

NEBRASKA CRIME COMMISSION

FY2026 Juvenile Services Commission Grant Program

[JS] Application

Nebraska Revised Statute §43-2405

# SECTION I: APPLICANT INFORMATION

|  |  |
| --- | --- |
| Applicant Name (Lead Agency/Org):       | Phone: (     )        |
| Partnering Agency/Organization:       |  |
| Applicant Federal Employer ID:       |
| Address of Applicant: | Address:       |
| City:      | State:       | Zip Code:       –       |
| 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 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 B for program definitions and Appendix C 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 10 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 type of program from page 19 of the Request for Application does this program fall under:
 |
| 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: [x] Yes [ ] No

If yes, provide grant number(s):             |
| 1. Would a partial funding award for this program or service be accepted? [ ] Yes [ ] No

If yes, how would you prioritize the funds?       |
| 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 describing 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. 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. Provide a description of the program or service by answering the following:
 |
| * 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 why a referral would be made, 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 youth do you anticipate serving during the project period:
 |
| * 1. Describe the services/programming activities the youth will be provided by this funded program (do not include other activities your agency provides):
 |
| * 1. What type of programming and/or practices are you utilizing? Check all that apply.

[ ] Evidence-based[ ] Promising[ ] Cultural-based[ ] Research-based[ ] Practice-based |
| * 1. Provide specific examples of the programming/practices selected above. Do not just cite research articles. If utilizing practice-based programming, include the positive results you have seen in the community
 |
| * 1. Define the ways youth leave the program, i.e., 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. *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 10 OF THE RFA FOR INSTRUCTIONS\***  |

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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. What county/counties/tribes are served by this program?
 |
| 1. Identify the service area designation(s) as rural, urban, and/or frontier. If there is more than one designation, explain and include the percentage of each designation within the service area.
 |
| 1. Is someone from your agency part of the above stated county/counties/tribe community team? [ ] Yes [ ] No
 |
| * 1. If yes, how many community team meetings has someone from your agency attended in the past year?
 |
| * 1. How is the community team evaluating progress with the needs and priorities in the community plan?
 |
| 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? Include the relevant issue(s), priority, and strategies from the community plan.
 |
| 1. Was the community plan reviewed for progress or updates at any other times throughout the year? [ ] Yes [ ]  No
 |
| **\*REFER TO PAGE 13 OF THE RFA FOR INSTRUCTIONS\*** |

# SECTION III: BUDGET

Budget Summary

|  |  |
| --- | --- |
| **Category** | **Requested Amount** |
| Personnel  | $       |
| Travel  | $       |
| Operating Expenses  | $       |
| Contract Fee for Service  | $       |
| 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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| **AGENCY NARRATIVE** **(Complete if non-profit community-based organizations ONLY)** |
| 1. Does the agency currently receive any Crime Commission grants (state or federal): ☐Yes ☐No

If yes, provide grant number(s):        |
| 1. Describe organization’s structure: (250 words)
 |
| 1. Describe agency’s current scope of services or operations: (250 words)
 |
| **\*REFER TO PAGE 13 OF THE RFA FOR INSTRUCTIONS\*** |

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| **Personnel TABLE** |
| **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 14 OF THE RFA FOR INSTRUCTIONS\*****TOTAL PERSONNEL**  | **Requested Wages Total** | **Requested Fringe Total** | **Requested Total** |
| **$** | **$** | **$** |

|  |
| --- |
| **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 page 12 of RFA 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.
		2. If no, provide explanation for the salary increase:
 |
| 1. Provide a personnel budget breakdown on the following:

Breakdown of wages for this position: Hours       x hourly rate      = (total)       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 14 OF THE RFA FOR INSTRUCTIONS\*** |

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| **TRAVEL** |
| **Position Traveling1** | **Travel Purpose²** | **Mileage** **(# of Miles x 0.70)** | **Meals³** | **Lodging⁴** **(# of Nights x per diem amount)** | **Requested Total** |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       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 (LEAD AGENCY)** |
| 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 Budget Breakdown of Costs** | **Amount Requested** |
| Examples: Communication Conference RegistrationEducational MaterialsIncentivesPostage Transportation for Youth | Verizon Wireless Cellphone $40/month X 12 months = $480. NJJA conference $175 registration x 2 = $3503rd Millennium Classes 65 x $30/class = $1963 Sonic 15 @ $5.00 = $75Subway 15 @ $5.00 = $752 rolls of stamps x $60/roll = $120Gas 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:
 |
| Reminder: Entities must follow their written procurement process when purchasing equipment and if a process is not in place, then the entity must use Nebraska’s procurement process governed by DAS. |
| **\*REFER TO PAGE 16 OF THE RFA FOR ALLOWABLE/UNALLOWABLE EXPENSES\*** |

