

NEBRASKA CRIME COMMISSION

FY2025 Community-based Juvenile Services Aid

[CB] Application

Nebraska Revised Statute §43-2404.02

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Lead County/Tribe: |  | | | | Phone: (     ) |
| Address of Applicant: | Address: | | | | |
| City: | | | State: | Zip Code:       – |
| List of Partnering Counties/Tribes: |  | | | | |
| Lead Project Contact: | Name: | | | | Phone: (     ) |
| Title: | | | |
| Email: | | | | |
| Address: | | | | |
| City: | State: | | | Zip Code:       – |
| Secondary Project Contact: (optional) | Name: | | | | Phone: (     ) |
| Title: | | | |
| Email: | | | | |
| Address: | | | | |
| City: | State: | | | Zip Code:       – |
| Financial Contact: | Name: | | | | Phone: (     ) |
| Title: | | | |
| Email: | | | | |
| Address: | | | | |
| City: | | State: | | Zip Code:       – |
| Authorized Official: | Name: | | | | Phone: (     ) |
| Title: | | | |
| Email: | | | | |
| Address: | | | | |
| City: | | State: | | Zip Code:       – |

# SECTION I: COMMUNITY PLANNING INFORMATION

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| **Comprehensive Juvenile Services Community Plan: REQUIRED FOR FUNDING**  *This application is accepted only for communities with an approved Comprehensive Juvenile Services Community Plan submitted with the Nebraska Crime Commission. If your community does not have a comprehensive juvenile services plan, please contact the Nebraska Crime Commission.* |
| 1. Was the community plan utilized in drafting the grant application to ensure the requests align with and address the priorities outlined in the plan? Yes  No |
| 1. How do the requests in this application align with the strategies to address the priorities in the community plan? |
| 1. Was the community plan reviewed for progress or updates at any other times throughout the year?   Yes  No |
| 1. Have changes been made to the community plan since the last submission to the Crime Commission?   Yes  No If yes, explain: |
| 1. List the current priorities in the community plan: |
| 1. What steps have been taken towards addressing these priorities? |
| 1. How is the community team evaluating progress with the needs and priorities in the community plan? |
| 1. Do changes need to be made to the community plan regarding any priority, including adding new priorities, to align with the requests in this application? Yes  No   If yes, explain:  *If yes, please submit a community plan addendum adding the new priority(s).* |
| 1. Did the community team vote and approve the requests in this application: Yes  No |
| * 1. If no, how was this decision made: |
| * 1. Provide the meeting date and agenda when the application was approved: |
| **\*REFER TO PAGE 10 OF THE RFA FOR INSTRUCTIONS\*** |

# SECTION II: PROGRAM SUMMARY

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| **PROGRAM TYPE TABLE** | | | | | |
| Complete the table below for each program, service, or system improvement for which you are requesting funds. If a program has several funded components (e.g., staff salaries, curriculum, supplies, etc.), please combine these into a single row in the table. Round up or down to the nearest dollar. See RFA Appendix C for program definitions and Appendix D for program type classification. | | | | | |
| Program Title | Over-arching Type | Program Type | Sub-program Type  (if applicable) | New OR Current CBA Program | Amount Requested  Per Program |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
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|  |  |  |  |  | $ |
| **All programs listed in the table above must equal the total requested amount from the budget.** | | | | | Total: $ |
| **\*REFER TO PAGE 11 OF THE RFA FOR INSTRUCTIONS\*** | | | | | |

