**SFY2026 Title II Formula Grant Application**

|  |  |
| --- | --- |
| **Applicant Legal Name:**The applicant must be the agency that will receive and disburse the grant funds. |  |
|  **Applicant Physical Address:****(**Include zip code**)** |  |
| **Applicant Telephone & Fax #:** | Telephone#: | Fax#: |
| **Applicant Federal Employer ID & DUNS #:** | Employer ID#: *must be 9 digits* | DUNS#: |
| **Project Title:** |  |
| **Project Point of Contact (PPOC):** (Main contact. Responsible for all correspondence regarding grant award and project.) | Name: |
| Title: |
| Email: | Work Phone#: |
| Address:(Include zip code) |
| **Fiscal Point of Contact (FPOC):** (Responsible for fiscal oversight and fiscal reports. Cannot be same as the PPOC) | Name: |
| Title: |
| Email: | Work Phone #: |
| Address:(Include zip code) |
| **Authorized Official:** (NOTE: The Authorized Official is the Mayor, Chair of County Board or City Council or the Board Chair of a Private Non-profit Agency, or Designee through Tribal Resolution) | Name: |
| Title: |
| Email: | Work Phone #: |
| Address:(Include zip code) |
| **Type of Agency *(check only one)***[ ]  Government Agency [ ]  Non-Profit Organization [ ]  Campus Organization[ ]  Federally Recognized Tribal Government, Agency, or Organization[ ]  Technology [ ]  Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If Awarded, These Funds Will:** | ***Check only one:***[ ]  Create New Service/Activity [ ]  Enhance Existing Program [ ]  Continue Existing Program[ ]  Expand or enhance an existing project not funded under the Applicable Grant Program in the previous year[ ]  Expand or enhance an existing Native American project [ ]  Technology[ ]  Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FUNDING PRIORITY AREA DESIGNATION**

Please select the funding priority area that most appropriately matches the program for which you are requesting funding. Refer to pages 4 and 5 in the NOFO for more information. **Only select one**.

[ ]  Delinquency Prevention

[ ]  Positive Youth Development

[ ]  Juvenile Justice System Improvement

**COMMUNITY OR SERVICE AREA DESCRIPTION**

1. Areas served by this project (Counties/Cities/Tribe/Statewide):
2. Identify the service area designation(s) as rural, urban, and/or frontier. If more than one designation explain and include the percentage of each designation within the service area.

**PROBLEM STATEMENT**

1. Provide a concise description of the social problem(s) the project will address. Include local crime rate information/data. If the project is a statewide effort, statewide crime rates are acceptable. Discuss any lack of available services and barriers victims and survivors experience when accessing needed services and help. (400 words or less)

**PROJECT SUMMARY**

1. Provide a concise statement highlighting the major aspects of the proposed project (150 words or less).

**PROJECT PLAN**

Describe what the activities are that you are proposing for this project by answering the questions below. This description should provide a clear understanding of the method(s) used by your project to achieve your goals, objectives, and projected outcomes, and how the activities will address the problem you are trying to solve.

1. Indicate the population(s) to be served. Include age, gender, and race/ethnicity this program will target.
2. Explain how a referral is made to the program or service. Include why a referral would be made, who can make referrals, and what the process looks like. Explain procedures or methods if screening/assessment tools or criteria is utilized to determine eligibility for receiving services
3. Describe the services/programming activities that will be provided for this funded program (do not include other activities your agency provides) along with a brief description..
4. What type of programming and/or practices are you utilizing? Check all that apply. You will have to report on this each quarter.

