



Fiscal Year 2019

# JUSTICE ASSISTANCE GRANT APPLICATION



**Cobb County CDBG Program Office  
192 Anderson Street, Suite 150  
Marietta, GA 30060**

**Application Cycle begins Monday, April 8, 2019 and  
ends at 4:00 p.m. on Friday, May 10, 2019**



Justice Assistance Grant  
Application

**SUBMITTAL INSTRUCTIONS**

Please provide **one (1) original application with attachments & one (1) application copy with attachments** to the Cobb County CDBG Program Office no later than **4:00 p.m. on Friday, May 10, 2019**. Please label all attachments.

**CHECKLIST**

Submission Requirements	Documentation	Check if Enclosed
<p>1. The applicant must</p> <ul style="list-style-type: none"> <li>a. have nonprofit status for at least one (1) full year, <b>or</b></li> <li>b. have two (2) full years of operating experience under another nonprofit entity, <b>or</b></li> <li>c. be a local governmental entity or agency <b>(governmental agencies can skip to line 5)</b></li> </ul>	<p><b>ATTACHMENT 1:</b> Provide a copy of a 501(c) (3) designation letter from the Internal Revenue Service if a non-profit applicant</p>	<input type="checkbox"/>
<p>2. The applicant must be registered to conduct business in the State of Georgia at the time of application. <b>(Not applicable to governmental agencies)</b></p>	<p><b>ATTACHMENT 2:</b> Provide a copy of current certification from the GA Secretary of State. For assistance, please visit: <a href="http://www.sos.ga.gov">www.sos.ga.gov</a></p>	<input type="checkbox"/>
<p>3. The applicant must have an audit or <b>audited</b> financial statements (if budget is <b>less than \$25,000</b> annually) prepared by a qualified accountant or accounting service, covering the last two most recent reporting periods of operation. Copies of each <b>audited</b> financial statement must be submitted with the application. <b>Reviews and Compilations will not be accepted.</b> Audit findings will make the applicant ineligible to receive assistance. <b>(Not applicable to governmental agencies)</b></p>	<p><b>ATTACHMENT 3:</b> Provide one copy each of the last two most recent audited financial statements that meet the criteria described. Include management letters if applicable.</p>	<input type="checkbox"/>
<p>4. Non-profit organizations must have an active Board of Directors within the last 12 months. <b>(Not applicable to governmental agencies)</b></p>	<p><b>ATTACHMENT 4:</b> Provide list of board members and a copy of board meeting minutes authorizing the submittal of this application. Please also include a copy of Conflict of Interest Statement from the Board of Directors.</p>	<input type="checkbox"/>
<p>5. The applicant must have at least twenty-four (24) months experience directly related to the proposed project or program.</p>	<p><b>ATTACHMENT 5:</b> Provide funding commitments displayed on letterhead, resumes of principal staff and personnel directly working on the project, and include descriptions of the applicant's previous related program activities.</p>	<input type="checkbox"/>
<p>6. The applicant must submit a written copy of its financial management procedures, including staff responsibilities and required procedures.</p>	<p><b>ATTACHMENT 6:</b> Provide a copy of the agency's written financial management procedures, and a current organization chart.</p>	<input type="checkbox"/>
<p>7. Each applicant must submit proof of insurance for the following types of insurance: General Liability, Auto Liability, and Worker's Compensation</p>	<p><b>ATTACHMENT 7:</b> Provide a copy of Certificate of Insurance.</p>	<input type="checkbox"/>
<p>8. Each applicant must submit proof that the organization has registered with the U.S. System for Award Management. Visit <a href="http://www.sam.gov">www.sam.gov</a></p>	<p><b>ATTACHMENT 8:</b> Provide proof of registration with the U.S. System for Award Management.</p>	<input type="checkbox"/>



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## JAG Overview

The Edward Byrne Memorial Justice Assistance Grant (JAG) Program (42 U.S.C. § 3751(a)) was created as part of the Consolidated Appropriations Act of 2005. The JAG Program, administered by the Bureau of Justice Assistance (BJA), is the leading source of federal justice funding to state and local jurisdictions. The JAG Program provides states, tribes, and local governments with critical funding necessary to support a range of program areas including law enforcement, prosecution and court programs, prevention and education programs, corrections and community corrections, drug treatment and enforcement, crime victim and witness initiatives, and planning, evaluation, and technology improvement programs.