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| **PROGRAM NARRATIVE** |
| **\*Fill out separately for each program or service listed in the Program Type Table\*** |
| **PROGRAM TITLE**: |
| 1. If awarded, these funds will (check only one):   Create a new service/activity  Enhance an existing program funded by the grant  Continue an existing program funded by the grant  Expand, continue, or enhance an existing project not funded under the grant in the previous year |
| 1. What allowable program type request on page 5 of the Request for Application does this program fall under:   Choose an item. |
| 1. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding: Yes No   If yes, provide grant number(s): |
| 1. Provide all funding sources and amounts currently contributing to the proposed **project**. The percent of total column should equal 100%. See RFA page 11 for example:  |  |  |  |  | | --- | --- | --- | --- | | Funding Source | % of Total | Dollar Amount | How is it used? | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| 1. Describe the sustainability status of the proposed project, including efforts undertaken toward maintaining sustainability and cost savings (if the program is not funded in future years, will it continue to succeed?): |
| 1. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less): |
| 1. Provide a concise description of the social problem(s), community issue(s), and/or community need(s) the project will address. Include local relevant data specific to the applicant county/tribe describing the community need or issue that will be addressed by the proposed project (400 words or less): |
| 1. Is the issue above a stated issue in the comprehensive juvenile services plan? Yes No   Provide page number in community plan where this issue is referenced? |
| 1. Describe the intended impact of the program or service on the youth/family and the community. How will this be measured? |
| 1. List, by agency name, up to five other programs/services operating within the community or service area that contribute to the solution of the stated problem, issue, or need. Indicate how this project coordinates with those programs/services:  |  |  |  | | --- | --- | --- | |  | Agency Name | Description of Coordination | | 1 |  |  | | 2 |  |  | | 3 |  |  | | 4 |  |  | | 5 |  |  | |
| 1. Describe how the proposed program or service will operate from beginning to end: |
| * 1. What agency(s) will implement this program: |
| * 1. Age, Gender, and Race/Ethnicity targeted by this program: |
| * 1. Explain how a referral is made to the program or service. Include who can make referrals, what the referral process looks like, etc. |
| * 1. Do all referrals get accepted? Yes No If no, explain: |
| * 1. Explain the criteria to determine if the youth is appropriate after receiving the referral. Include the screening and/or assessment tools used to determine program eligibility, program appropriateness, and programming needs: |
| * 1. What is the maximum capacity of youth this program can serve at one time? |
| * 1. How many youths are anticipated to be served by this program during the project period: |
| * 1. Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides): |
| * 1. Are you utilizing evidence-based, promising, or research-based practices and/or programming?  Yes No   If yes, provide specific examples. Do not just cite research articles: |
| * 1. What practice-based programming are you utilizing that is working in your community and what positive results have you seen? |
| * 1. Describe the ways youth leave the program. What does termination look like? Completion? Successful completion? |
| * 1. Describe the outreach efforts the program will use and how outreach to marginalized and underserved populations will be accomplished: |
| * 1. Is there a cost to youth and/or families to participate in this program or service? Yes No Amount: $   If yes, explain what steps are taken to ensure costs are not a barrier to program participation: |
| * 1. Describe how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery? |
| * 1. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)? Yes No   If yes, describe: |
| 1. Refer to the Risk, Criminogenic, and Protective factors listed in Appendix B in the RFA. Identify up to three protective factors and explain how your program or service targets them. Include key activities or services to be provided, and the skills and knowledge to be gained by the youth: |
| 1. *If the program currently operates, regardless of funding source:* |
| * 1. How long has this program been operating? |
| * 1. Provide a narrative that highlights the progress made by this program or service toward the above stated community need: |
| * 1. How does this program continue to address the above stated need in the community and why is continued funding necessary? |
| **\*REFER TO PAGE 11 OF THE RFA FOR INSTRUCTIONS\*** |

