address</b>               |              |              |                 |

**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.

|                                 |              |              |                 |
|---------------------------------|--------------|--------------|-----------------|
| <b>Name of Project Director</b> | <b>Title</b> | <b>Phone</b> |                 |
| <b>Street Address</b>           | <b>City</b>  | <b>State</b> | <b>Zip Code</b> |
| <b>Email Address</b>            |              |              |                 |

|  |
|--|
| <b>The Implementing Agency has direct responsibility for carrying out the activities of the grant.</b> |
| <b>Name of Implementing Agency</b>   |

|   |              |              |                 |
|---|--------------|--------------|-----------------|
| <b>The Fiscal Officer has the responsibility of the financial administration of the project.</b>      |              |              |                 |
| 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.            |              |              |                 |
| <b>Name of Fiscal Officer</b>   | <b>Title</b> |              | <b>Phone</b>    |
| <b>Street Address</b>   | <b>City</b>  | <b>State</b> | <b>Zip Code</b> |
| <b>Email Address</b>  |              |              |                 |

|   |  |  |
|---|--|--|
| <b>Authorized Program Area: (select all that apply)</b> |  |  |
| Law Enforcement   | Corrections/Community Corrections          | Crime Victim and Witness Programs (other than compensation)  |
| Prosecution/Courts                                      | Drug Treatment/Enforcement                 | Mental Health Programs and Related Law Enforcement and Corrections programs, including behavioral programs and crisis intervention teams |
| Prevention/Education                                    | Planning/Evaluation/Technology Improvement |  |

|  |    |   |    |
|--|----|---|----|
| <b>Multi-agency Project (two or more)?</b> |    | <b>Multijurisdictional Project (two or more)?</b> |    |
| Yes  | No | Yes   | No |

**II - BUDGET NARRATIVE & CALCULATIONS – All budget categories calculate the total cost in the column on the right. DO NOT USE SPECIAL CHARACTERS (example: \$, commas, letters, etc.) ONLY USE NUMBERS. Please round to the nearest dollar. Applicants should indicate the total cost for each category of the proposed project.**

**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 - Salary  | Salary per Hour, Month or Year | # of Hours, Months or Year | Total Personnel Cost |
|-------------------------|--------------------------------|----------------------------|----------------------|
|                         |                                |                            |                      |
|                         |                                |                            |                      |
|                         |                                |                            |                      |
|                         |                                |                            |                      |
|                         |                                |                            |                      |
| Name/Position - Fringe  | Fringe per Hour, Month or Year | # of Hours, Months or Year | Total Personnel Cost |
|                         |                                |                            |                      |
|                         |                                |                            |                      |
|                         |                                |                            |                      |
|                         |                                |                            |                      |
|                         |                                |                            |                      |
| <b>Total Personnel:</b> |                                |                            |                      |

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

**B. Supplies** - List items by type (office supplies, investigative supplies postage, copy paper). 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            | Unit Cost | # of Items | Total Supplies Cost |
|------------------------|-----------|------------|---------------------|
|                        |           |            |                     |
|                        |           |            |                     |
|                        |           |            |                     |
|                        |           |            |                     |
|                        |           |            |                     |
|                        |           |            |                     |
|                        |           |            |                     |
|                        |           |            |                     |
|                        |           |            |                     |
|                        |           |            |                     |
|                        |           |            |                     |
|                        |           |            |                     |
|                        |           |            |                     |
| <b>Total Supplies:</b> |           |            |                     |

**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/Year | # of Months/year | Total Rent Cost |
|--------------------|---------------------|------------------|-----------------|
|                    |                     |                  |                 |
|                    |                     |                  |                 |
|                    |                     |                  |                 |
|                    |                     |                  |                 |
| <b>Total Rent:</b> |                     |                  |                 |

**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          | Estimated Cost Per Month | # of Months | Total Communication Cost |
|------------------------------|--------------------------|-------------|--------------------------|
|                              |                          |             |                          |
|                              |                          |             |                          |
|                              |                          |             |                          |
|                              |                          |             |                          |
|                              |                          |             |                          |
|                              |                          |             |                          |
|                              |                          |             |                          |
|                              |                          |             |                          |
| <b>Total Communications:</b> |                          |             |                          |

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

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

| Fuel/Oil/Vehicle Maintenance Items         | Estimated Cost Per Month | # of Months | Total Fuel Cost |
|--|--------------------------|-------------|-----------------|
|  |                          |             |                 |
|  |                          |             |                 |
|  |                          |             |                 |
|  |                          |             |                 |
|  |                          |             |                 |
|  |                          |             |                 |
|  |                          |             |                 |
|  |                          |             |                 |
| <b>Total Fuel/Oil/Vehicle Maintenance:</b> |                          |             |                 |