**JAG ELIGIBLE ACTIVITIES**

- Law enforcement programs
- Prosecution and court programs
- Prevention & education programs
- Corrections & community corrections programs
- Drug treatment & enforcement programs
- Planning, evaluation & technology improvement programs
- Crime victim & witness programs (other than compensation)

**JAG INELIGIBLE ACTIVITIES**

- Vehicles, vessels or aircraft
- Luxury items
- Real estate
- Construction projects, other than penal or correctional institutions
- Commingling of funds on either a program-by-program or a project-by-project basis

**JAG Grant Funding in Cobb County**

Annually, the Cobb County CDBG Program Office requests proposals from local non-profit organizations, participating cities in Cobb County, Cobb County Departments, and other public agencies including local housing authorities, mental and public health agencies to carry out eligible activities in the County. In Program Year (PY) 2018, Cobb County received **\$106,152.00** in JAG funding.

Funding for this application cycle is contingent upon the availability of BJA funding for the JAG Program and there is no guarantee that any funds will be allocated to subgrantees. Submission of an application does not guarantee funding. Costs associated with the preparation of this application shall be the responsibility of the Applicant. Applications will become the property of Cobb County.

**Grant Application for Program Year 2019 [Grant Period: October 1 - September 30]**

- Application materials can be downloaded from the CDBG Program Office website at [www.cobbcounty.org/cdbg](http://www.cobbcounty.org/cdbg).
- Applications will be accepted from non-profit organizations, participating cities in Cobb County, Cobb County Departments, and other public agencies including local housing authorities, mental health agencies, and public health agencies.
- **One (1) original application with attachments & one (1) application copy with attachments** should be submitted to the Cobb County CDBG Program Office no later than **4:00 p.m. on Friday, May 10, 2019.**

***All submitted materials will be used in determining the organization's eligibility for funding.***



**I. ORGANIZATION INFORMATION**

Organization Name:			
Mailing Address:			
Telephone Number:		Email:	
Contact Person:		Title:	
DUNS Number: <i>Dun &amp; Bradstreet, Inc. provides this number at no charge.</i>		Tax ID Number:	

**II. PROJECT INFORMATION**

Program Title:															
Program Location:															
Program Module:	<p>Please select the program area below that best fits this program (See Attachment B for program definitions):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">A. _____ Law Enforcement</td> <td style="width: 50%;">G. _____ Corrections</td> </tr> <tr> <td>B. _____ Crime lab/forensics</td> <td>H. _____ Community corrections</td> </tr> <tr> <td>C. _____ Crime prevention</td> <td>I. _____ Reentry</td> </tr> <tr> <td>D. _____ Prosecution</td> <td>J. _____ Behavioral health</td> </tr> <tr> <td>E. _____ Public Defense</td> <td>K. _____ Assessment &amp; Evaluation</td> </tr> <tr> <td>F. _____ Courts</td> <td>L. _____ Crime victim/witness services</td> </tr> </table>			A. _____ Law Enforcement	G. _____ Corrections	B. _____ Crime lab/forensics	H. _____ Community corrections	C. _____ Crime prevention	I. _____ Reentry	D. _____ Prosecution	J. _____ Behavioral health	E. _____ Public Defense	K. _____ Assessment & Evaluation	F. _____ Courts	L. _____ Crime victim/witness services
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D. _____ Prosecution	J. _____ Behavioral health														
E. _____ Public Defense	K. _____ Assessment & Evaluation														
F. _____ Courts	L. _____ Crime victim/witness services														

**III. REQUESTED FUNDING**

Total Program Cost	
Total JAG Amount Requested	\$ _____
Percentage of JAG Investment ( <i>JAG Amount Requested/Total Program Cost</i> )	_____ %



#### IV. LEVERAGING & COLLABORATION [FUNDING SUPPORT]

Please list all funding secured for this Project currently and additional funding awarded in the past three years. Do not include other JAG funding received from Cobb County CDBG Program Office.