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| **PROGRAM NARRATIVE: SYSTEM IMPROVEMENT** |
| **\*Fill out separately for each new system improvement request listed in the Program Type Table\*** |
| **PROGRAM TITLE**: |
| 1. Is this program or service currently funded by any Crime Commission grant, state or federal? Do not include other programs or services within the agency that receives funding: Yes No   If yes, provide grant number(s): |
| 1. Provide all funding sources and amounts currently contributing to this **program**. The percent of total column should equal 100%. See RFA page 11 for example:  |  |  |  |  | | --- | --- | --- | --- | | Funding Source | % of Total | Dollar Amount | How is it used? | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| 1. Describe the specific identified need in your community plan that will be addressed by this program or service. Provide local community data that supports this need: |
| 1. Is this program or service necessary to meet the statutory community planning requirement in NRS §43-2404.01:   Yes No Explain: |
| * 1. Does this program or service fall under administration, including financial administration, grant administration, coordination, and grant writing: Yes No |
| * 1. Does this program or service fall under community engagement, including collective impact, community planning, and backbone support: Yes No |
| 1. Provide a description of the system improvement service by answering the following: |
| * 1. Explain the purpose of the system improvement service: |
| * 1. Describe the key activities that will be provided by this program or service: |
| * 1. List the expected changes that the service will likely bring to your community. Explain how program success will be measured. Include how you will know when community needs have been met: |
| 1. Describe the sustainability efforts undertaken for your proposed program, including efforts being made toward cost savings, and the sustainability status of your proposed program (if the program is not funded in future years, will it continue to succeed?): |
| 1. *If the program currently operates, regardless of funding source:* |
| * 1. How long has this program been operating: |
| * 1. Provide a narrative to justify continued funding of this program or service. What has been accomplished by this system improvement program? What work is still necessary to accomplish to justify continued funding: |
| * 1. Do you evaluate this program or service on a regular basis (do not include the EB-NE UNO Juvenile Justice Institute evaluation)? Yes No   If yes, describe: |
| **\*REFER TO PAGE 13 OF THE RFA FOR INSTRUCTIONS\*** |

# SECTION III: BUDGET

Budget Summary

|  |  |
| --- | --- |
| **Category** | **Requested Amount** |
| Personnel (County/Tribe) | $ |
| Travel (County/Tribe) | $ |
| Operating Expenses (County/Tribe) | $ |
| Contract Fee for Service (County/Tribe) | $ |
| Sub-Awards Total | $ |
| **TOTAL AMOUNT REQUESTED** | **$** |

|  |  |  |
| --- | --- | --- |
| **Budget Requirements** | | |
| All budget requests must be ***allowable, cost effective***, and ***necessary for project activities***.  All requests must comply with the following: | | |
| DIRECT | All costs must be direct expenses. No indirect organizational costs may be requested. |
| ALLOCABLE | Costs can be allocated to the grant to the extent they support grant funded activities. Grant funds cannot provide general support to the operations/programs of the organization receiving funding. |
| ACTUAL | Only actual expenses may be charged to the grant. Charges cannot be based upon budgeted or estimated amounts. EXAMPLE: The project budget anticipates the portion of the project coordinator’s time spent on the grant funded activity will be 10% or 4 hours/week. The actual weekly time spent fluctuates between 0 hours and 2.5 hours/week. The actual time spent each week and not the budgeted cost is the amount that can be charged to the grant and time sheets must justify the hours. |
| REASONABLE | A cost is considered reasonable if the nature of and the price paid for the goods or services reflects the action that a practical person would have taken given the circumstances. In determining the reasonableness of a particular cost, the following criteria will be considered: • In accordance with generally accepted accounting principles and business practices • An “arm’s length” transaction • Consistent with established practices of the grantee • Consistent with market prices for comparable goods or services in your area. |
| NECESSARY | All expenses must be necessary to achieve the outcomes of the program. Expenses must be directly related to the program, be necessary to carry out the function of the program or service and must be necessary to effectively meet the program goals and outcomes. |

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| **Personnel Table (COUNTY/TRIBE EMPLOYEES)** | | | | | | | | | | |
| **Program Title** | **Position Title and Employee Name** | **Agency Name** | **New or Existing**  **(N or E)** | **Percent Time Devoted** | **Current Annual Salary** | **Projected Annual Salary** | **Percent**  **Salary Requested** | **Requested Wages** | **Requested Fringe** | **Requested Total** |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
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|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  | | | | | | | | | | |
| **\*REFER TO PAGE 15 OF THE RFA FOR INSTRUCTIONS\***  **TOTAL PERSONNEL** | | | | | | | | **Requested Wages Total** | **Requested Fringe Total** | **Requested Total** |
| **$** | **$** | **$** |