☐ Evidence-based

☐ Promising

☐ Culture-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
2. Discuss how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery?
3. List, by agency name, up to five other programs and/or services operating within the community or service area that contribute to the solution of the stated problem. Indicate how this project coordinates with those programs/services (i.e., how does the law enforcement agency coordinate with the jail, community organizations, etc.).

|  |  |  |
| --- | --- | --- |
|  | Agency Name | Description of Coordination  |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

**GOALS AND OBJECTIVES**

**List the top three goals for this project. Each goal should have at least one objective and within each objective at least on outcome or activity and a timeframe.**

**Goal 1:**

**Objective:**

**Outcome/Activities:**

**Timeframe:**

**Objective:**

**Outcome/Activities:**

**Timeframe:**

**Goal 2:**

**Objective:**

**Outcome/Activities:**

**Timeframe:**

**Objective:**

**Outcome/Activities:**

**Timeframe:**

**Goal 3:**

**Objective:**

**Outcome/Activities:**

**Timeframe:**

**Objective:**

**Outcome/Activities:**

**Timeframe:**

**AGENCY NARRATIVE**

1. Mission and Purpose Statement: (150 words)
2. Length of time agency has been in operations: (150 words)
3. Agency paid staff and unpaid volunteers:

|  |  |  |
| --- | --- | --- |
|  | **Total #** | **# FTEs** |
| **Agency volunteers *(excluding board members)*** |  |  |
| **Agency board member volunteers** |  |  |
| **Paid agency staff** |  |  |

1. Describe the organization’s structure: (250 words)
2. Describe agency’s current scope of services or operations: (250 words)
3. Describe the sustainability plan of the proposed project, including efforts undertaken toward maintaining sustainability and cost savings once the project period is ended (if the program is not funded in future years, will it continue to succeed?):

**AGENCY BUDGET**

For State Grants/Contracts, Federal Grants/Grants, Program Income/Fees/Due, and Other Contributions list the source and amount for each.

Add more lines in each category if necessary.

|  |  |
| --- | --- |
| ***Source*** | ***Amount*** |
| **Federated Campaigns** |   |
| **United Way** |   |
| **Private Foundations** |   |
| **Fundraising/Donations** |   |
| **Local Grants/Contracts** |   |
| **State Grants/Contracts - TOTAL** |   |
|  |   |
|  |   |
|  |   |
|  |   |
| **Federal Grants - TOTAL** |   |
|  |   |
|  |   |
|  |   |
|  |   |
| **Program Income/Fees/Dues - TOTAL** |   |
|  |   |
|  |   |
|  |   |
| **Other Contributions** |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |

**BUDGET SUMMARY**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Category** | **Grant Funds** | **Cash Match** | **In Kind Match** | **Match Total** | **Total Budgeted** |
| Personnel | $      | $      | $      | $      | $      |
| Fringe | $      | $      | $      | $      | $      |
| Travel | $      | $      | $      | $      | $      |
| Equipment | $      | $      | $      | $      | $      |
| Supplies / Operating | $      | $      | $      | $      | $      |
| Consultants / Contracts | $      | $      | $      | $      | $      |
| Other Costs | $      | $      | $      | $      | $      |
| Indirect Costs | $      | $      | $      | $      | $      |
| **Total**  | $      | $      | $      | $      | $      |

**BUDGET NARRATIVES**

Using the tables below, detail the amount of funding requested for each specific area and provide a detailed narrative for each item requested. Each position and/or item must be budgeted separately. More lines can be added to tables as needed. Breakdown costs for each position and/or item in the narrative space.

|  |
| --- |
| **Personnel** |
| **Position Title and Employee Name** | **New or Existing (N or E)** | **Percent time devoted** | **Annual Salary** | **Grant Funds** | **Cash Match** | **In-Kind Match** | **Total Cost** |
|       |       |      % | $      | $      | $      | $      | $      |
|       |       |      % | $      | $      | $      | $      | $      |
|       |       |      % | $      | $      | $      | $      | $      |
| **Total Personnel Costs** | $      | $      | $      | $      |
| **Personnel Costs Narrative:** |

