

Office of Justice Programs

Title II Formula Grant SUBGRANT APPLICATION PACKAGE



Mississippi Department of Public Safety
Division of Public Safety Planning
152 Watford Parkway
Canton, MS 39046
(601) 391-4900

Revised 5/8/2023 (DPSP/OJP)

STATE OF MISSISSIPPI
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF PUBLIC SAFETY PLANNING
OFFICE OF JUSTICE PROGRAMS

DPSP USE

SUBGRANT APPLICATION SUMMARY

1. Applicant or Agency Applying (Name, Address, Zip, email, Telephone and Congressional District)	2. Project Director (Name, Address, Zip, email, and Telephone)	3. Financial Officer (Name, Title, Address, Zip, email, and Telephone)				
4. Project Title:	5. UEI Number: SAM Registration Number:					
6. Type of Application: ____ Initial ____ 2 nd yr. or ____ Yr. Funding	7. Project Duration: 12 Months Start date: End Date:					
8. Brief Project Summary (required):						
9. Budget Category	Requested = (Federal + match)	Approved by DPSP				
a. Personnel						
b. Fringe Benefits						
c. Equipment						
d. Construction						
e. Travel						
f. Operating Expenses						
g. Contractual Services						
h. Miscellaneous						
Total Project Budget						
10. Source of Funds	Federal	%	State/Local Match	%	Total	%
Requested Budget						
11. Number of pages in this application						

Chief Administrative Officer (Signature and Date)

Chief Administrative Officer (Type or Print)

(Title)

Project Director (Signature and Date)

Financial Officer (Signature and Date)

PROGRAM PURPOSE AREA

Please identify program purpose area(s) along with justification. Enter required information in this section. Add additional pages as needed.

APPLICANT CAPABILITY STATEMENT

Enter required information in this section. Add additional pages as needed.

PROJECT PLAN ABSTRACT AND SUPPORTING DATA
(Problem Statement: DPSP Form 1)

PART I. STATEMENT OF THE PROBLEM:

Enter required information in this section. Add additional pages as needed.

OBJECTIVES AND PROJECT IMPACT: Part II
(Project Plan: DPSP Form 2)

PART II. OBJECTIVES AND PROJECTED IMPACT:

Enter required information in this section. Add additional pages as needed.

IMPLEMENTATION PLAN: Part III
(DPSP Form 3)

PART III. IMPLEMENTATION (PROJECT TIME-LINE):

Enter required information in this section. Add additional pages as needed.

SUSTAINABILITY PLAN: Part IV
(DPSP Form 4)

PART IV. SUSTAINABILITY PLAN:

Enter required information in this section. Add additional pages as needed.



STATE OF MISSISSIPPI
 DPSP USE
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF PUBLIC SAFETY PLANNING
BUDGET SUMMARY: Part V

Grant No.:

BUDGET CATEGORY	REQUESTED BUDGET Federal & Match	DPSP USE ONLY APPROVED BUDGET
A. PERSONNEL:		
1. Salaries and Wages		
2. Social Security Match		
3. Retirement Match		
4. Other		
TOTAL PERSONNEL		
B. EQUIPMENT:		
TOTAL EQUIPMENT		
C. CONSTRUCTION:		
1. New		
2. Renovation		
3. Other (Specify)		
TOTAL CONSTRUCTION		
D. TRAVEL:		
1. Mileage		
2. Commercial Carrier		
3. Meals		
4. Lodging		
5. Other (Specify)		
TOTAL TRAVEL		
E. OPERATING EXPENSES:		
1. Supplies		
2. Rental		
3. Printing and Reproduction		
4. Communications (Telephone, Postage)		
5. Other -- (Specify):		
TOTAL OPERATIONAL EXPENSES		
F. CONTRACTUAL SERVICES:		
1. Contracts With Individuals		
2. Contracts With Organizations.		
TOTAL CONTRACTUAL SERVICES		
G. MISCELLANEOUS:		
1. Tuitions		
2. Training Materials		
3. Other; (Specify)		
TOTAL MISCELLANEOUS		
H. TOTAL PROJECT BUDGET		

SUMMARY FUNDING DATA

	Federal	%	State/Local	%	Total	%
REQUESTED BUDGET						
APPROVED BUDGET						

Budget Prepared by _____

BUDGET SUMMARY CHECKLIST: Part V

Insert applicable budget category totals from the detailed Project Budget Narrative.

