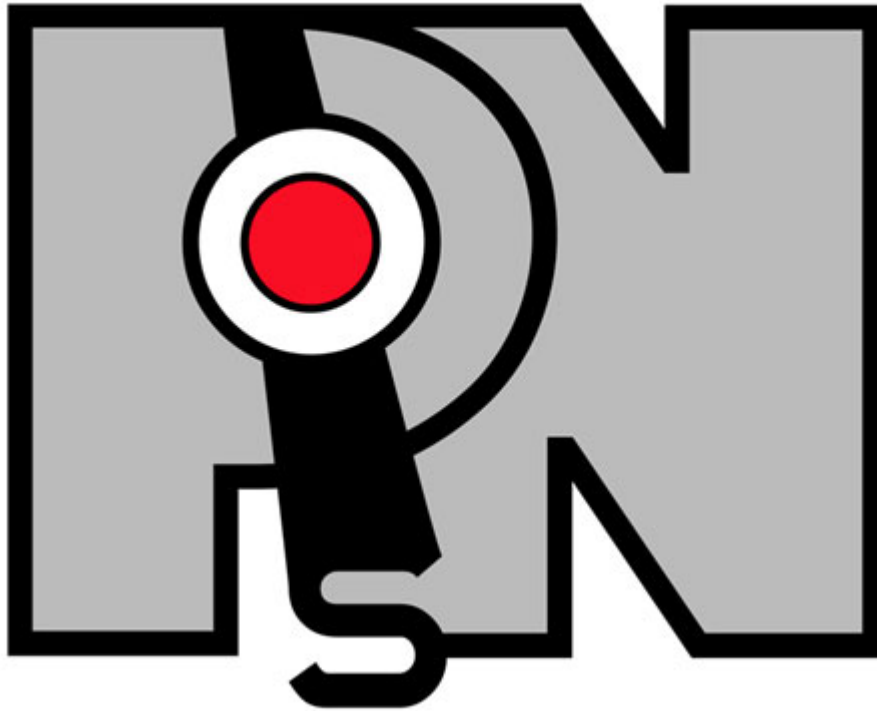


***Program Guidelines and  
Application Kit  
Calendar Year 2012***

**PROJECT SAFE NEIGHBORHOODS**



U. S. Attorneys Office  
District of North Dakota

Fiscal Agent, North Dakota Bureau of Criminal Investigation  
North Dakota Office of Attorney General

**PROJECT SAFE NEIGHBORHOOD PROGRAM  
GRANT APPLICATION FOR CALENDAR YEAR 2012**

Project Safe Neighborhoods and its Anti-Gang Initiative component constitute a nationwide commitment to reduce gun crime and gang activity in America by networking existing local programs that target gun crime and gang activity and provide funds to assist those programs in carrying out innovative and effective projects. Each district is allocated a portion of the funds that Congress appropriates each year. These funds are then re-awarded in each state according to specific needs and strategies.

The Project Safe Neighborhoods Program includes the Anti-Gang Initiative, which was developed to reduce gang activity and related violent crime in areas served by Project Safe Neighborhoods. Although in past years applicants for PSN and Anti-Gang grants were required to complete separate applications, this year applicants for both types of grants need to complete only one combined PSN/Anti-Gang application.

This application kit contains the forms and information necessary to apply for funds from the Project Safe Neighborhood Program, including its Anti-Gang Initiative.

ELIGIBLE APPLICANTS

Awards may be made to state agencies, local units of government, and non-profit agencies. A unit of local government is any city, county, or other political subdivision of a state.

It is necessary to have an authorized official, as listed below, sign the grant application.

<u>Eligible Applicant</u>	<u>Authorized Official</u>
City or County	Auditor/Mayor/Council Pres
State Agency	Director
Non-profit Agency	Director/Board President

GRANT PERIOD

Grants will be awarded for a maximum of a one-year period and continued funding cannot be guaranteed. Successful applicants are encouraged to secure local funding so that projects may be continued.

