



STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF PUBLIC SAFETY PLANNING

DPSP USE
ONLY

Grant No.

SUBGRANT APPLICATION SUMMARY

| | | |
|---|---|---|
| 1. Applicant (Name, Address, Zip, Phone, Email) | 2. Project Director (Name, Address, Zip, Phone) | 3. Financial Officer (Name, Title, Address, Zip, Phone) |
|---|---|---|

| | |
|---|--|
| 4. Project Title <p style="text-align: center;">FY 2020 JAG Local Law</p> | 5. DUNS Number: _____ Tax ID. Number: _____ |
|---|--|

| | |
|--|--|
| 6. Type of Application <input type="checkbox"/> Initial <input type="checkbox"/> 2 nd Yr. or <input type="checkbox"/> ___ Yr. Funding <input type="checkbox"/> Continuation of Grant No. _____ | 7. Desired Project Duration _____ Months Start Date: End Date: |
|--|--|

8. Brief Project Summary (required)

| 9. Budget Category | Requested | Approved by DPSP | | | | |
|-----------------------------|-----------|------------------|----------------|---|-------|---|
| a. Personnel | | | | | | |
| b. Fringe Benefits | | | | | | |
| c. Equipment | | | | | | |
| d. Travel | | | | | | |
| e. Operating Expense | | | | | | |
| f. Contractual Services | | | | | | |
| g. Miscellaneous | | | | | | |
| Total Project Budget | | | | | | |
| 10. Source of Funds | Federal | % | St/Local Match | % | Total | % |
| Requested Budget | | | | | | |

| | |
|---|--|
| 11. Number of pages in this application | |
|---|--|

 Chief Administrative Officer (Signature and Date)

 Project Director (Signature and Date)

 Chief Administrative Officer (Type or Print)

 Financial Officer (Signature and Date)

INSTRUCTIONS FOR COMPLETING SUBGRANT APPLICATION SUMMARY

(DPSP Form A)

1. Enter the name, address, zip and telephone number of the Agency or unit of Government that will administer the project.
2. Enter the name, title, address, zip and telephone number of the person who will be charged with the responsibility of implementing and operating the project.
3. Enter the name, title, address, zip and telephone number of the person who will be responsible for financial matters relating to the project, such as accounting and financial reports, and who will be authorized to sign request for reimbursements of expenditures.
4. Enter or select the project title type.
5. Enter Jurisdiction DUNS # and Tax Id.
6. Enter Email address of the primary contact person.
7. Enter the desired project duration in months. (DPSP only awards 12 month maximum contracts.)
8. Develop a brief summary for the project. Explain the project operation and how objectives will be accomplished.
9. Enter total funds proposed to be spent on the project in the eight (8) major budget categories brought forward from DPSP Form A-3 Budget Summary.
10. Enter the appropriate match ratio in both dollar amount and percentage.
11. Enter the total number of pages in application.

NOTE: The application must be signed by a person duly authorized to enter into a contract, or contractually obligate funds on behalf of the agency or unit of government of the subgrantee: The head of the implementing agency and/or the financial officer. The application should be dated when signed and the appropriate title of the signor should be in the space provided.



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PROJECT PLAN AND SUPPORTING DATA

PART I. STATEMENT OF PROBLEM



**INSTRUCTIONS FOR COMPLETING PROJECT PLAN: PART I
(PROBLEM STATEMENT)**

State in clear and concise terms the problem(s) which the project shall provide a needed solution. Provide as much as possible, quantified background data to support the degree of intensity of the problem. That is, provide crime statistics, population figures, caseloads, etc., when applicable, along with other relevant data which would indicate the problem. (Cite the sources of the data and the date of the data reported.)

BEGIN ON REVERSE AND ADD AS MANY CONTINUATION PAGES AS NECESSARY



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PROJECT PLAN AND SUPPORTING DATA

PART II. OBJECTIVES AND PROJECTED IMPACT

INSTRUCTIONS FOR COMPLETING PROJECT PLAN: PART II

(DPSP Form II)

A. OBJECTIVES

State clearly and concisely the measurable objectives of the project. IN other words, this section should describe precisely what the project will achieve and/or demonstrate. The objectives should be **directly** related to the **Statement of the Problem (A-2a)** so that the project can be evaluated in terms of its ability to resolve the problem identified. The activities called for in Section A-2c must be designed to achieve and document the achievement of the objectives in this section.

A measurable objective defines:

1. What CHANGE will take place?
2. What GROUP will be affected?
3. What LEVEL or DEGREE of change will occur?

Example No. 1: Three entry level local police officers will receive 240 hours of basic law enforcement training within (10) months of their employment.

