

**SECTION 1: COVER SHEET**



**State of Utah  
Commission on Criminal and  
Juvenile Justice**

Utah State Capitol Complex  
East Office Building Suite E330  
PO Box 142330  
Salt Lake City, Utah 84114-2330  
Ph: (801) 538-1031  
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**For CCJJ use ONLY:**

1. Implementing Agency Name & Address:

c/o Applicant Agency:

2. Type of Application (check one)

Initial     Continuation     2<sup>nd</sup>     3<sup>d</sup>     4<sup>th</sup>

If continuation, previous grant #:

3. Agency Type (check one)

State     City  
 County     Not for Profit

4. Phone number:

Fax number:

5. Beginning & Ending Dates of Program:

E-mail Address:

6. Type of Criminal Justice Agency: (Check one)

Law Enforcement     Pretrial Services     Victim Assistance  
 Corrections     Prosecution     Juvenile  
 Adjudication     Public Defense     Other

7. Will this award (check one)

Enhance an Existing Program  
 Initiate a New Program

8. What grant program are you requesting? (Check one)

JAG     Byrne     N-Chip     State Gang     JABG  
 Title V     RSAT     Crime Prevention     Title II     Other

9. Congressional District(s) Served

10. Federal Tax Identification Number  
(87-?????)

11. Title which *describes* the program to be funded:

13. Budget Summary

Total Project Costs

Federal Grant Funds

Cash Match

In-Kind Match

A. Personnel

B. Contracted Fees

C. Equipment / Supplies &  
Operating

D. Travel/Training

E. Confidential Funds

NOT AVAILABLE

**Column Totals**

14. \*Name of Official Authorized to Sign

15. \*\*Name of Program Director

16. Signatures

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Authorizing Official

Program Director

**Approval Signature**

**Date**

\* (e.g. Mayor, County Commissioner, State Agency CEO) NOTE: Chiefs and Sheriffs are not authorized to approve contracts for their local government. \*\* This is the individual responsible for the day-to-day management of the grant program

## Section 2: PROGRAM AREA CHECKLIST

The Office of Juvenile Justice and Delinquency Prevention requires all projects to identify the purpose for which these funds will be used on the table below. You must account for 100% of the requested funds in one purpose area.

<b>Program Area</b>		
<b>06.</b>	<b>Compliance Monitoring</b>	<b>\$</b>
<b>09.</b>	<b>Delinquency Prevention</b>	<b>\$</b>
<b>10.</b>	<b>Disproportionate Minority Contact</b>	<b>\$</b>
<b>13.</b>	<b>Gender-Specific Services</b>	<b>\$</b>
<b>17.</b>	<b>Jail Removal</b>	<b>\$</b>
<b>19.</b>	<b>Juvenile Justice System Improvement</b>	<b>\$</b>
<b>20.</b>	<b>Mental Health Services</b>	<b>\$</b>
<b>22.</b>	<b>Native American Programs</b>	<b>\$</b>
<b>26.</b>	<b>Rural Area Juvenile Program</b>	<b>\$</b>
<b>32.</b>	<b>Substance Abuse</b>	<b>\$</b>

## Section 3: GEOGRAPHIC INFORMATION

In the space below, clearly identify the following: (a) written description of the streets/roads bounding each service area, (b) the street address of where the services will be provided (if a street address is not available, the intersection closest to the site will be described); and (c) a map of the service area as an attachment to the grant application.

