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| Moon over the mountain 1Vermont Department of Public SafetySubgrant Application | | | | | | | | | | | | | | | | | | | | | | |
|  | Submit to:  Department of Public Safety  Financial Office  45 State Drive  Waterbury, VT 05671-1300 | | | | | Not later than:  December 31, 2015, 3:00 PM | | | | | | | | | | | | | | | | | |
| 1. Applicant Information and Identification: | | | | | | | | | | | | | | | | | | | | | |  | |
| Applicant Agency: | | |  | | | | | | | | | | | | | | | | | | |  | |
| Address: | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | County: | | | | | | |  | | | |
| Authorizing Official: | | |  | | | | | | | | Title: | | | | | | |  | | | |
| Signature: | | |  | | | | | | | | | | | | | | | | | | |
| Project Director: | | |  | | | | | | | | | | Title: | | | | |  | | | |  | |
| Telephone: | | |  | | | | | | Fax: | | | |  | | | | | | | | |
| E-Mail: | | |  | | | | | | | | | | | | | | | | | | |
| Federal Tax Id #: | | |  | | DUNS#: | | |  | | | | | | Expiration: | | | | |  | | |  | |
| Vermont Business Account Number | | |  | | | | | | | | | | | | | | | | | | |
| Fiscal Entity: | | |  | | | | | | | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |
| Fiscal Year: | | |  | Start: | |  | | | End: | | |  | | | | | | | | |  |
| Fiscal Agent: | | |  | | | | | | | | | Title: | | | |  | | | | | |
| Signature: | | |  | | | | | | | Email: | | | | |  | | | | | | |
| Proposed Budget Summary | | | | | | | | | | | | | | | | |  | | | TOTAL | |  | |
| Salaries And Benefits | | | | | | | | | | | | | | | | | $ | | |  | |
| Contractual | | | | | | | | | | | | | | | | | $ | | |  | |
| Supplies | | | | | | | | | | | | | | | | | $ | | |  | |
| Travel And Mileage | | | | | | | | | | | | | | | | | $ | | |  | |
| Equipment | | | | | | | | | | | | | | | | | $ | | |  | |
| Other Direct Costs | | | | | | | | | | | | | | | | | $ | | |  | |
| Indirect Costs | | | | | | | | | | | | | | | | | $ | | |  | |
| Total Expenses | | | | | | | | | | | | | | | | | $ | | |  | |

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| Department of Public Safety Subgrant Application |
| 2. Project Title: |
| 3. Problem Statement: |
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| 4. Project Goals And Objectives: |
| 5. Project Description: |

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| Department of Public Safety Subgrant Application |
| 6. Project Schedules And Milestones: |
| 7. Project Evaluation Plan: |
| 8. Resources Needed: |
| 8a.  Request for “Limited Cash Advance” Justification: |

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| Department of Public Safety Subgrant Application |
| 9. Cost Narrative/Detail |
| 1. Personnel Costs: Use the Salary Report attached to detail FICA, Workers comp, etc. Summarize anticipated personnel activity hours and costs here. |
| 1. Contract Services: |
| 1. Supplies: |
| 1. Mileage/Travel (Instate and out of state): |
| 1. Equipment: |
| 1. Other Operating Expenses: |
| 1. Indirect Costs (If allowed): Submit Federal form with % allowed |
| 1. Other Program Income: List Sources and amounts anticipated |

# Grant Application Guidelines for Subgrant of Federal Funds

Department of Public Safety Grants Management Unit in Waterbury must receive applications by the close of business on the due date in the solicitation posting or letter. All applications must be an original, signed paper copy. Individual Grant Managers may require electronic format (email attachments or CD) copies, a specified number of paper copies or other forms of multiple copies as long as the additional copy requirements are in the solicitation letter.

1. Cover Sheet: Make sure all fields are complete. Your financial officer should have the DUNS number, expiration date and Vermont Business Account Number. If your agency or nonprofit does not have a DUNS (Data Universal Numbering System) number, go to http://www.sam.gov to register. There are tabs on the site you may find helpful. There is no cost to register. If your business is not required to have a Vermont Business Account Number place “Not Required” in the line provided.