Year Awarded	Agency	Funding Type	Amount

#### V. ORGANIZATION CAPACITY

1. What percentage of the Organization's budget is grant funded?	
2. How many program staff persons are dedicated to this project ( <i>ie. Case Managers, Intake Coordinators</i> )?	
3. Does the organization have administrative staff ( <i>ie. Accountants, Executive Director</i> ) dedicated to this grant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Has the organization secured funding for the administrative staff for this project?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Identify the number and names of key staff that will be involved in this project, including the project director and other individuals who will be responsible for reporting and implementing the program. ( <i>Please attach staff resumes</i> )	



## VI. PROJECT DESCRIPTION

1. Clearly describe the nature and scope of the project? *The development of the nature and scope should be data driven with relevant national, state, and local data/statistics to document project need. Attach additional pages if necessary.*

2. Please clearly describe the proposed activities and approach. *Attach additional pages if necessary.*



## VII. PROJECT OBJECTIVES

1. Describe at least two (2) anticipated changes or outcomes as a result from implementing the proposed project during the grant period. *Achieved Project Objectives should reflect measurable changes due to the services offered by the program.*
  
  
  
  
  
  
  
  
  
  
2. Please identify the performance indicator that identifies how change will be measured and with what instruments and/or tools. If available, baseline data should be listed for performance indicators.

## VIII. PROJECT TIMELINE & REPORTING

1. Describe how the programmatic activities, as well as the related outcomes and objectives will be reasonably achieved in the given project period. *Applicants should provide a comprehensive, thorough Timeline that is well-defined and comprehensively specifies what will be done, who (individuals and organizations) will do it, and when it will be accomplished. Include activities such as anticipated Collaboration Board meetings, grant reporting deadlines and any other activities specific to the project.*



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2. JAG funding requires quarterly reports pertaining to program activities and expenditures. Describe and discuss any experience your organization has in reporting and record-keeping compliance with the CDBG Program Office and other funding agencies. *Attach additional pages if necessary.*

**IX. BUDGET PROPOSAL NARRATIVE**

Please indicate itemized costs for your proposed project on the JAG Budget Detail Worksheet as provided in Attachment A. *For each line item listed in your budget, provide a detailed description of how JAG funds will be used to support your program. Attach additional pages if necessary.*





**X. CONFLICT OF INTEREST ACKNOWLEDGEMENT**

Do any family relationships (by blood or marriage) exist between staff in your organization and/or Agency Board members?  
 Yes  No   
 If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.

Do any family relationships (by blood or marriage) exist between staff in your organization and/or Cobb County Board of Commissioners?  
 Yes  No   
 If yes, please explain in detail and document the staff person's involvement with these grant funds in the section below.

**CERTIFICATION**

I certify that the applicant agency meets the conditions specified in the application instructions and will be able to carry out the proposed services in concert with all federal requirements. I also certify that the organization is a certified IRS 501(c) (3) non-profit or governmental agency. I agree to adhere to the above provisions for all programs receiving assistance from the Edward Byrne Memorial Justice Assistance Grant (JAG) Program (42 U.S.C. § 3751(a)) administered by the Bureau of Justice Assistance. All board and staff members have disclosed any potential conflicts of interests that could violate JAG regulations at this time or at a later date. I further certify that I have reviewed the contents of this application and the rating form and deem them to be accurate and true.

