

# PROJECT SAFE NEIGHBORHOODS GRANT FUNDS REQUEST

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

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

## I – APPLICATION OVERVIEW

<b>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.</b>			
Subrecipient Level of Government (Check One)			
State	County	City/Town	Indian Tribe

Name of Subrecipient (City, County, State Agency)	Unique Entity Identifier - <b>required</b>	Subrecipient Phone	
Suprecipient Street Address	City	State	Zip Code
Suprecipient Contact Name	Title		
Email Address			

<b>The authorized official must have the legal authority to commit the subrecipient to a contract or other agreement.</b> 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			

<b>The Project Director has the direct responsibility for implementation of the project activities.</b> 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**

**PSN Goal Alignment: (select all that apply)**

**Community Engagement**

**Prevention and Intervention**

**Focused and Strategic Enforcement**

**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.

Name/Position - Salary/Overtime	Salary/Overtime 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. 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:		

**D. 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.)	Cost	Number of Days	Number of Staff	Total Travel Cost
Total Travel/Training:					

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

**E. 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.

**F. 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. Contractual Services	
D. Travel/Training	
E. Equipment	
F. Other Costs	
<b>Total Budget Request</b>	



**IV. AGENCY FUNDING SOURCES**

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

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

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

**III. Timeline** – Provide a detailed project timeline.

Quarter	Activities Planned
<b>Quarter 1</b> January 1, 2026 - March 31, 2026	
<b>Quarter 2</b> April 1, 2026 June 30, 2026	
<b>Quarter 3</b> July 1, 2026- Sept 30, 2026	
<b>Quarter 4</b> October 1, 2026- Dec 31, 2026	

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

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**V. 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)

Signature of Authorized Official	Date
Signature of Project Director	Date
Signature of Fiscal Officer	Date