CHANGE: Three police officers will receive basic training.
GROUP: Three entry level local police officers.
LEVEL of CHANGE: 240 hours of training within ten (10) months of employment

Example No. 2: Twelve(12) months after project Implementation in the community, there will be at least a 20% reduction in juvenile court referrals among persons (male and female) under the age of 17. Juvenile Court referrals for the last six (6) months of the project will be compared with the same data from the same period for the previous year.

B. PROJECTED IMPACT

The applicant should specify the "Projected Impact" of the project on the criminal justice system by indicating whether the project primarily addresses:

System Change: Improvement or upgrading of some aspect of the criminal justice system.
Relevance of Results: Benefits to be received by the criminal justice system, the community and the offender.
Cost of Reduction: Activities providing for reduction of cost of apprehension, courts, incarceration, supervision, etc.
Offender Change: Changes in the personal or social adjustment, job status, or behavior of the offender.

BEGIN ON REVERSE AND ADD AS MANY CONTINUATION PAGES AS NECESSARY



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PROJECT PLAN AND SUPPORTING DATA

PART III. IMPLEMENTATION

INSTRUCTIONS FOR COMPLETING IMPEMENTATION PLAN:

PART III

(DPSP Form III)

- A. Describe in narrative form the activities which will be performed during the project period.
- B. List the tasks or various individual activities which will be performed in the order in which they will occur and indicate the month in which it is anticipated the task will begin and the month in which it will be completed.

Example:

1. Hire project staff (first and second months).
2. Train project staff (second month - 3 weeks of training).
3. Develop operating procedures (middle of second month - first of third month).
4. Perform designated tasks (third month - twelfth month).

- C. Prepare a Bar Task Timetable.

Example:

| TASK TO BE PERFORMED | MONTHS IN PROJECT PERIOD |
|-------------------------------------|-------------------------------------|
| | 01 02 03 04 05 06 07 08 09 10 11 12 |
| 1. Hire Project Staff | ----- |
| 2. Train Project Staff (3 weeks) | _____ |
| 3. Develop Operating Procedures | _____ |
| 4. Perform Designated Tasks | _____ |

- D. Attach a current resume for each person employed in the conduct of grant activities.
- E. Attach a job description of proposed positions.
- F. Include an organizational chart associated with the project.



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SUSTAINABILITY PLAN

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PART IV:

INSTRUCTIONS FOR COMPETING SUSTAINABILITY PLAN: Part IV (DPSP Form IV)

Provide a plan describing commitment and capacity to continue the project if federal funding through the Division of Public Safety Planning were no longer available.

The plan will be evaluated on whether it proposes feasible strategies to preserve project activities long-term.

Please note that continuation or supplemental funding is not guaranteed and subgrantees are always encouraged to seek additional means of support to sustain their current projects.



STATE OF MISSISSIPPI
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DIVISION OF PUBLIC SAFETY PLANNING
BUDGET SUMMARY

| |
|----------------------------|
| DPSP USE ONLY Grant No. |
|----------------------------|

| BUDGET CATEGORY | REQUESTED BUDGET | DPSP USE ONLY APPROVED BUDGET |
|--|------------------|-------------------------------|
| A. PERSONNEL: | | |
| TOTAL PERSONNEL | | |
| B. FRINGE | | |
| 2. FICA Match | | |
| 3. Retirement Match | | |
| 4. Other | | |
| TOTAL FRINGE | | |
| C. EQUIPMENT | | |
| TOTAL EQUIPMENT | | |
| D. TRAVEL | | |
| 2. Commercial Carrier | | |
| 3. Meals | | |
| 4. Lodging | | |
| 5. Other | | |
| TOTAL TRAVEL | | |
| E. OPERATING EXPENSE | | |
| 2. Rental | | |
| 3. Printing and Reproduction | | |
| 4. Communications (Telephone, Postage) | | |
| 5. Other | | |
| TOTAL OPERATIONAL EXPENSES | | |
| F. CONTRACTUAL SERVICES | | |
| 2. Contracts w/Organizations | | |
| TOTAL CONTRACTUAL SERVICES | | |
| G. MISCELLANEOUS | | |
| 2. Training Materials | | |
| 3. Other | | |
| TOTAL MISCELLANEOUS | | |
| H. TOTAL PROJECT BUDGET | | |

SUMMARY FUNDING DATA

| | Federal | % | State/Local | % | TOTAL | % |
|-------------------------|---------|---|-------------|---|-------|---|
| REQUESTED BUDGET | | | | | | |
| APPROVED BUDGET | | | | | | |

Budget Prepared By: _____

INSTRUCTIONS FOR COMPLETING BUDGET SUMMARY : PART V: (DPSP FORM V)

GENERAL

The budget summary should be completed for each of the eight major budget categories (and their subcategories) for which funding is requested. These figures are to be derived from the detailed information in the Budget Narrative. For each category or subcategory listed, show total requested funds, rounded to the nearest dollar, in the column headed "Requested Budget". Enter category totals and Total Project Budget in the spaces provided.