**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.

| Name of Contractor/Consultant<br>(if known) | Purpose of the contract | Total Contractual Cost |
|---|-------------------------|------------------------|
|   |                         |                        |
|   |                         |                        |
|   |                         |                        |
|   |                         |                        |
|   |                         |                        |
| <b>Total Contractual Services:</b>          |                         |                        |

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

| Item                               | Cost Per Item | # of Items | Total Equipment Rent/Lease Cost |
|------------------------------------|---------------|------------|---------------------------------|
|                                    |               |            |                                 |
|                                    |               |            |                                 |
|                                    |               |            |                                 |
|                                    |               |            |                                 |
|                                    |               |            |                                 |
|                                    |               |            |                                 |
| <b>Total Equipment Rent/Lease:</b> |               |            |                                 |

**Narrative** – Please provide a detailed description for all equipment rent/lease expenses.

**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<br>(Lodging, Meals,<br>Flight, Registration,<br>Etc.) | Estimated<br>Cost | Number<br>of Days | Number of<br>Staff | Total Travel<br>Cost |
|-------------------------------|---|-------------------|-------------------|--------------------|----------------------|
|                               |   |                   |                   |                    |                      |
|                               |   |                   |                   |                    |                      |
|                               |   |                   |                   |                    |                      |
|                               |   |                   |                   |                    |                      |
|                               |   |                   |                   |                    |                      |
|                               |   |                   |                   |                    |                      |
|                               |   |                   |                   |                    |                      |
|                               |   |                   |                   |                    |                      |
| <b>Total Travel/Training:</b> |   |                   |                   |                    |                      |

**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          | Cost per Item | # of Items | Total Equipment Cost |
|-------------------------|---------------|------------|----------------------|
|                         |               |            |                      |
|                         |               |            |                      |
|                         |               |            |                      |
|                         |               |            |                      |
|                         |               |            |                      |
|                         |               |            |                      |
|                         |               |            |                      |
|                         |               |            |                      |
|                         |               |            |                      |
|                         |               |            |                      |
|                         |               |            |                      |
|                         |               |            |                      |
|                         |               |            |                      |
| <b>Total Equipment:</b> |               |            |                      |

**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. Please list vehicle insurance costs here.

| Other Items         | Cost Per Item | # of Items | Total Cost |
|---------------------|---------------|------------|------------|
|                     |               |            |            |
|                     |               |            |            |
|                     |               |            |            |
|                     |               |            |            |
|                     |               |            |            |
|                     |               |            |            |
|                     |               |            |            |
|                     |               |            |            |
|                     |               |            |            |
|                     |               |            |            |
|                     |               |            |            |
| <b>Total Other:</b> |               |            |            |

**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                  |              |
| <b>Total Budget Request</b>     |              |

Only JAG program applications require match. Lottery grant applicants, please disregard.

|                    |    |                 |
|--------------------|----|-----------------|
| <b>Grant Funds</b> | \$ | of Total Budget |
| <b>Match</b>       | \$ | of Total Budget |

**Source of Matching Funds (JAG only):**

**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. This does not include JAG funds from the ND OAG.

| Direct Justice Assistance Grant (JAG) Program | Amount    |
|---|-----------|
| <b>Projects Supported:</b>                    |           |
|   | \$        |
|   | \$        |
|   | \$        |
| <b>TOTAL FY ____ AWARD AMOUNT</b>             | <b>\$</b> |

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

| Funding Sources      | Amount    |
|----------------------|-----------|
| Other (specify):     |           |
|                      | \$        |
|                      | \$        |
|                      | \$        |
|                      | \$        |
|                      | \$        |
|                      | \$        |
|                      | \$        |
|                      | \$        |
|                      | \$        |
| <b>TOTAL FUNDING</b> | <b>\$</b> |

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.

### VII. ADDITIONAL REQUIRED INFORMATION (Please Attach)

The Drug and Violent Crime Policy Board has adopted a policy stating that applicants failing to submit the following documents with the application will not be considered for funding.

#### Unique Entity ID (UEI) certification of good standing:

- By checking the box, I certify that this UEI is associated with the applicant and is accurate and in good standing with SAM.gov.

#### Multi-jurisdictional Drug Task Forces:

- Memorandum of Understanding (MOU) between the participating agencies. A copy of the previous year's MOU may be submitted if the participating agencies have remained the same. If any agencies have been removed or added to the task force, a new MOU must be submitted.

#### Audit requirements:

- By checking this box, I certify that this applicant can provide a current audit report and any findings upon requested.

#### 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
3. or must have a plan to become current by January 1, 2025.

In order to keep a JAG award, the implementing agency must maintain current UCR stats through the award period (January 1, 2025, through December 31, 2025). 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 Justice Assistance Grant (JAG) Program and Lottery Program, if applicable, 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.

|   |               |
|---|---------------|
| _____<br>Signature of Authorized Official | _____<br>Date |
| _____<br>Signature of Project Director    | _____<br>Date |
| _____<br>Signature of Fiscal Officer      | _____<br>Date |