*Authorized Representative*

\_\_\_\_\_

Signature Date

\_\_\_\_\_

Printed Name Title



## ATTACHMENT A

### Budget Detail Worksheet

Agency Name: \_\_\_\_\_  
Project Name: \_\_\_\_\_

**Purpose:** This Budget Detail Worksheet is used to verify all Subgrantee Expenditure Requests and to determine whether costs are allowable, reasonable and justified. Please fill it out completely. All required information must be present in the budget narrative, regardless of format.

**A (1). Personnel** -- List each position by title and name of employee, if available. In order to calculate the budget, enter the annual salary and the percentage of time to be devoted to the program. Compensation of employees engaged in program activities must be consistent with that for similar work within the applicant agency.

Title	First and Last name	Salary	% Time to Project	Pay Period Frequency	Cost	
					\$ _____	
					\$ _____	
Title	First and Last name	Hourly wage	Hours per week on project	Weeks worked annually	Pay Period Frequency	Cost
						\$ _____
						\$ _____
<b>PERSONNEL TOTAL</b>					\$ _____	

	Hours	Rate		Total value
<b>Volunteers</b>				\$ _____
<b>VOLUNTEERS TOTAL</b>				\$ _____

**A (2). Fringe**-- Amounts should be based on actual costs or a formula for personnel listed above, utilizing the percentage of time devoted to the program. Fringe benefits on overtime hours are limited to FICA, Worker's Compensation and State Unemployment Compensation. Costs included within this category are: FICA (employer's portion of Social Security and Medicare taxes), employer's portion of retirement, employer's portion of insurance (health, life, dental, etc.), employer's portion of Worker's Compensation and State Unemployment Compensation.

Title	First and Last name	Total annual salary or wages	Fringe type	Enter rate of each fringe benefit as a percentage of salary or wages	% Time to Project	Cost
						\$ _____
						\$ _____
<b>FRINGE TOTAL</b>						\$ _____
<b>PERSONNEL TOTAL</b>						\$ _____



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**B. Travel**-- Itemize travel expenses of program personnel by category (e.g. mileage, meals, lodging, incidentals, and airfare) and purpose (e.g. training, field interviews, and advisory group meetings) and identify the location, if known. For training programs, list travel and meals for participants separately. Show the budget calculation (e.g. six people attending three-day training at \$X airfare, \$X lodging, \$X meals/ incidentals). Please note that the current standard mileage reimbursement rate is \$0.54 per mile

Trainings and Conferences							
Purpose of Travel	Staff member	Item	Cost	# Individuals	# Nights/ Days	# Trips	Cost
							\$_____
							\$_____

Mileage					
Purpose of Travel	Staff member	Location or Coverage Area	Cost per mile	Miles per grant year	Total Cost
					\$_____
					\$_____
<b>TRAVEL TOTAL</b>					\$_____

**C. Equipment**-- List non-expendable items to be purchased. Applicants should analyze the benefit of purchased versus leased equipment, especially high cost and electronic or digital items. Explain how the equipment is necessary for the success of the program. Show the budget calculation. Attach a narrative describing the procurement method to be used.

Equipment Item	Cost per Unit	# Items	Vendor	Cost
				\$_____
				\$_____
<b>EQUIPMENT TOTAL</b>				\$_____

**D. Supplies**-- List items by type (e.g. office supplies, postage, copier usage, training supplies, publications, audio/video (batteries, film, CD/DVD's, etc.), office furniture, computer software, educational/therapeutic supplies, uniforms, weapons (law enforcement and prosecution units only). Show budget calculation.

Item	Cost per unit	Define Unit	# Units	Vendor	Cost
					\$_____
					\$_____
<b>SUPPLY TOTAL</b>					\$_____

**E. Printing**-- List items by type (e.g. letterhead/envelopes, business cards, training materials). Show budget calculation.