Checklist:	<u>Yes</u>	<u>No</u>
Are all budgeted items allowable per TITLE II Program Guidelines?	<input type="checkbox"/>	<input type="checkbox"/>
Does Total Budget Cost equal the Total Program Budget?	<input type="checkbox"/>	<input type="checkbox"/>
Are all line-item computations correct?	<input type="checkbox"/>	<input type="checkbox"/>
Have Category Totals been rounded to the nearest dollar?	<input type="checkbox"/>	<input type="checkbox"/>

Each category amount listed below must equal Category Totals shown.

Financial Officer:

Phone Number: () - Fax Number: () -

E-Mail Address:

SECTION CATEGORY	FEDERAL FUNDS	CASH MATCH	BUDGET ITEM TOTAL
Personnel			
Fringe Benefits			
Travel			
Equipment			
Operating			
Contractual			
Construction			
Administrative			
TOTAL PROJECT COSTS			

* The Budget Item Totals must equal what is stated in each Budget Section of the application. The Total Project Costs for each budgeted line item should include the **10%** match.

BUDGET NARRATIVE: Part VI

PERSONNEL

Position Title & Employee Name	F = Full Time P = Part Time	Total Monthly Salary or Hourly Rate	% of Federal Funds Applied to Position	Total Salary Paid by Grant
Title: Name:				
Title: Name:				
Title: Name:				
Title: Name:				
Title: Name:				
Title: Name:				
Title: Name:				
Title: Name:				
Title: Name:				
Title: Name:				
CATEGORY TOTAL				

CATEGORY SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CATEGORY TOTAL	

Attachments Included:

Yes No

- A complete job description for each position requested, to include (1) Responsibilities and duties of the position, (2) Required qualifications for the positions, including minimum education, (3) Salary range.

- A resumé for each individual in positions already filled, including their education and experience. Resumés for those not filled must be submitted as soon as the individual is hired.

PERSONNEL (Continued)

Explain the following regarding each position listed on the previous page.

a. Need for each position shown:

b. The basis for determining the salary of each position:

c. Project duties of each position:

d. Indicate if personnel will be new or existing personnel:

FRINGE BENEFITS (Employer's Share)

Indicate the basis for determining rate of fringe(s) for each type listed, e.g., Social Security 7.65% of salary, life insurance at \$65 per month, retirement at 12% of salary, etc.

TYPE	RATE	TOTAL	PAID WITH	
			F	C
SOCIAL SECURITY: Name & Calculations			<input type="checkbox"/>	<input type="checkbox"/>
MEDICARE: Name & Calculations			<input type="checkbox"/>	<input type="checkbox"/>
HEALTH / LIFE INSURANCE: Name & Calculations			<input type="checkbox"/>	<input type="checkbox"/>
WORKMAN'S COMPENSATION: Name & Calculations			<input type="checkbox"/>	<input type="checkbox"/>
UNEMPLOYMENT: Name & Calculations			<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC / PRIVATE RETIREMENT: Name & Calculations			<input type="checkbox"/>	<input type="checkbox"/>
OTHER (Specify): Name & Calculations			<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY TOTAL				

CATEGORY SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CATEGORY TOTAL	

TRAVEL

Charges not to exceed established agency travel rates and in no case can exceed Mississippi State travel rates.

For current rates see: www.dfa.state.ms.us. Include the current mileage rate.

Example: 240 miles x \$0.655 per mile (or current mileage rate) = \$157.20

NOTE: Mileage is unallowable in agency-owned vehicles.