## Section 4: Performance Measurement Data Collection Plan

The Office of Juvenile Justice and Delinquency Prevention requires projects identify and report on select performance measures from OJJDP's performance measurement system and develop a data collection plan that specifies the collection method and measurement. Projects are required to report: 1) All mandatory and two optional output measures, and 2) All mandatory and two optional outcome measures. (See Appendix A)

Program Name: \_\_\_\_\_

Program Area: \_\_\_\_\_

MEASURE & ITS #	DEFINITION	FREQUENCY OF COLLECTION	RESPONSIBLE FOR COLLECTION	INSTRUMENT / DATA SOURCE	DATA SOURCE (UNIT AND/OR AGENCY)	HOW PROCESSED OR RETRIEVED
<b>OUTPUT MEASURES</b>						
Mandatory Measures						
Non-Mandatory Measures						
<b>OUTCOME MEASURES</b>						
Mandatory Measures						
Non-Mandatory Measures						

**Section 5: PROJECT SUMMARY** (Limit to one page. Sections will expand.)

**Problem Statement (problem being addressed)**

**Project Description (include numbers served)**

**Objectives**

**Programmatic Activities**

**Participating Agencies**

**Plans for Supplemental and Future Funding of the Project**

**Section 6: PROGRAM PROGRESS TO DATE**

Detail the progress the program has made to date toward previously identified goals and objectives. Include specific, measurable objectives and accomplishments such as number of participants and hours served. Include any additional information that demonstrates your project's effectiveness. It is assumed that these goals and objectives will carry over for this grant year, unless otherwise noted in Section 7: Project Plan Revisions. (Cells will expand.)

<b>Goal:</b>	
<b>Project Objective</b>	<b>Objective Accomplishments</b>
<b>Other Program Information</b>	

**Section 7: PROJECT PLAN REVISIONS**

Provide information about any program changes and modifications. Include information about any new or modified program elements as well as new partner organizations. If the project's goals and objects have been altered, please note the change here, along with justification.

## **Section 8: SUSTAINABILITY PLAN**

You must show a concerted effort to find financial support through other public or private funds to keep your project running at its first year level. Provide a detailed plan including but not limited to: 1) list of resources that will be pursued; 2) financial goals for the year; 3) timetable outlining sustainability activities, goals, and objectives.

**Section 9: WORK PLAN AND TIMETABLE**

Provide a detailed WORK PLAN, using the chart below, giving a month by month description of activity for the time period covered by this application. You must include the following (table will expand to fit):

- Activities necessary to achieve objectives
- Timetable for completion of each activity
- Staff position or consultants to be assigned to each activity
- Location where the activity will occur

<b>Calendar Months</b>	<b>Activities</b>	<b>Assigned Position</b>	<b>Location</b>

**Section 10: TARGET POPULATION**

**A. TARGET POPULATION DESCRIPTION:**

Provide a description of the overall target population.

Check all that apply to the project's service population:

**Justice Related Criteria:**  Not Applicable  At-Risk Population (no priors)  First Time Offenders  
 Sex Offenders  Status Offenders  Violent Offenders  
 Repeat Offenders

**Age:**  Not Applicable  Under 11  12-13  14-15  16-17

**Geographic:**  Not Applicable  Rural  Suburban  Tribal  Urban

**Populations Served:**  Truant/Dropout  Mental Health  Pregnant  Substance Abuse  
 Not Applicable

**B. ESTIMATED NUMBERS TO BE SERVED BY PROJECT (use raw numbers, not percentages):**

Gender		Ages	
Males	—	—	To —
Females	—	—	To —

OJJDP requires each state to examine the disproportionate confinement of minorities in the juvenile justice system and to develop a plan to address the problem. The following data assists the state in identifying any programs that serve this population.

**C. ESTIMATED NUMBER OF YOUTH TO BE SERVED (use raw numbers, not percentages):**

Race/Ethnicity	Totals	Male	Female	Age Ranges
White				
Black/African American				
American Indian & Alaska Native				
Asian				
Native Hawaiian & other Pacific Islander				
Two or More Races				
Hispanic Origin (of any race)				
<b>GRAND TOTALS</b>				

**D. DESCRIBE SERVICES PROVIDED SPECIFICALLY FOR MINORITIES:**

Demonstrates extensive knowledge of the barriers that clients face. Show how they are appropriately addressed and removed. Demonstrate how the project will ensure staff's cultural competency. Demonstrate extensive knowledge of specific cultural characteristics of the target population.