NON-SUPLANTATION

Federal funds cannot be used to supplant state and local funds. Federal funds can only increase the amount of such funds that would, in the absence of federal aid, be made available for criminal justice activities.

EVALUATION/MONITORING

The Bureau of Justice Assistance requires each project be evaluated to determine if the project is meeting the goals and objectives stated in the application. Evaluations and monitoring will be conducted by the U.S. Attorney's Office, Office of Attorney General, or their designee.

PRIMARY FUNDING CRITERIA

The PSN Selection Committee will consider the following factors when awarding federal funds under the Project Safe Neighborhood Program:

- a. Overall quality of the grant application.
- b. Demonstration of need.
- c. Probability of the project to meet the identified goals and objectives.
- d. Impact of the project.
- e. Degree and success of coordination with other agencies.

TECHNICAL ASSISTANCE

Please call AUSA Scott Schneider, US Attorney's Office, at (701) 297-7400, or Michelle Vetter, BCI, at (701) 328-5534, if you require any assistance regarding the grant application process.

APPLICATION PROCESS/DEADLINE

The completed application must be returned to this office and postmarked no later than **October 28, 2011**. Applications postmarked after this date will be returned and not considered. **Late submissions will not be accepted.** An incomplete application will be returned to the project director.

One original application should be mailed to:

Tonya Forderer  
Bureau of Criminal Investigation  
PO Box 1054  
Bismarck ND 58502-1054

The application should be stapled in the upper left corner. **DO NOT** bind applications in notebooks, plastic bindings, or specially printed covers.

GRANT REVIEW/AWARD PROCESS

The PSN Selection Committee will review the applications and make their recommendations in November. Each applicant will be invited to present additional material to the Board at that time. Approved projects will commence January 1, 2012.

**INSTRUCTIONS FOR COMPLETION OF  
GRANT APPLICATION FACE PAGE**

(1) Subgrantee:

Enter the name of the state agency, local unit of government, or non-profit agencies. A local unit of government is any city, county, or other political subdivision of a state.

(2) Authorized Official:

Enter the name, title, address, and phone number of the official (county or city auditor/mayor/council president, director of the state agency, or director of the non-profit agency) who will receive the federal funds, and who will have overall responsibility for the operation and financial administration of the project.

(3) Implementing Agency:

Enter the name of the agency that will have direct responsibility for the grant.

(4) Project Director:

Enter the name, title, agency, address, and phone number of the person who will have direct responsibility for the overall operation of the project. This person will prepare and submit program reports as required by the PSN Task Force.

(5) Fiscal Officer:

Enter the name, title, agency, address, and phone number of the person who will have direct responsibility for the financial administration of the project. This person will prepare and submit financial reports as required by the PSN Task Force.



GRANT APPLICATION – PROJECT SAFE NEIGHBORHOODS  
 U.S. ATTORNEYS OFFICE  
 (08/2007)

(PSN Selection Committee Use Only)

PSN Grant Number
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(1) Name of Subgrantee	Phone	Fax
(2) Name of Authorized Official	Title	
Street Address	City	State      Zip Code
PO Address	City	State      Zip Code
(3) Name of Implementing Agency		
(4) Name of Project Director	Title	E-Mail Address
Agency	Phone	Fax
Street Address	City	State      Zip Code
PO Address	City	State      Zip Code
(5) Name of Fiscal Officer	Title	E-Mail Address
Agency	Phone	Fax
Street Address	City	State      Zip Code
PO Address	City	State      Zip Code
(6) Project Period: Start Date	Project Period: End Date	
<u>1 / 1 / 2012</u>	<u>12 / 31 / 2012</u>	

# Budget Summary

(Specific to Funds Being Requested in this Application)

Please enter the amounts from the Budget Detail and Narrative Section.

(PSN Selection Committee Use Only)

Line Item	Current Award Amount	Requested Amount	Approved Amount	Funding Comments
Personnel – page 6	\$	\$		
Supplies – page 7	\$	\$		
Rent - page 7	\$	\$		
Consultants/Contracts – page 8	\$	\$		
Training/Travel – page 9	\$	\$		
Other - page 10	\$	\$		
Equipment – page 10	\$	\$		
<b>Total Budget This Application</b>	\$	\$		

**Note:**      *Round all numbers to the nearest dollar.*

What other funding sources support similar activities within your organization?