2. Project Title: Create a short phrase (3-8 words) to indicate the overall nature of the project.

3. Problem Statement: The first thing you must do to apply for a grant is to identify, using data, what problem(s) you are proposing to diminish or correct, how severe the issue(s) is/are and the who, what and where of the issue(s). Only applicants that demonstrate a problem, supported by relevant data, can receive funding. Ideally, use data relevant to your locality. National data is not normally sufficient to justify a local subgrant. Include as much pertinent data as you have about the problem in your community (i.e. injuries, response time delays, demographics, etc). Also, provide trend data over several years where trend data is relevant and available.

NOTE: Remember, you must support the problem you have identified with relevant data.

4. Project Goal(s) and Objectives: Goals identify a long-term change the agency intends to affect by implementing the proposed project. You must relate your goals to the purpose of the federal, state or other agency making the funds available for your use through the subgrant program. Goals must relate to resolving the problem you have identified.

Objectives are specific statements of short-term aims that must happen for you to achieve your overall project goal. Objectives generally begin with phrases such as to increase, to decrease or to reduce. Pay particular attention when you select your objective. Keep in mind that objectives are measurable, short-term steps that link directly to the overall goal. They should explain what you intend to accomplish and when you expect to accomplish it.

To help you select your objectives, look at what you are currently doing if you already have a program. Then look at what you are not doing and decide what you can do or do differently. Then, analyze the effect the change in activity would have on achieving your goal.

Keep in mind goals and objectives are similar. Goals are generally long-term (5+ years) objectives are short-term (1-2 years). Both should represent the amount of change over a specified time lapse. Both need a base line number, an expected number and a date by which the changed number will occur. Objectives may also be activity increases or changes in methods where goals will always be outcome based.

5. Project Description: Describe what services, programs or activities you propose to implement. This is, what your agency proposes to do to solve or lessen the problem (i.e., form a coalition of community leaders, sponsor training, conduct a public media event or campaign, develop a community program, provide training, purchase equipment, etc.) along with the projected number of events, services or activities you hope to provide. Describe your agency’s capability to implement the proposed project and experience the agency has with similar projects.

Project proposals should detail the frequency and number of events and their timing. For example, if your objective is to reduce the incidence of teen driving fatalities, then one of the activities for this objective might be to conduct at least one impaired driving educational event at each of the area high schools during the next school year. Tie your project description back to the data in your problem statement wherever possible.

Identify how you will implement these services, programs or activities. Describe the steps you will take to start and maintain the project. Estimate the number of people you intend to reach via your proposed project. Address how your services, programs or activities will affect your target population (as identified in your problem statement).

Describe the degree of community support or commitment that exists for your proposed program. Attach letters of support from community leaders, community members and intended partners as appropriate. Include a list existing sources of support, cash and other community contributions, that will support your project.

Describe how you will announce or promote the project. A media component is required for all grants. In most cases, this would consist of an agency press release to local media outlets announcing the award of the grant and the project goals. Another media activity might be a press conference to announce a purchase, training or event.

6. Project Schedule and Milestones: In this section, develop a schedule of events for implementation of your proposed project. Specific dates are best, where you lay out by date when key events will occur. However, the most effectual way to develop a project schedule may be an award-plus method. In this method, you estimate when events will occur after the official date of award. Other acceptable methods are by month, before or during a specific event (i.e. winter, prom, Election Day or other annual occurrence). Plan carefully as DPS will use the schedule you submit to evaluate the progress and effectiveness of your project.

7. Project Evaluation Plan: In your application, you must show how you will demonstrate effective implementation and how you will measure its progress/success. The most desirable evaluation is an Impact Evaluation that shows a change that resulted from the project. A secondary method is an Activity Evaluation that simply shows what you did as compared to what you said you would do. Often both types of evaluation are appropriate.