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| **Personnel table Budget Breakdown**  **\*Fill out for each position listed in the table above\*** |
| 1. Program Title and Position Title: |
| 1. Is this position new or existing:  New  Existing |
| 1. If existing, describe how this position is currently funded and the need to fund the position by this funding source: |
| 1. Does this position spend 100% of their time on the proposed project?  Yes  No |
| * 1. If no, what percent if this position’s time is dedicated to this proposed project? |
| * 1. What are the other duties of this position not included in proposed project? |
| 1. Provide all funding sources and amounts currently contributing to this **position**. The percent of total column should equal 100%: See RFA page 15 for example.  |  |  |  | | --- | --- | --- | | Funding Source | Percent of Total | Dollar Amount | |  |  |  | |  |  |  | |  |  |  | |
| 1. Are existing funds currently allocated to the support of this position that will be used for a different purpose if this request is awarded?  Yes  No   Briefly describe how this request complies with the non-supplanting requirement *(the replacing of existing funds that currently support this position with these grant funds*): |
| 1. Provide job description (If existing position, paste in the official job description. If new, type a brief summary of the anticipated duties.): |
| 1. Was there an annual salary increase:  Yes  No   If yes, what percent: |
| * 1. If yes, did the governing board determine the annual salary increase:  Yes  No      1. If yes, attach the governing board meeting minutes supporting the salary increase. |
| * 1. If the governing board did not approve the annual salary increase, provide explanation for the salary increase: |
| 1. Provide a personnel budget breakdown on the following: 2. Breakdown of wages for this position: Hours       x hourly rate      = (total) 3. Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested.    1. FICA:    2. Retirement:    3. Insurance:    4. Other (such as LTD, LIFE, ADD, etc.): Fringe Type:       Amount: |
| **\*REFER TO PAGE 15 OF THE RFA FOR INSTRUCTIONS\*** |

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| **TRAVEL (COUNTY / TRIBE)** | | | | | | | |
| **This section is travel requested for county/tribe employees.** | | | | | | | |
| **Position Traveling1** | **Travel Purpose²** | **Mileage**  **(# of Miles x 0.655)** | | **Meals³** | **Lodging⁴**  **(# of Nights x per diem amount)** | | **Requested Total** |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
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|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  | | | | | | | |
| **SUB-AWARD TRAVEL REQUESTED TOTAL** | | | | | | | **$** |
| 1. Position Traveling: If the county/tribe has more than one funded program, also include program type.  2. Travel Purpose: examples include personal vehicle to serve youth, NJJA conference, etc.  3. Meals: Meal reimbursement must follow [NE DAS policy](https://das.nebraska.gov/accounting/manual.html#t6) and utilize the NE DAS [expense reimbursement form](https://das.nebraska.gov/forms/index.html#acct) to calculate total expense.  4. Lodging: [**Per Diem Lookup**](https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup) | | | | | | | |

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| **OPERATING EXPENSES (COUNTY / TRIBE)** | | |
| All operating expenses must be necessary for program function and directly related to effectively meeting the program goals and outcomes. Operating expenses cannot be overarching expenses of an office, but rather for the program or service only. Pro-rate operating expenses accordingly. All allowable operating expenses will be reviewed on a case-by-case basis.  \*DO NOT CHANGE OR ADD CATEGORIES\* | | |
| **Program Title**: | **Detailed Breakdown of Costs** | **Amount Requested** |
| Examples:  Communication  Conference Registration  Educational Materials  Incentives  Postage  Transportation for Youth | Verizon Wireless Cellphone $40/month X 12 months = $480.  NJJA conference $150 registration x 2 = $300  3rd Millennium Classes 65 x $30/class = $1963  Sonic 15 @ $5.00 = $75  Subway 15 @ $5.00 = $75  2 rolls of stamps x $60/roll = $120  Gas Vouchers 45 @ $10.00 = $450 |  |
| Communication |  | $ |
| Conference Registration |  | $ |
| Dues & Subscriptions |  | $ |
| Educational & Program Materials |  | $ |
| External Fees for Youth |  | $ |
| Food for Youth |  | $ |
| Incentives for Youth |  | $ |
| Postage |  | $ |
| Program Equipment |  | $ |
| Transportation for Youth |  | $ |
| **OPERATING EXPENSES TOTAL** | | **$** |
| 1. For each operating expense requested above, explain the following: | | |
| * 1. How is each request necessary to meet the goals and outcomes of the program? | | |
| * 1. How is each request reasonable and cost effective? | | |
| 1. If requesting program equipment, provide the following: | | |
| * 1. List each item requested and purpose: | | |
| * 1. Purchase date of equipment being replaced: | | |
| * 1. Date and description of most recent program equipment request: | | |
| * 1. Include three quotes: | | |
| **\*REFER TO PAGE 17 OF THE RFA FOR ALLOWABLE/UNALLOWABLE EXPENSES\*** | | |

