STATE OF NEW HAMPSHIRE



**DEPARTMENT OF JUSTICE**

## Children’s Justice Act Grant (CJA)

***2020-2021 CJA Application***

**Solicitation# 2020CJA01**

**Children’s Justice Act**

**Section 1: General Information**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant Starting Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ending Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DUNS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAM Expiration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Federal Funds Requested $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chief Elected Official/Head of Agency:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Director

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Officer

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Certification Required:**

 As the signing authority for this grant project, I hereby certify that I have read and understand the documents included in this application.

Signature of signing authority: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_

**SUB-GRANT APPLICATION INSTRUCTIONS**

**Program Description**

The main objective of the Children’s Justice Act (CJA) grant is to improve: (1) the assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child’s family; (2) the assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities; (3) the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and (4) the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect. The New Hampshire Department of Justice administers this grant on the state level. CJA funds can be subgranted to eligible agencies to develop, establish and operate initiatives designed to reform State systems and improve the processes by which the State responds to cases of child abuse and neglect, including child sexual abuse and child abuse or neglect related fatalities.

**Focus Areas**

In accordance with the CJA guidelines, grants awarded are to be used to develop, establish and operate programs designed to improve:

* the assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child’s family;
* the assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities;
* the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; or
* the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect.

**Selection Criteria**

(12 point-font with 1-inch margins and page numbered)

**Section 2: Narrative (10 page limit)**

*Problem Statement (20 Points)*

This section should describe the nature, extent and prevalence of the problem within investigative, administrative or judicial handling of child abuse or neglect cases to be addressed and improvements needed to address the problem. The description of the problem should be supported by an analysis of statistical information and/or other factual information or relevant literature and clearly articulate the demonstrated adverse impact the problem has on child abuse and neglect victims. The purpose of this section of the Application Narrative is to develop a clear, concise picture of the problem that will be addressed using grant funds.

 *Project/Program Design and Implementation (40 Points)*

The proposed project/program should focus on the front-end intake, assessment, investigative and prosecutorial phases of child welfare. This section should provide a detailed description of the proposed solution to the above stated problem. Include project goals, objectives, and the activities that will ensure goals are accomplished. Goals and objectives outlined in this section should be clearly defined and quantifiable. Each goal should be fully described along with its accompanying objectives, activities, and performance measures. Describe in detail the relevant experience the applicant (or the applicant’s agency) has relative to working with child abuse and neglect victims.

Supporting prevention activities, lobbying activities and direct services are not allowed under this sub-grant. Examples of direct services include: positions working directly with child victims or the handling child abuse cases (i.e. law enforcement officers, forensic interviewers, medical and mental health practitioners, social workers) or covering the costs of the provision of services (i.e. medical examinations, mental health counseling or alternative therapies or treatments).

*Sustainability and Evaluation Plan (10 Points)*

Proposals should include a description of how the applicant intends to continue efforts initiated through this request at the conclusion of the grant period.The proposal should also include the identification of realistic and measurable goals, objectives, activities, and sources of data to evaluate the success of the applicant's strategy.

**Section 3: Budget**

 *Budget Detail (20 points)*

 Federal Funds for CJA programs must be used to **supplement**, **not supplant, existing subgrantee programs and services**. Supplanting means that if an entity is currently paying for a specific project, program or activity with local funding, they cannot request federal funds to pay for that same project, program or activity. Applicants may request funding to pay for an enhancement to that activity, however only the enhancement will be eligible for funding and the original activity must remain locally funded.

 *Budget Narrative (10 points)*

 The budget narrative should provide the justification for the expenses itemized in the budget. For each of your budget categories, provide a brief narrative explaining and justifying the itemized expenses.

