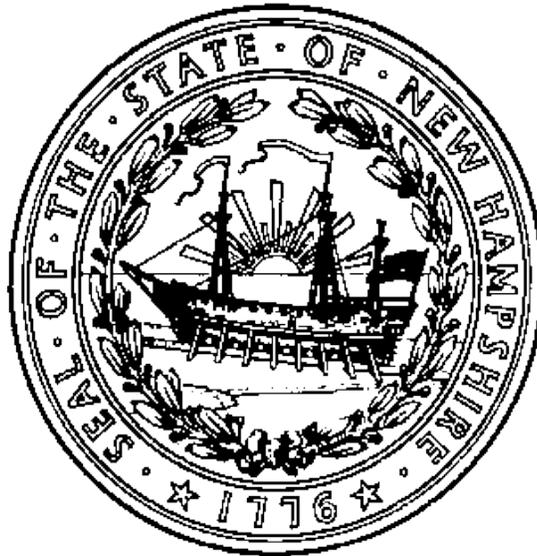


STATE OF NEW HAMPSHIRE



DEPARTMENT OF JUSTICE

Joseph A. Foster
Attorney General

Subgrant Application Kit

Revised September 2014

**THE STATE OF NEW HAMPSHIRE DEPARTMENT OF JUSTICE
GRANTS MANAGEMENT UNIT**

MISSION STATEMENT

The Grants Management Unit of the Department of Justice exists to make a difference in the lives of the citizens of New Hampshire by ensuring the proper use of federal funds for criminal justice purposes. The Grants Management Unit does this through:

- * the professional administration of grant resources;
- * the adherence to all underlying federal and state requirements;
- * the coordination of federal criminal justice resources available to the state; and
- * efficient service and assistance.

STATE OF NEW HAMPSHIRE DEPARTMENT OF JUSTICE

SubGrant Application Kit

a) Program Title: _____

b) Grant Starting Date: _____ c) Ending Date: _____

d) Program Implementation Date: _____ e) DUNS #: _____

f) Federal Funds Requested \$ _____ g) SAM Expiration: _____

h) Agency Name: _____

i) Chief Elected Official/Head of Agency*

Name: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

j) Project Director

Name: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

k) Financial Officer

Name: _____ Title: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

(*all grant-related documents will be sent to the head of agency unless head of agency requests that they be sent to the project director.)

State of New Hampshire Department of justice

Project Narrative

(Attach Word document if additional space is needed.)

1. Problem Statement (25 Points)

2. Project/Program Description Design and Implementation (35 Points)

3. Sustainability and Evaluation Plan (5 Points)

4. Program Management/ Administrative Capabilities (5 Points)

New Hampshire Department of Justice

Budget Detail Worksheet (20 Points)

Purpose: The Budget Detail Worksheet may be used as a guide to assist you in the preparation of the budget and budget narrative. You may submit the budget and budget narrative using this form or in the format of your choice (plain sheets, your own form, or a variation of this form). However, all required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be deleted.

A. Personnel - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization and must be based on ACTUAL time worked and not percentage.

<u>Name/Position</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
----------------------	--------------------	----------------	--------------

Sub-Total Federal _____

Match _____

B. Fringe Benefits - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation. Individual fringe benefits must be listed by amount and percentage.

<u>Name/Position</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
----------------------	--------------------	----------------	--------------

Sub-Total Federal _____ Match _____

Total Federal Personnel & Fringe Benefits _____ Match _____

C. Travel - Itemize travel expenses of project personnel by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

<u>Purpose of Travel</u>	<u>Location Item</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
---------------------------------	-----------------------------	---------------------------	-----------------------	---------------------

Total Federal_____

Match_____

D. Equipment - List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Expendable items should be included either in the "supplies" category or in the "Other" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Item	Computation	Federal	Match
-------------	--------------------	----------------	--------------

Total Federal _____

Match _____

E. Supplies - List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Generally, supplies include any materials that are expendable or consumed during the course of the project.