Have you applied for any other grant funding for this same project/equipment?

## Budget Detail and Narrative

All line items included in the Budget Summary request must be justified in full detail. Only include expenses for this application. Be specific in completing this section. Please attach additional pages if necessary to provide justification.

### PERSONNEL (Including Benefits)

List all personnel positions to be paid for in part or in full with project funds. Include only one position description per line.

Title	Annual Salary					Comments
	Salary	Fringe Benefits	Overtime	Total Salary	Requested Amount	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	
<b>Total Personnel</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	

*Note: Round all numbers to the nearest dollar.*

#### Personnel Narrative:

Explain in detail what duties, functions or responsibilities each position will perform to achieve the stated goal and objectives of this project. **Please include an itemized list of the costs included in fringe benefits.**

# OPERATING EXPENSES

## I. SUPPLIES

List supplies by type (office supplies, postage, training materials, etc.) Supplies include materials that are expendable or consumed during the course of the project.

Item	Requested Amount	Description (additional details & calculations)
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>Total Operating Expenses</b>	\$	

**Note:** Round all numbers to the nearest dollar.

## II. RENT (Ex. \$150/month for 12 months = \$1,800)

### III. CONSULTANTS/CONTRACTS WITH THIRD PARTIES

Individual consultants, contracting or service organizations. Specify purpose of contract. **The maximum rate for consultants is \$450.00 for an 8-hour day.** Contractual services include payments for services to people not on the payroll of a participating agency.

Name	Requested Amount	Descriptions (additional details, duties, & calculations)
	\$	
	\$	
	\$	
<b>Total Consultant/Contractual Expenses</b>	\$	

**Note: Round all numbers to the nearest dollar.**

#### IV. TRAINING/TRAVEL

##### Training/Conferences

**Includes: registration fees, tuition, and related travel expenses** for attending meetings and conferences.

Please call the grants management section at (701) 328-5500 for out-of-state per diem rates. Reimbursement for meals and lodging in-state is limited to the following:

Meals In-State

**\*Note:** You must travel a minimum of four (4) hours, which covers the following time frames:

Breakfast (leave on or before 7 a.m.)	\$ 6.00
Lunch (11:00 a.m. – 1:00 p.m.)	\$ 9.00
Dinner (5:00 p.m. – 7:00 p.m.)	<u>\$15.00</u>
Total Per Day	\$30.00

Lodging Will be reimbursed at the local or current state-rate – whichever is lower.

In the event a personal vehicle is used, mileage reimbursement will be made at the rate provided by the state of North Dakota.

	Registration Fees/Tuition	Travel Costs	Description (additional details & calculations)
<b>Course:</b>  <b>Purpose:</b>  <b>Location:</b>  <b>Participants:</b>	\$	\$	
<b>Course:</b>  <b>Purpose:</b>  <b>Location:</b>  <b>Participants:</b>	\$	\$	
<b>Other Project-related Travel</b>  Includes: transportation, lodging, and meals of project personnel for project-related travel. Refer to the rates listed above when determining your travel budget. Briefly discuss purpose for these travel funds and how they will be used (i.e. mileage for presentations, attending meetings, etc):	\$	\$	
<b>Total training travel costs:</b>	\$	\$	

**V. OTHER COSTS (i.e. telephone, etc.)**

Item	Requested Amount	Description (additional details & calculations)
	\$	
	\$	
	\$	
	\$	
	\$	
<b>Total Other Expenses</b>	\$	

*Note: Round all numbers to the nearest dollar.*

**EQUIPMENT**

Equipment is defined as an individual item costing \$2,500 or greater and having a useful life of one or more years. Do not record supplies and operating under equipment. An individual item costing \$2,500 or more requires three (3) bids and must be approved by the BCI prior to issuance of a purchase order.