SUMMARY FUNDING DATA SECTION

In the horizontal row labeled "Requested Budget", provide the following:

- a. **Federal** - Enter the total federal funds requested and the percentage of the total project which will be funded with Federal monies.
- b. **State or Local Cash Match** - Enter the total cash match and the percentage of the total project which will be provided by the applicant.

See DPSP guidelines or your Grants Management Specialist for the exact federal/state/local ratios required.

SHADED AREAS ARE FOR DPSP USE ONLY.



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BUDGET NARRATIVE

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PART VI:

INSTRUCTIONS FOR COMPLETING BUDGET NARRATIVE: Part VI

(DPSP Form VI)

GENERAL

The purpose of this form is to provide *full explanation, and justification* for all items budgeted to support project activities. After using DPSP Form A-4-b, add as many 8 1/2" x 11" continuation pages as necessary. Show Computations for totals, including all other information needed to derive at the total. *Provide the information required below in the order and format shown.* Transfer totals to Budget Summary.

A. PERSONNEL:

| <u>Name of Employee</u> | <u>Title</u> | <u>% of Time Devoted to Project</u> | <u>Date Hired</u> | <u>Salary Rate</u> |
|-------------------------|--------------|-------------------------------------|-------------------|--------------------|
| XXXXXXXX | XXXXXXXX | XXXXX | XXXX | XXXXX |

Example:

| | | | | |
|-----------|------------------------|------|----------|-------------------|
| Joe Smith | Director | 100% | 01/01/XX | \$40,000 (annual) |
| | Total Salaries & Wages | | \$ _____ | |
| = | Total Personnel | | \$ _____ | |

Note: Specify other fringe benefits in detail not as one group. (Health insurance, life insurance, workman's Comp, Unemployment etc.) Justify each category as it relates to project activities in the Project Plan. If the employees are not to be hired specifically for this project, but will be transferred from other duties, explain how the resulting vacancies will be filled.

B. FRINGE: Based on gross salary.

| | <u>SS & Medicare Match</u> | <u>Retirement Match</u> | <u>Other Fringe Benefits</u> |
|----------|--------------------------------|-------------------------|------------------------------|
| Example: | 7.65% | 17.40% | \$500 monthly |
| | Total Soc. Sec. Match | | \$ _____ |
| + | Total Retirement Match | | \$ _____ |
| + | Total Other | | \$ _____ |
| = | Total Fringe | | \$ _____ |

C. EQUIPMENT: (List each non-expendable item to be purchased as show below).

| <u>Item</u> | <u>Quantity</u> | <u>Unit Price</u> | <u>Total Price</u> | = Total Equipment \$ _____ |
|-------------|-----------------|-------------------|--------------------|----------------------------|
| XXXX | XXXX | XXXX | XXXX | |

Example:

| | | | | |
|-----------------|---|---------------|-----------------------|----------|
| | | | Total Equipment Cost: | \$ 2,100 |
| Desk Computer | 2 | @ \$ 950 each | \$ 1,900 | |
| Desk Calculator | 4 | @ \$ 50 each | \$ 200 | |

Justify how the above relate to project activities in the Project Plan. Explain what steps you have taken, or will take, to ensure that you receive the best value for least cost, consistent with State and Federal Purchasing Regulations.



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BUDGET NARRATIVE

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PART VI: (continue)

D. **TRAVEL:** (See the Division of Public Safety Planning subcontractor Travel Policy, to determine allowable expenses. Travel expenses incurred by consultants are to be included in the Contractual Services budget category).

Note: Mileage rate cannot exceed state rate. Review state travel guide at www.dfa.state.ms.us)

| | | | |
|---|---|--------------------------|----------|
| (Ex. 1200 miles @ \$.56 per mile = \$600) | | Total Mileage | \$ _____ |
| (Ex. Taxi, shuttle etc.) | + | Total Commercial Carrier | \$ _____ |
| (Daily rate or use State Travel guidelines) | + | Total Meals | \$ _____ |
| (Est. Hotel rate and the no. of days) | + | Total Lodging | \$ _____ |
| | + | Total Other | \$ _____ |
| | = | Total Travel | \$ _____ |

Explain the need for the travel and identify who will travel as related to project activities in the Project Plan.

E. **OPERATING EXPENSES:**

Show computations here, including all information needed to derive at the totals shown.

| | |
|--|----------|
| General Office Supplies | \$ _____ |
| + Total Rental | \$ _____ |
| + Total Printing & Reproduction | \$ _____ |
| + Total communications (Telephone, postage, etc.) | \$ _____ |
| + Total Other | \$ _____ |
| = Total Operating Expenses | \$ _____ |

Justify and explain the need for the operating cost as it is related to the project activities in the Project Plan.