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| **CONTRACTS (COUNTY/TRIBE)**  \*\*A contract is required for a service to be considered a contract\*\* | | | | | | |
| All rates requested must be reasonable and consistent with those paid for similar services in the marketplace and in alignment with the work proposed. A market analysis may be required for any rate that is not verifiable as consistent with the rates in the market. Rates shall not exceed reimbursement rates from DHHS or Probation Administration for the same or similar service. | | | | | | |
| **Program Title**  *From Program Type Table* | **Service Type**  *Example: Family Support, Community Youth Coaching, EM, Mediation, Counselor, etc.* | **Provider Name** | **Rate** | **Number of Occurrences** | | **Amount Requested** |
|  |  |  | $ |  | Hrs. Days | $ |
|  |  |  | $ |  | Hrs. Days | $ |
|  |  |  | $ |  | Hrs. Days | $ |
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|  |  |  | $ |  | Hrs. Days | $ |
| **CONTRACT FEES TOTAL** | | | | | | **$** |
| **\*REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS\*** | | | | | | |

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| **Contracts Narrative**  **\*Fill out for each contract listed in the table above\*** |
| **service type and provider NAME:** |
| 1. Describe the service being contracted, including the referral process for youth to participate in the contracted service: |
| 1. Did the county use an application process to determine the provider for this service? Yes  No   Explain: |
| 1. Does the County/Tribe currently have a contract in place with the provider? Yes No |
| 1. Describe how the contracted service is ***allowable, cost effective***, and ***necessary for project activities***: |
| **\*REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS\*** |

Sub-Award Budget Summary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency Name** | **Personnel** | **Travel** | **Operating Expenses** | **Contracts** | **Requested Amount** |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
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|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
| **TOTAL AMOUNT REQUESTED** | | | | | $ |

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| **Sub-Award Narrative** |
| **AGENCY NAME:** |
| 1. Does the agency currently receive any Crime Commission grants (state or federal): Yes No   If yes, provide grant number(s): |
| 1. Describe agency’s current scope of services or operations: (250 words) |
| **\*REFER TO PAGE 18 OF THE RFA FOR INSTRUCTIONS\*** |

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| **Sub-Award Personnel Table (NON-COUNTY/TRIBE EMPLOYEES)** | | | | | | | | | | |
| **AGENCY NAME:** | | | | | | | | | | |
| **Program Title** | **Position Title and Employee Name** | **Agency Name** | **New or Existing**  **(N or E)** | **Percent Time Devoted** | **Current Annual Salary** | **Projected Annual Salary** | **Percent**  **Salary Requested** | **Requested Wages** | **Requested Fringe** | **Requested Total** |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
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|  |  |  |  | % | $ | $ | % | $ | $ | $ |
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|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  |  |  |  | % | $ | $ | % | $ | $ | $ |
|  | | | | | | | | | | |
| **SUB-AWARD PERSONNEL TOTAL** | | | | | | | | **Requested Wages Total** | **Requested Fringe Total** | **Requested Total** |
| **$** | **$** | **$** |