**Section 11: BUDGET MATRIX AND NARRATIVE**

<b>Category</b>	<b>In-Kind Match</b>	<b>Cash Match</b>	<b>Grant Funds</b>	<b>Total</b>
<b>Personnel</b>				
<b>Consultants</b>				
<b>Travel &amp; Training</b>				
<b>Equipment / Supplies/ Operating</b>				
<b>Confidential Funds</b>	<b>NOT AVAILABLE</b>			
<b>Total</b>				

**FISCAL OFFICER (IMPLEMENTING AGENCY)**

(Name, title, mailing address and zip code, area code and phone, fax, e-mail)

## SALARIES AND FRINGE BENEFITS

This section is for full or part-time salaried employees. Employees who are not on the payroll are classified as consultants. If known, list name of individual. If a person has not been hired, type "vacant" and give the title of the position. "Number of Hours" refers to total hours spent on the grant implementation. **Do not request grant funding for an employee who is already on the payroll unless the original position held by that person will be filled by a new employee.** *Salaries may not exceed those normally paid for comparable positions in the community or the unit of government associated with the project.* The hourly rate for personnel salaries can be determined on the basis of 8 hours per day, 40 hours per week, 173.33 hours per month, or 2,080 hours per year. Paid vacation and sick leave are allowable expenditures, but *must not exceed the time that is normally allowed by the agency or unit of government associated with the project.* All leave earned must be used or paid during the period of the grant. See Guidelines for additional information regarding overtime restrictions.

Name	Title	# Hours	Hourly Rate	Total Salary
Salary Subtotal				

## EMPLOYER'S SHARE OF FRINGE BENEFITS

Fringe benefits are to be based on the employer's share only. Enter the percentage of monthly rate for each fringe benefit, the total wage amount, the number of months, if applicable, and the total amount of the employer's share of benefits. Fringe benefit base wage amounts for part-time employees must be prorated according to the percentage of total time spent with each employer. "FICA", "Pension", "Health Insurance", "Workers Compensation", and "Unemployment Compensation" are matters that should be reviewed by the applicant's fiscal or personnel officer before completing this part of the application.

Fringe Benefits	% or Monthly Rate	Eligible Wage Amount or Number of Months	Total Employer's Share of Fringe Benefits
FICA			
Pension/Medicare			
Health Insurance			
Worker's Comp			
Unemployment Comp			
Other (explain)			
Other (explain)			
Fringe Subtotal			\$

Grant Funds Requested	Match Provided (if applicable)	Personnel Total
\$	\$	\$

**BUDGET NARRATIVE/PERSONNEL**

Provide a brief description of the duties of personnel charged to this project, including educational background and prior work experience. If administrative personnel not engaged in the day-to-day activities of the project are included in this budget, explain why they are essential to the project's operation.

PERSONNEL	NARRATIVE

**CONSULTANTS**

Persons with specialized skills who are not on the payroll are considered consultants. **When a consultant is known, a resume listing the consultant’s qualifications and contract must accompany the application.** However, if the position is vacant and the project receives funding, this information must be forwarded to UBJJ/CCJJ when a contract with the consultant is signed. All procurement transactions whether negotiated or competitively bid without regard to dollar value shall be conducted in a manner so as to provide maximum open and free competition. Describe the procedure to be used in acquiring the consultant (i.e., small purchase procedures, competitively sealed bids, non-competitive negotiation, etc.) **Consultant fees for individuals may not exceed \$56.25 per hour or \$450 per day, for an 8-hour day, plus expenses, without prior approval from UBJJ/CCJJ. Fee justification must be provided in the budget narrative.**

Consultant Name	Services to be Provided	# Hours	Hourly Rate	Total Cost

**Consultant Expenses**  
 (May include travel, training, food, lodging, and other allowable incidental travel costs.)

**Consultant Fee Justification**  
 (Include the basis of selection and method of procurement. Any sole source consultant requires prior approval from CCJJ.)