F. **CONTRACTUAL SERVICES:**

| | |
|--------------------------------------|----------|
| Total Contracts with Individuals | \$ _____ |
| + Total Contracts with Organizations | \$ _____ |
| = Total Contractual Services | \$ _____ |

Justify and explain in relationship to project activities in the Project Plan. This section must contain the selection basis for any contract or prospective contract mentioned.

G. **MISCELLANEOUS:**

Show computations here, including all information used to derive at the total shown.

| | |
|-------------------------------------|----------|
| Total Tuitions or Registration fees | \$ _____ |
| + Total Training materials | \$ _____ |
| + Total Other | \$ _____ |
| = Total Miscellaneous | \$ _____ |

Explain the need and identify staff as related to project activities in the Project Plan.

OVERHEAD: Show computations here. These costs cannot exceed 10% of the direct labor cost (including fringe benefits) or 5% of the total project cost unless there is a documented approved rate.)

Total Miscellaneous \$ _____

Justify and explain relationship to project activities in the Project Plan, subgrantee administrative services, structure and policy, and specific services provided by the "Overhead" category.

H. **TOTAL PROJECT BUDGET:** \$ _____



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PART VII: EVALUATION PLAN

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INSTRUCTION FOR COMPLETING THE EVALUATION PLAN: PART VII

(DPSP Form VII)

All programs must include an evaluation plan. This is an integral part of the grant and should be directly related to the objectives and project impact section of the grant. The evaluation plan should specify how the objectives will be measured and how accomplishment of activities will be documented and evaluated.



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NON-SUPLANT CERTIFICATION

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PART VIII:

The _____ (Applicant) hereby assures that the federal funds will not be used to supplant state or local funds and those federal funds will be used to supplement existing funds for program activities and not to replace those funds that have been appropriated for the same purpose.

Signature: _____
(Chief Executive Officer)

Title: _____

Date: _____



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EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE

PART IX:

A. The _____ (Applicant) hereby certifies that it has formulated an Equal Employment Opportunity Program in accordance with 28 CFR 42, 301, et seq., Subpart E of the Code of Federal Regulations, and that it is on file in the office of:

Name _____

Address _____

Title _____

for review or audit by officials of the Division of Public Safety Planning or the Office Programs, U.S. Department of Justice as required by relevant laws or regulations.

B. The _____ (Applicant) hereby certifies that it is in compliance with the terms and conditions of 28 CFR 42, 301, et seq., and is not required to file an Equal Employment Opportunity Program.

INSTRUCTIONS FOR COMPLETING EEOC CERTIFICATION

(DPSP Form IX)

GENERAL

The purpose of the EEOC Guidelines is set forth in Title 28, Chapter 1, Subpart E of Part 42 of the Code of Federal Regulations. It provides recognition of the fact that full and equal participation of women and minority individuals in employment opportunities is a necessary element of the Office of Justice Programs by requiring that certain recipients of OJP funding make a careful evaluation of their employment practices as these affect minority persons and women and then develop a comprehensive EEO Program.

WHO MUST PREPARE AN EQUAL EMPLOYMENT OPPORTUNITY PROGRAM?

Any criminal justice recipient of funds may be required to formulate, implement and maintain an Equal Employment Opportunity Program as it relates to minority persons and women or women only. A recipient criminal justice agency must develop and implement a program if either of the following sets of criteria are fully met:

- I. For minority persons and women.
 - a. Has fifty or more employees.
 - b. Has received grants or subgrants of \$25,000 or more.
 - c. Has a service population with a minority representation of less than 3%.

- II. For women only.
 - a. Has fifty or more employees.
 - b. Has received grants or subgrants of \$25,000 or more.
 - c. Has a service population with a minority representation of less than 3%.

COMMENTS:

1. When determining the number of employees in an agency, all employees are to be counted, including clerical, custodial, etc.
2. The “*recipient*” agency is defined in terms of the implementing agency. For example, if a grant is made through a municipality to the police department for conducting a program or purchasing equipment, the recipient is considered to be the police department.
3. The criterion of \$25,000 in grant money is cumulative for the recipient (may be the sum of several small grants) and does not require a single grant of \$25,000 or more.
4. For the purpose of these guidelines, the relevant “service population” shall be determined as follows:
 - A. For adult and juvenile correctional institutions, facilities and programs (including probation and parole programs), the service population shall be the inmate or client population served by the institution, facility, or program during the preceding fiscal year.
 - B. For all other recipient agencies (e.g., police and courts), the service population shall be the state population for state agencies, the county population for county agencies, and the municipal population for municipal agencies.

PROCEDURE FOR COMPLETION OF FORM IX

Complete section on the reverse of this form if the implementing agency meets the criteria set out above and has formulated an Equal Employment Opportunity Program. If the implementing agency meets the criteria and this program has not been formulated, your application may not be accepted. For assistance, contact the DPSP EEOC officer at the central office.