|  |
| --- |
| **Sub-Award Personnel Table Budget Breakdown**  **\*Fill out for each position listed in the table above\*** |
| **AGENCY NAME:** |
| 1. Program Title and Position Title: |
| 1. Is this position new or existing:  New  Existing |
| 1. If existing, describe how this position is currently funded and the need to fund the position by this funding source: |
| 1. Does this position spend 100% of their time on the proposed project?  Yes  No |
| * 1. If no, what percent if this position’s time is dedicated to this proposed project? |
| * 1. What are the other duties of this position not included in proposed project? |
| 1. Provide all funding sources and amounts currently contributing to this **position**. The percent of total column should equal 100%: See RFA page 15 for example.  |  |  |  | | --- | --- | --- | | Funding Source | Percent of Total | Dollar Amount | |  |  |  | |  |  |  | |  |  |  | |
| 1. Are existing funds currently allocated to the support of this position that will be used for a different purpose if this request is awarded?  Yes  No   Briefly describe how this request complies with the non-supplanting requirement *(the replacing of existing funds that currently support this position with these grant funds*): |
| 1. Provide job description (If existing position, paste in the official job description. If new, type a brief summary of the anticipated duties.): |
| 1. Was there an annual salary increase: Yes  No   If yes, what percent? |
| * 1. If yes, did the governing board determine the annual salary increase: Yes  No      + 1. If yes, attach the governing board meeting minutes supporting the salary increase. |
| * 1. If the governing board did not approve the annual salary increase, provide explanation for the salary increase: |
| 1. Provide a personnel budget breakdown on the following: 2. Breakdown of wages for this position: Hours       x hourly rate      = (total) 3. Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested. 4. FICA: 5. Retirement: 6. Insurance: 7. Other (such as LTD, LIFE, ADD, etc.): Fringe Type:       Amount: |
| **\*REFER TO PAGE 15 OF THE RFA FOR INSTRUCTIONS\*** |

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| **SUB-AWARD TRAVEL EXPENSES** | | | | | | | |
| **This section is travel requested for sub-awarded agency employees.** | | | | | | | |
| **Position Traveling1** | **Travel Purpose²** | **Mileage**  **(# of Miles x 0.655)** | | **Meals³** | **Lodging⁴**  **(# of Nights x per diem amount)** | | **Requested Total** |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  |  | x.655 | $ | $ | x $ | $ | $ |
|  | | | | | | | |
| **SUB-AWARD TRAVEL REQUESTED TOTAL** | | | | | | | **$** |
| 1. Position Traveling: If the county/tribe has more than one funded program, also include program type.  2. Travel Purpose: examples include personal vehicle to serve youth, NJJA conference, etc.  3. Meals: Meal reimbursement must follow [NE DAS policy](https://das.nebraska.gov/accounting/manual.html#t6) and utilize the NE DAS [expense reimbursement form](https://das.nebraska.gov/forms/index.html#acct) to calculate total expense.  4. Lodging: [**Per Diem Lookup**](https://www.gsa.gov/travel/plan-book/per-diem-rates/per-diem-rates-lookup) | | | | | | | |

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| **SUB-AWARD OPERATING EXPENSES** | | |
| All operating expenses must be necessary for program function and directly related to effectively meeting the program goals and outcomes. Operating expenses cannot be overarching expenses of an office, but rather for the program or service only. Pro-rate operating expenses accordingly. All allowable operating expenses will be reviewed on a case-by-case basis.  \*DO NOT CHANGE OR ADD CATEGORIES\* | | |
| **AGENCY NAME:** | | |
| **Program Title**: | **Detailed Budget Breakdown** | **Amount Requested** |
| Examples:  Communication  Conference Registration  Educational Materials  Incentives  Postage  Transportation for Youth | Verizon Wireless Cellphone $40/month X 12 months = $480.  NJJA conference $150 registration x 2 = $300  3rd Millennium Classes 65 x $30/class = $1963  Sonic 15 @ $5.00 = $75  Subway 15 @ $5.00 = $75  2 rolls of stamps x $60/roll = $120  Gas Vouchers 45 @ $10.00 |  |
| Communication |  | $ |
| Conference Registration |  | $ |
| Dues and Subscriptions |  | $ |
| Educational & Program Materials |  | $ |
| External Fees for Youth |  | $ |
| Food for Youth |  | $ |
| Incentives for Youth |  | $ |
| Postage |  | $ |
| Program Equipment |  | $ |
| Transportation for Youth |  | $ |
| **OPERATING EXPENSES TOTAL** | | **$** |
| **BUDGET NARRATIVE** | | |
| 1. For each operating expense requested above, explain the following: | | |
| * 1. How is each request necessary to meet the goals and outcomes of the program? | | |
| * 1. How is each request reasonable and cost effective? | | |
| 1. If requesting program equipment, provide the following: | | |
| * 1. List each item requested and purpose: | | |
| * 1. Purchase date of equipment being replaced: | | |
| * 1. Date and description of most recent program equipment request: | | |
| * 1. Include three quotes: | | |
| **\*REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS\*** | | |