Grant Funds Requested	Match Provided (if applicable)	Consultants Total
\$	\$	\$

**TRAVEL & TRAINING**

Grant related *travel charges must not exceed the rates allowed by the State of Utah*. Organizations whose written travel policies are less restrictive than the State of Utah, or that do not have their own written travel policy, must adhere to the State of Utah travel policy. "Per Diem" includes food and lodging. Meals provided gratis must be deducted from the per diem rate allowed. The "Other" category includes parking, telephone, or other allowable incidental travel costs. (This applies to grant funded employees only, not consultants.)

Vehicle	# Miles	Mileage Rate	Total
Air, Bus, etc.	Destination	Fare	Total
Per Diem	# Days	Per Diem Rate	Total
Conference Registration	# People	Rate	Total
Other			Total

**Travel and Training Justification and Narrative**

Grant Funds Requested	Match Provided (if applicable)	Travel & Training Total
\$	\$	\$

**EQUIPMENT / SUPPLIES / OPERATING**

Equipment: items to be purchased that are over \$5,000. Supplies: office supplies, cleaning, maintenance, AND OPERATING supplies, training materials, books and subscriptions, research forms, postage stamps, food, and other materials that are expendable with the life of the project. All equipment and supply purchases covered by this grant must be necessary for the project to achieve its goals and objectives. All procurement transactions, whether negotiated or competitively bid and without regard to dollar value, shall be conducted in a manner so as to provide a maximum open and free competition. Purchases between \$1,000 and \$5,000: Quotes should be obtained (by phone, fax or letter) from at least two vendors. Awards must be made to vendor submitting the lowest quote meeting the minimum specifications and required delivery date. Purchases exceeding \$5,000: A competitive sealed bid process must be conducted. Sole source contracts must be approved by CCJJ prior to being awarded.

<b>Item</b>	<b>Cost</b>	<b>Time Period</b>	<b>Total</b>
<b>Rent-Facilities</b>			
<b>Telephone</b>			
<b>Non-consultant Contract Help</b>			
<b>a. Bookkeeping/Audit</b>			
<b>b. Maintenance</b>			
<b>c. Other (Specify)</b>			
<b>Auto Lease/Short-Term Rental</b>			
<b>Equipment Lease/Short-Term Rental</b>			
<b>Photocopying</b>			
<b>Printing</b>			
<b>Grant Management Costs (In-Kind)</b>			
<b>Other (Specify)</b>			
<b>Other (Specify)</b>			
<b>Other (Specify)</b>			

**Procurement Method to be Used** (cell will expand)

**Equipment / Supplies / Operating Justification and Narrative:** Justify the purpose and use of each item noted above.

Grant Funds Requested	Match Provided (if applicable)	"Other" Total
\$	\$	\$

**SECTION 12: LETTERS OF PARTICIPATION**

Applicants must submit a Letter of Participation from each local agency or organization that is involved with the project, contributing resources, or making referrals (e.g., courts, treatment programs, shelters). Applicants should refer to the appropriate category in the Guidelines to ensure that appropriate letters are included. Failure to submit the appropriate Letters of Participation may remove the application from further funding consideration. List below the agencies providing letters of participation and the number of referrals, if applicable.

Participating Agency Name and Role	Projected # of Referrals (if applicable)

**Attach copies of each letter to all copies of the application.**

**LETTER OF PARTICIPATION FORMAT**

All responses must show active cooperation with the applicant and with the project and must use the format below.

**Please do not solicit or include letters of support.** Each participating agency should use its letterhead and this format.

To: Utah Board of Juvenile Justice

From: (Participating Agency)

Re: (Project Name)

Date: (Must be current dated letter)

We hereby commit to providing the following services or referrals to further the objective of \_\_\_\_\_ project:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

Authorized Signature

Typed Name

Title