LOCAL TRAVEL			
Who / Which Position	Total Mileage	Rate	Total Cost
Name:			
Title:			
Purpose:			
Name:			
Title:			
Purpose:			
Name:			
Title:			
Purpose:			
Name:			
Title:			
Purpose:			
SUBCATEGORY TOTAL			

FOR SUBGRANTEES ATTENDING CONFERENCES / TRAINING									
IF A TRIP HAS BEEN PRE-SELECTED, PLEASE INCLUDE THE FOLLOWING INFORMATION									
Trip No.	Number of Miles	Mileage Cost	Total Mileage or Air Cost	Number of Days	Number of Meals	Total Meal Cost	Total Lodging Cost (Including Tax)	Conference Registration and Fees	Total Trip Cost
SUBCATEGORY TOTAL									

CATEGORY SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CATEGORY TOTAL	

EQUIPMENT

List each item separately. Any shipping and handling costs should be listed separately.

Example: Type _____ Quantity Unit Price Total Cost
 Computer 2 \$1,000 \$2,000

Type of Equipment	Quantity	Unit Price	Total Cost
SUBCATEGORY TOTAL			

CATEGORY SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CATEGORY TOTAL	

Explain the need for each equipment item requested in relation to the TITLE II project:

OPERATING

List all operating expenses, including office supplies (pens, pencils, paper, etc.)

NOTE: Postage, communication and reproduction cost(s) should be listed separately.

Type of Supplies	Quantity	Unit Price	Total Cost
SUBCATEGORY TOTAL			

CATEGORY SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CATEGORY TOTAL	

Explain the need for and use of all operating expenses requested:

CONTRACTUAL

Compensation for individual consultant services is to be reasonable and consistent with services in your particular local area. Consulting services cannot exceed \$450 per day without DPSP-OJP approval, and the request to exceed \$450 per day should include significant justification. **(Applicants must obtain a Memorandum of Agreement/Contract)**

Name of Individual / Consulting Agency	Type of Service	Hours Devoted	Rate per Hour	Total Cost
SUBCATEGORY TOTAL				

CATEGORY SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CATEGORY TOTAL	

Explain the purpose of each consultant or other contractual service requested:

CONSTRUCTION (if applicable)

Select the appropriate construction cost for this project.

		PAID WITH	
		F	C
<input type="checkbox"/>	Juvenile Correctional Facilities - Permanent long-term facilities for post-adjudicated juveniles. Requires 50% cash match of new construction.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Juvenile Detention Facilities - Permanent short-term facilities for pre-adjudicated juveniles. Requires 50% cash match of new construction.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Juvenile Detention or Correctional Facilities - For costs OTHER THAN new construction. (e.g., repairs, renovation, installing or replacing equipment, painting, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
CATEGORY TOTAL			

CATEGORY SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CATEGORY TOTAL	

Describe in brief concise detail the estimated cost for this project. For example, include the number of beds, cost per beds, number of square feet, or cost per square foot. A construction contract or construction work order (with a project scope) will be required prior to reimbursement.

ADMINISTRATIVE COSTS

Administration	Purpose of Cost	Cost Rate	Total Cost
SUBCATEGORY TOTAL			

CATEGORY SUMMARY	
FEDERAL FUNDS	
CASH MATCH	
CATEGORY TOTAL	

PROJECT EVALUATION PLAN: Part VII

PART VII: EVALUATION PLAN:

Enter required information in this section. Add additional pages as needed.



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Grant No.:

EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE

Part VIII:

- A. The _____
(Applicant) hereby certifies that it has formulated an Equal Employment Opportunity Program in accordance with 28 CFR42,301, 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 of Justice Programs, U. S. Department of Justice as required by relevant laws and regulations.
- B. The _____ (Applicant) hereby certifies that it is in compliance with the terms and conditions of 28 CFR42, 301, et seq., and is not required to file an Equal Employment Opportunity Program.



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DPSP USE Grant No.:

NON-SUPLANT CERTIFICATION: PART IX

PART IX:

The _____ (Applicant) that hereby assures that, 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 which have been appropriated for the same purpose.

Signature: (Chief Executive Officer) _____

Title: _____

Date: _____