**APPLICATION CHECKLIST**

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

 **Documents/Attachments due with the application:**

 **\_\_\_\_ General Information Cover Page (Section 1)**

 **\_\_\_\_ Application Narrative (Section 2)**

 **\_\_\_\_ Budget Detail and Narrative (Section 3)**

 **\_\_\_\_ IRS 990 (non-profits)**

 **\_\_\_\_ Application Checklist**

Please submit your completed application electronically

to NHDOJ by January 10, 2020 at 4:00 PM to:

Danielle.snook@doj.nh.gov

grants.apps@doj.nh.gov

If you have any questions regarding this application kit or the application process, please contact Danielle Snook within the allowed applicant inquiry period at:

(603) 271-3671 or email: Danielle.snook@doj.nh.gov

For general grant information you may access our webpage at <https://www.doj.nh.gov/grants-management/index.htm>

**New Hampshire Department of Justice**

**Section 3: Budget Detail Worksheet and Budget Narrative**

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

**Name/Position Computation Federal Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category A. Personnel****Sub-Total Federal:** |  | **Match:** |  |

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

**Name/Position Computation Federal Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category B. Fringe Benefits** **Sub-Total Federal:** |  | **Match:** |  |

**C. Travel** - Itemize travel expenses of project personnel by purpose (e.g., staff to training, field

interviews, advisory group meeting, etc.). Show the basis of computation (e.g., six people to 3-day training at

$X airfare, $X lodging, $X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

**Purpose of Travel Location Item Computation Federal Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category C. Travel****Sub-Total Federal:** |  | **Match:** |  |

**D. Equipment** - List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of $5,000 or more per unit. Expendable items should be included either in the “supplies” category or in the “Other” category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

**Item Computation Federal Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category D.****Sub-Total Federal:** |  | **Match:** |  |

**E. Supplies** - List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing less than $5,000, such as books, hand held tape recorders) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the project.

**Supply Items Computation Federal Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category E. Supplies****Sub-Total Federal:** |  | **Match:** |  |

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

**Purpose Description of Work Federal Match**

**Project category Not Approved by NH Department of Justice**

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

***G-1 Consultant Fees***: For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of $650 per day require additional justification and prior approval from OJP.

**Name of Consultant Service Provided Computation Federal Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category *G-1 Consultant Fees***:**Sub-Total Federal:** |  | **Match:** |  |

***G-2 Consultant Expenses***: List all expenses to be paid from the grant to the individual consultants in addition to their fees (i.e., travel, meals, lodging, etc.)

**Item Location Computation Federal Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category *G-2 Consultant Expenses*****Sub-Total Federal:** |  | **Match:** |  |

***G-3 Contracts***: Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of $100,000.

**Item Federal Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category *G-3 Contracts*** **Sub-Total Federal:** |  | **Match:** |  |

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

**Description Computation Federal Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category H. Other Costs****Sub-Total Federal:** |  | **Match:** |  |

**I. Indirect Costs** - Indirect costs are allowed at the applicant’ federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, the applicant may submit either a rate negotiated between the pass-through entity and the subrecipient (in compliance with this part), or a de minimis indirect cost rate of 10% of modified total direct costs as defined in §200.414 Indirect (F&A) costs, paragraph (f) of the Federal Register Vol. 78 No 248; 2 CFR Part 200

**Description Computation Federal Match**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category I. Indirect Costs****Sub-Total Federal:** |  | **Match:** |  |

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

**Budget Category Amount Federal Match**

|  |  |  |
| --- | --- | --- |
| **A. Personnel** |  |  |
| **B. Fringe Benefits** |  |  |
| **C. Travel** |  |  |
| **D. Equipment** |  |  |
| **E. Supplies** |  |  |
| **F. Construction** |  |  |
| **G. Consultants/Contracts** |  |  |
| **H. Other** |  |  |
| **Total Direct Costs** |  |  |
| **I. Indirect Costs** |  |  |
| **Total Project Costs** |  |  |

|  |  |
| --- | --- |
| **Federal Request** |  |
| **Non-Federal Match Amount** |  |

**New Hampshire Department of Justice**

**Please include a written narrative that explains your above budget requested items. For example if you are requesting salary for personnel please include in the narrative what the responsibilities of that person will include.**

**Budget Narrative:**