|  |
| --- |
| **Fringe** |
| **Position Title and Employee Name** | **Percent paid by grant** | **Annual Fringe** | **Grant Funds** | **Cash Match** | **In-Kind Match** | **Total Cost** |
|  |      % | $      | $      | $      | $      | $      |
|  |      % | $      | $      | $      | $      | $      |
|  |      % | $      | $      | $      | $      | $      |
| **Total Fringe Costs** | $      | $      | $      | $      |
| **Fringe Benefits Costs Narrative:**  |
| **Supplanting:** 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): |

|  |
| --- |
| **Travel** |
| **Purpose of Travel (include meals, mileage, flights, hotels, etc.)** | **Location/ Miles** | **Grant Funds** | **Cash Match** | **In-Kind Match** | **Total Cost** |
|  |  | $      | $      | $      | $      |
|  |  | $      | $      | $      | $      |
|  |  | $      | $      | $      | $      |
| **Total Travel Costs** | $      | $      | $      | $      |
| **Travel Costs Narrative:** |

|  |
| --- |
| **Equipment** |
| **Item** | **Grant Funds** | **Cash Match** | **In-Kind Match** | **Total Cost** |
|  | $      | $      | $      | $      |
|  | $      | $      | $      | $      |
|  | $      | $      | $      | $      |
| **Total Equipment** | $      | $      | $      | $      |
| **Equipment Narrative:** |

|  |
| --- |
| **Supplies/ Operating Expenses** |
| **Item** | **Grant Funds** | **Cash Match** | **In-Kind Match** | **Total Cost** |
|  | $      | $      | $      | $      |
|  | $      | $      | $      | $      |
|  | $      | $      | $      | $      |
| **Total Supplies/Operating Expenses** | $      | $      | $      | $      |
| **Supplies/Operating Expenses Narrative:** |

|  |
| --- |
| **Consultants / Contracts** |
| **Item** | **Rate** | **# of Occurrences** | **Grant Funds** | **Cash Match** | **In-Kind Match** | **Total Cost** |
|  |  |  | $      | $      | $      | $      |
|  |  |  | $      | $      | $      | $      |
|  |  |  | $      | $      | $      | $      |
| **Total Consultants / Contracts** | $      | $      | $      | $      |
| **Consultants / Contracts Narrative:** |

|  |
| --- |
| **Subawards** |
| **Item** | **Grant Funds** | **Cash Match** | **In-Kind Match** | **Total Cost** |
|  | $      | $      | $      | $      |
|  | $      | $      | $      | $      |
|  | $      | $      | $      | $      |
| **Total Subawards** | $      | $      | $      | $      |
| **Subawards Narrative****Purpose of the subaward:****Service to be provided:****Supplanting:** 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):**Itemized breakdown of expenses for each line item:** |

|  |
| --- |
| **Other Costs** |
| **Item** | **Grant Funds** | **Cash Match** | **In-Kind Match** | **Total Cost** |
|  | $      | $      | $      | $      |
|  | $      | $      | $      | $      |
|  | $      | $      | $      | $      |
| **Total Other Costs** | $      | $      | $      | $      |
| **Other Costs Narrative:** |

|  |
| --- |
| **Indirect Costs** |
| **Item** | **Grant Funds** | **Cash Match** | **In-Kind Match** | **Total Cost** |
|  | $      | $      | $      | $      |
|  | $      | $      | $      | $      |
|  | $      | $      | $      | $      |
| **Total Indirect Costs** | $      | $      | $      | $      |
| **Indirect Costs Narrative:** |

**Applicant Disclosures of Pending Applications:**

Applicants are to disclose any pending applications, submitted within the last 12 months for federally and or state funded grants that include requests for funding to support the same project proposed under this solicitation and will cover the identical cost items outlined in the budget in the application under this solicitation. **Mark none if there are no pending applications.**

|  |  |  |
| --- | --- | --- |
| **Federal or State Funding Agency** | **Solicitation Name / Project Name** | **Name/Phone/E-mail for Point of Contact at Funding Agency** |
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