

Edward Byrne Justice Assistance Grant (JAG) Application

LOTTERY GRANT APPLICATION

OFFICE OF THE ATTORNEY GENERAL

Project Period 1/1/2026-12/31/2026

Application Deadline: Friday, August 15, 2025 11:59 PM

Applications must be submitted to agogrants@nd.gov

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

Name of Subrecipient (City, County, State Agency)	Unique Entity Identifier - required	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 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.

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	Corrections/Community Corrections	Crime Victim and Witness Programs (other than compensation)
Prosecution/Courts	Drug Treatment/Enforcement	
Prevention/Education	Planning/Evaluation/Technology Improvement	Mental Health Programs and Related Law Enforcement and Corrections programs, including behavioral programs and crisis intervention teams

Multi-agency Project (two or more)?

Yes No

Multijurisdictional Project (two or more)?

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
Total Personnel:			

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
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/Year	# of Months/year	Total Rent Cost
Total Rent:			

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

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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
Total Communications:			

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
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.

Name of Contractor/Consultant (if known)	Purpose of the contract	Total Contractual Cost
Total Contractual Services:		

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

Item	Cost Per Item	# of Items	Total Equipment Rent/Lease Cost
Total Equipment Rent/Lease:			

Narrative – Please provide a detailed description for all equipment rent/lease 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, Flight, Registration, Etc.)	Estimated Cost	Number of Days	Number 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	Cost per Item	# of Items	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. Please list vehicle insurance costs here.

Other Items	Cost Per Item	# of Items	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	

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

Grant Funds	\$	of Total Budget
Match	\$	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
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.	
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4.	

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

1.	
2.	
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4.	

Date _____