<u>Supply Items</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
----------------------------	---------------------------	-----------------------	---------------------

Total Federal _____

Match _____

F. Construction - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Check with the program office before budgeting funds in this category.

Purpose	Description of Work	Federal	Match
Program category Not Approved By NH Department of Justice			

Total Federal _____

Match _____

G. Consultants/Contracts - Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisition Regulations are followed.

Consultant Fees: For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$450 per day require additional justification and prior approval from OJP.

<u>Name of Consultant</u>	<u>Service Provided</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
----------------------------------	--------------------------------	---------------------------	-----------------------	---------------------

Subtotal Federal _____

Match _____

Consultant Expenses: List all expenses to be paid from the grant to the individual consultants in addition to their fees (i.e., travel, meals, lodging, etc.)

<u>Item</u>	<u>Location</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
--------------------	------------------------	---------------------------	-----------------------	---------------------

Subtotal Federal _____

Match _____

Contracts: Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

<u>Item</u>	<u>Federal</u>	<u>Match</u>
-------------	----------------	--------------

Subtotal Federal _____

Match _____

Total Federal _____

Match _____

H. Other Costs - List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.

<u>Description</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
---------------------------	---------------------------	-----------------------	---------------------

Total Federal _____

Match _____

I. Indirect Costs - Indirect costs are allowed only if the applicant has a Federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

<u>Description</u>	<u>Computation</u>	<u>Federal</u>	<u>Match</u>
--------------------	--------------------	----------------	--------------

Total Federal _____

Match _____

Budget Summary- When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal (match) funds that will support the project.

Budget Category Amount	Federal	Match
A. Personnel	_____	_____
B. Fringe Benefits	_____	_____
C. Travel	_____	_____
D. Equipment	_____	_____
E. Supplies	_____	_____
F. Construction	_____	_____
G. Consultants/Contracts	_____	_____
H. Other	_____	_____
Total Direct Costs	_____	_____
I. Indirect Costs	_____	_____
TOTAL PROJECT COSTS	_____	_____
Federal Request	_____	
Non-Federal Match Amount	_____	

New Hampshire Department of Justice

BUDGET NARRATIVE: (10 Points)

APPLICATION CHECKLIST

Please be sure that the following sections are completed and returned with your grant application. Please include a completed copy of this checklist in your application.

Documents/Attachments due with the application:

- Cover Page**
- Application Narrative**
- Budget Itemization**
- Budget Narrative**
- Audit Report with Management letter (Electronic copy or web link)**
- Check if a paper copy is being mailed separately. (Electronic copy not available.)**
- Check if Organization does not have an Audit.**
- Agency Board of Directors & IRS 990 Tax Form (If Applicable)**
- Program Income Collection and Reporting Plan (If Applicable)**
- Effective Practice Form (If Applicable)**
- DUNS Number And SAM Registration Completed**
- Application Checklist**

Documents that must be reviewed prior to making an application, but that are NOT due with the application (They will be submitted with an award, if made):

- Grant Specific Program Guidelines And Conditions**
- Signed Certification Regarding Debarment, Suspension Ineligibility, And Voluntary Exclusion**
- Project Specific Personnel Certification(s) (If Applicable)**
- EEOP Certification Form Completed And Submitted**

I have read and understand the grant guidance provided with this application, to include specific guidelines and conditions, debarment certifications and other included materials provided with this application or solicitation.

In submitting this application, the applicant agrees to comply with the grant requirements set forth in the grant program guidance, grant award documents and other materials provided by the NH Department of Justice and/or the U.S. Department of Justice.

Name of Individual submitting application: _____

Date submitted: _____

Please Note: This application is intended to be submitted electronically. Original signatures, for required documents, will be obtained at a later date if an award is made. Attachments listed on the checklist should be scanned and submitted with the application. All Application documents should be submitted electronically.