Item	Cost per unit	Define unit	# Units	Vendor	Cost
					\$_____
					\$_____
<b>PRINTING TOTAL</b>					\$_____



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**F (1). Other Costs--** List items by type (e.g. real property lease, repairs/maintenance, utilities, copier rental/lease, postage meter, insurance & bonding, dues & subscriptions, advertising, registration fees, film processing, notary services, public relations, communication services - indicate if DOAS is provider). Show budget calculation. For example, provide the office space square footage and the lease rate or provide the monthly lease amount and the number of months leased. For unit enter time period as applicable (i.e., "month" for utility costs) or leave blank for items such as registration that require a one-time fee.

Item	Cost per unit	# of Units	% Charged to Grant	Vendor	Cost
					\$_____
					\$_____
<b>F (1). Subtotal</b>					<b>\$_____</b>

**F (2). Consultant Fee:** Enter the name, if known, and service to be provided. Show the budget calculation.

Name of Consultant	Service Provided	Cost per unit	Define Unit of Service	# Units	Cost
					\$_____
					\$_____
					\$_____
<b>F (2). Subtotal</b>					<b>\$_____</b>

**Budget Summary--**When you have completed this budget worksheet, the totals for each category will transfer to the spaces below.

Budget Category	Amount
A. Personnel	\$_____
Fringe	\$_____
B. Travel	\$_____
C. Equipment	\$_____
D. Supplies	\$_____
E. Printing	\$_____
F. Other	\$_____
Consultant	\$_____
<b>TOTAL PROJECT COSTS</b>	<b>\$_____</b>



## ATTACHMENT B

### BUREAU OF JUSTICE ASSISTANCE JUSTICE ASSISTANCE GRANT PROGRAM ACCOUNTABILITY MEASURES

#### ACTIVITY AREA DEFINITIONS

The revised JAG Accountability Measures tie your use of JAG funds to specific Activity Areas. Please use the following definitions for each activity area throughout the questionnaire.

**Law enforcement:** Includes all programs (e.g., crime prevention, intervention), activities, or spending conducted by a law enforcement organization. This includes all task force activity but does not include crime lab/forensics activity/programs.

**Crime lab/forensics:** Includes all programs, activity, or spending focused on the identification, collection, or processing of forensic evidence; for example, a sexual assault nurse examiner or sexual assault response team, or a sexual assault kit testing initiative or DNA backlog reduction program.

**Crime prevention** (NOT as part of a law enforcement agency): Includes all programs, activities, or spending for crime or juvenile delinquency prevention conducted through engaging communities, institutions (e.g., schools), or individuals. These include such programs as a rape aggression defense class, an alcohol/drug awareness class for students, or a bullying-prevention program.

**Prosecution:** Includes all programs, activities, or spending related to the prosecution of criminal defendants.

**Public defense:** Includes all programs, activities, or spending for the defense of individuals.

**Courts:** Includes all programs, activities, or spending for courts. This includes drug courts and other specialty courts.

**Corrections:** Includes all programs, activities, or spending by a residential correctional agency such as a jail or prison. This includes corrections programs focused on reentry services for inmates.

**Community corrections:** Includes all programs, activities, or spending by a community corrections agency. This includes community corrections programs focused on reentry.

**Reentry services** (NOT as part of a corrections, community corrections, or court program): Includes all programs, activities, or spending for reentry. This includes reentry programs run by private, nonprofit, or other noncorrectional government organizations.

**Behavioral health** (NOT as part of a corrections, community corrections, or court program): Includes all programs, activities, or spending for mental health, substance abuse, or co-occurring treatment that are run by private, nonprofit, or other noncorrectional government organizations.

**Assessment and evaluation:** Includes all programs, activities, or spending for the assessment or evaluation of programs, policies, practices, or technology. This also includes strategic planning activities. For example, this could be the development of a strategic plan, an evaluation of a drug treatment service, or the cost-benefit analysis of adopting body-worn cameras.

**Crime victim/witness services:** Includes all programs, activities, or spending focused on assisting crime victims, families, or witnesses. For example, this could be a 24-hour domestic violence hotline, an emergency shelter, or food distribution services for displaced victims.

**Other:** Includes all uses of JAG funding not captured in any other activity area.