|  |
| --- |
| **CONTRACTS (LEAD AGENCY)** |
| 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 | $      |
|       |       |       | $      |       | [ ]  Hrs.[ ]  Days | $      |
|       |       |       | $      |       | [ ]  Hrs.[ ]  Days | $      |
|       |       |       | $      |       | [ ]  Hrs.[ ]  Days | $      |
|       |       |       | $      |       | [ ]  Hrs.[ ]  Days | $      |
|       |       |       | $      |       | [ ]  Hrs.[ ]  Days | $      |
|       |       |       | $      |       | [ ]  Hrs.[ ]  Days | $      |
|       |       |       | $      |       | [ ]  Hrs.[ ]  Days | $      |
|       |       |       | $      |       | [ ]  Hrs.[ ]  Days | $      |
|       |       |       | $      |       | [ ]  Hrs.[ ]  Days | $      |
| **CONTRACT FEES TOTAL** | **$** |
| **\*REFER TO PAGE 16 OF THE RFA FOR INSTRUCTIONS\*** |

|  |
| --- |
| **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 lead agency use an application process to determine the provider for this service? [ ] Yes [ ]  No
 |
| 1. Does the lead 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\*** |

Sub-Award Budget Summary

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

|  |
| --- |
| **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 17 OF THE RFA FOR INSTRUCTIONS\*** |

|  |
| --- |
| **Sub-Award Personnel Table** |
| **AGENCY NAME:**       |
| **Program Title** | **Position Title and Name** | **Agency Name** | **Full or Part Time****(F or P)** | **New or Existing** **(N or E)** | **Current Annual Salary** | **Projected Annual Salary** | **Percent****Time Devoted** | **Requested Wages** | **Requested Fringe** | **Requested Total** |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|       |       |       |       |       | $      | $      |      % | $      | $      | $      |
|  |
| **SUB-AWARD PERSONNEL TOTAL** | **Requested Wages** | **Requested Fringe** | **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 12 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.
		2. If no, 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 117 OF THE RFA FOR INSTRUCTIONS\*** |

|  |
| --- |
| **SUB-AWARD TRAVEL EXPENSES**  |
| **This section is travel requested for sub-awarded agency employees.** |
| **Position Traveling1** | **Travel Purpose²** | **Mileage** **(# of Miles x 0.70)** | **Meals³** | **Lodging⁴** **(# of Nights x per diem amount)** | **Requested Total** |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       x $      | $      | $      |
|       |       |       x.70 | $      | $      |       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 of Costs** | **Amount Requested** |
| Examples: Communication Conference RegistrationEducational MaterialsIncentivesPostage Transportation for Youth | Verizon Wireless Cellphone $40/month X 12 months = $480. NJJA conference $175 registration x 2 = $3503rd Millennium Classes 65 x $30/class = $1963 Sonic 15 @ $5.00 = $75Subway 15 @ $5.00 = $752 rolls of stamps x $60/roll = $120Gas Vouchers 45 @ $10.00 = $450 |  |
| 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 18 OF THE RFA FOR INSTRUCTIONS\*** |

|  |
| --- |
| **SUB-AWARD CONTRACTS**  |
| 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 and/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 18 OF THE RFA FOR INSTRUCTIONS\*** |

|  |
| --- |
| **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
 |
| 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 18 OF THE RFA FOR INSTRUCTIONS\*** |

|  |
| --- |
| **SUB-AWARD TOTAL**  |
| **AGENCY:**       |
| **PERSONNEL FEES** | $      |
| **TRAVEL FEES** | $      |
| **OPERATING FEES** | $      |
| **CONTRACT FEES** | $      |
| **TOTAL AMOUNT REQUESTED** | **$** |

Section IV: Comprehensive Juvenile Services Community Plan

Pursuant to Nebraska Revised Statute §43-2405(1), the application shall include a comprehensive juvenile services plan. **Applications must include a current copy of the Comprehensive Juvenile Services Community Plan** for the community in which the program operates. If the program(s) requested in the application is not included in the community plan or serves the purpose of the meeting the needs identified in the community plan, the program will not be eligible to receive grant funding.

Section V: Memorandums of Understanding

Agencies, counties or tribes applying as a group must submit a current copy of the MOU signed by each participating county board chair, tribal council chair, or other agency authorized official confirming their commitment to the proposed joint project(s) in this application. 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 VI: 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. I acknowledge that a scanned version of the electronic copy will not be accepted. The electronic copy must be submitted as a PDF version of the original Microsoft Word document.

|  |  |
| --- | --- |
|       |       |
| Typed Name of Lead Project Contact | Date |

Section VI: Signature

|  |
| --- |
| **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 signature must be that of an authorized official as defined in the RFA. If more than one agency, county or tribe is participating in the grant application then the signature of the Lead Agency, County, or Tribe Official is required.** |
| **Name of Authorized Official:**       |
| **Signature of Authorized Official:** **Date:**  |