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| **SUB-AWARD CONTRACTS**  \*\*A contract is required for a service to be considered a contract\*\* | | | | | | |
| All rates requested must be reasonable and consistent with those paid for similar services in the marketplace and in alignment with the work proposed. A market analysis may be required for any rate that is not verifiable as consistent with the rates in the market. Rates shall not exceed reimbursement rates from DHHS or Probation Administration for the same or similar service. | | | | | | |
| **AGENCY NAME:** | | | | | | |
| **Program Title**  From Program Type Table | **Service Type**  *Example: Family Support, Community Youth Coaching, EM, Mediation, Counselor, etc.* | **Provider Name** | **Rate** | **Number of Occurrences** | | **Amount Requested** |
|  |  |  | $ |  | Hrs. Days | $ |
|  |  |  | $ |  | Hrs. Days | $ |
|  |  |  | $ |  | Hrs. Days | $ |
|  |  |  | $ |  | Hrs. Days | $ |
|  |  |  | $ |  | Hrs. Days | $ |
|  |  |  | $ |  | Hrs. Days | $ |
|  |  |  | $ |  | Hrs. Days | $ |
|  |  |  | $ |  | Hrs. Days | $ |
|  |  |  | $ |  | Hrs. Days | $ |
|  |  |  | $ |  | Hrs. Days | $ |
|  |  |  | $ |  | Hrs. Days | $ |
| **CONTRACT FEES TOTAL** | | | | | | **$** |
| **\*REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS\*** | | | | | | |

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| **sub-award Contracts Narrative**  **\*Fill out for each contract listed in the table above\*** |
| **service type and provider NAME:** |
| 1. Describe the service being contracted, including the referral process for youth to participate in the contracted service: |
| 1. Did the Agency use an application process to determine the provider for this service? Yes No   Explain: |
| 1. Does the Agency currently have a contract in place with the provider? Yes No |
| 1. Describe how the contracted service is ***allowable, cost effective***, and ***necessary for project activities***: |
| **\*REFER TO PAGE 17 OF THE RFA FOR INSTRUCTIONS\*** |

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| **SUB-AWARD TOTAL**  **\*Fill out separate total for each Sub-Award\*** | |
| **AGENCY:** | |
| **PERSONNEL FEES** | $ |
| **TRAVEL FEES** | $ |
| **OPERATING FEES** | $ |
| **CONTRACT FEES** | $ |
| **TOTAL AMOUNT REQUESTED** | **$** |

Section IV: Memorandums of Understanding

Counties or tribes applying as a group must submit a current copy of the MOU signed by each participating county board chair or tribal council chair confirming their commitment to the proposed joint project(s) in this application and agreeing to join with the Lead county/tribe. It is preferred that MOU’s include the electronic signature of each county or tribe’s respective signature. If not possible, a scanned copy will be accepted with the application.

Section V: Electronic Submission

As Lead Project Contact of this grant application, I assure that this electronic PDF submitted to the Nebraska Crime Commission is the final document which will be signed by the Authorized Official. I acknowledge I am required to submit an electronic copy to the Nebraska Crime Commission. The electronic copy must be submitted as a PDF version of the original Microsoft Word document. I acknowledge that a scanned version of the electronic copy will not be accepted.

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| Typed Name of Lead Project Contact | Date |

Section VI: Signature

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| **CERTIFICATION** |
| I certify the information in this application is accurate and as the Authorized Official for this project, hereby agree to comply with all provisions of the grant program, requirements outlined in the Request for Application, requirements of the Nebraska Crime Commission, and all other applicable federal and state laws.  I authorize the lead project contact, secondary project contact and financial contact to act on behalf of the Authorized Official for grant management purposes and fulfillment of the grant program.  **Note: The Authorized Official must be the County Board Chair or Tribal Council Chair. If**  **more than one county or tribe is participating in the grant application then the signature of the**  **Lead County Board Chair or Tribal Council Chair is required.** |
| **Name and Title of Authorized Official:** |
| **Signature of Authorized Official:** |
| **Date:** |