1) For the Impact Evaluation, identify what measurable data or information you will use to demonstrate that change occurred during the project. This should include a data point just before your project starts and another at the end of the project period. The ideal data would reflect a measurement of the same data you used to identify your problem and severity.

2) For the Activity Evaluation, use project documents to show what the project is accomplishing. A count of events or persons contacted, trained or certified may be the best method.

8. Resources Required: List the resources you will need to accomplish your goal. Funding, trainers, educational kits, projector, may be some of resources on your list.

8a. If your project is too large for your agency to accomplish in a Reimbursement (after-the-fact) in arrears of expenses, you may request pre-payment on a “Limited Cash Advance” basis. Check the box in 8a and provide justification for consideration. A possible justification may be a large required purchase by a low-budget agency or organization. Large purchases as the sole justification will not be approved. Approved requests will be reflected in the Subgrant agreement.

9. Budget Narrative: Each subgrant proposal must include a detailed budget. Your proposed budget will include all allowable expenses needed to effectively implement your project. It must also include a narrative justification listing the type and quantities of equipment planned for purchase, as well as types of travel expected, and supplies needed. Your budget detail must show detailed personnel costs for each employee who will charge time to the grant funds. It is important to remember that each person paid with grant funds must submit a time and activity sheet outlining the work completed with each DPS Financial Report Form. Also, include proposed travel expenses, contract service expense, equipment, other direct costs, indirect costs (when allowed) and any program income that you anticipate to receive.

Your budget should also indicate any matching funds or anticipated costs for which you do not propose to seek reimbursement and your agency would be providingg in support of the project.

For questions or information, please contact your DPS Grant Manager.

The following references are for Federal Agency specific requirements which subgrants of the agency’s funds must comply:

CFR 28 – Justice:

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=979af7e262cbe8d2d1f85e2c1d3b0d0c&rgn=div5&view=text&node=28:1.0.1.1.32&idno=28>

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=979af7e262cbe8d2d1f85e2c1d3b0d0c&rgn=div5&view=text&node=28:1.0.1.1.34&idno=28>

CFR 29 – Labor:

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=3dbd326e38ff7bacf4d60d581f8c24ef&tpl=/ecfrbrowse/Title29/29cfr97_main_02.tpl>

CFR 44 – Emergency Management Assistance:

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr;sid=1c469db093c5f86e3e7cf10c768b92d3;rgn=div5;view=text;node=44%3A1.0.1.1.13;idno=44;cc=ecfr>

CFR 49 – Transportation:

<http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=24f8e3f1b31d28b37764b06a0ee6a6f3&rgn=div5&view=text&node=49:1.0.1.1.12&idno=49>

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| **PROJECT PARTICIPANT SALARY STRAIGHT TIME Normally Available from Payroll Division/Payroll summary report acceptable substitute** | | | | | | | | |  |  |  |  |  |
| **Agency:** | | | | | | **Date:** | | |  |  |  |  |  |
| **Name** | **Full Time** | **Straight Hourly Rate** | **FICA** | **Workers Comp.** | **Unemp Ins** | **Retire- ment** | **Health Ins.** | **TOTAL HOURLY COST** |  |  |  |  |  |
|  |  |  | **7.65%** | **0.00%** |  | **0.00%** |  |  |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
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|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
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|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
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|  |  |  | $0.00 | $0.00 |  | $0.00 |  | $0.00 |  |  |  |  |  |
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| **PROJECT PARTICIPANT SALARY OVERTIME Normally Available from Payroll Division/Payroll summary report acceptable substitute** | | | | | | | |
| **Agency:** | | | | | **Date:** | | |
| **Name** | **Full Time** | **Hourly Rate OT** | **FICA** | **Workers Comp.** | **Unemp. Ins.** | **Retire- ment** | **TOTAL HOURLY COST** |
|  |  |  | **7.65%** | **0.00%** |  | **0.00%** |  |
|  |  |  | $0.00 | $0.00 |  | $0.00 | $0.00 |
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