All purchases of sole-source equipment must be fully documented and retained on file by the agency with the purchase order and payment documents. Documentation must include justification for the sole-source determination and written vendor's price quotation.

Leased Equipment should be entered in the "contractual" category.

Item	Requested Amount	Description (additional details & calculations)
	\$	
	\$	
	\$	
<b>Total Equipment</b>	\$	

*Note: Round all numbers to the nearest dollar.*

Which agency will maintain ownership of the equipment at the end of the grant period?

# NON-GOVERNMENT AGENCY BUDGET SUMMARY

Please list your **ENTIRE AGENCY'S** budget for the current operating cycle, including all funding sources. The total amount of the budget line items must equal the total amount of funding sources.

Line Item	Current Operating Budget Amounts
Personnel	\$
Operating Expenses	\$
Equipment	\$
<b>Total Budget</b>	<b>\$</b>

*Note: Round all numbers to the nearest dollar.*

Funding Sources	Amount	Percentage of Total Agency Budget
Project Safe Neighborhood	\$	
Other (specify):	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
<b>TOTAL FUNDING</b>	<b>\$</b>	<b>100 percent</b>

*Note: Round all numbers to the nearest dollar.*

# PROJECT EQUIPMENT INVENTORY

Continuation grants must report equipment purchased to date (value \$2,500 and over) with PSN funds for this project.

Description	Brand Name	Serial Number	Cost	Location of Equipment
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

# PROJECT NARRATIVE

To complete the project narrative the applicant may use this form, or simply type the narrative in the following format. The project narrative must not exceed 10 double-spaced pages in 12-point type and must include information requested in I through IV below.

- I. **Project Description:** Describe in detail the project that is proposed. How will this project address specific problems. Include specifics about the services to be provided, how the services will be provided, who will provide the services, and the project accomplishments. If this is a **new** project, describe the implementation plan.

II. **Current Efforts:** Clearly define what efforts are currently underway in responding to the problem described in the Project Description.

III. **Collaboration with Other Agencies:**

***New Projects:*** Will your project cooperate and coordinate with other agencies? If so, please describe.

***Continuation Projects:*** Did your project cooperate and coordinate with other agencies during the past year. If so, please describe.

IV. **Describe in detail what plans or steps are being taken to assure continuation of your agency's project after federal funding ends.**

# Project Goals, Objectives, and Performance Measures

Stated goals, objectives, and performance measures will be used by the PSN Task Force to monitor and assess the project's progress in achieving the intended results.

**Overall Project Goals:** State the project's goals, in general or broad terms. Goals should address the specific problem/need identified in the application. Goals should be stated in terms of the outcomes that the project wants to achieve. (Example: Reduce the amount of gun-related crime)

- 1.
- 2.
- 3.
- 4.

**Objectives** (Activities directed at achieving goals): State the project's objectives, in terms of specific steps or benchmarks that will eventually lead to accomplishing the goals. Objectives must be clearly expressed and in **measurable** terms. (Example: Increase number of gun-related arrests; Initiate special gun-related enforcement teams; Increase public awareness regarding gun-related crime; Distribute gun safety kits to community residents)

- 1.
- 2.
- 3.
- 4.

**Performance Measures** (How you measure your project's success): (Example: Number of gun-related arrests; Number of community presentations provided; Number of days special enforcement teams were deployed; Number of gun safety kits distributed to residents)

- 1.
- 2.
- 3.
- 4.

## **Additional Required Information** (Please Attach)

The PSN Task Force has adopted a policy stating that applicants failing to submit the following documents with the application will not be considered for funding.

### **Non-government Agency Applicants**

- A letter of support from the sheriff's department, police department, or other criminal justice agency.

### **Continuation projects**

- Most recent Progress Report for the current grant.

## **AUTHORIZED SIGNATURES**

I certify that the project proposed in this application meets applicable requirements of the Project Safe Neighborhood Program, that all information presented is correct, and that the applicant will comply with the provisions of the subgrant program and all other applicable federal laws. By appropriate language incorporated in each grant, sub-grant, or other document under which funds are to be disbursed, the undersigned shall assure that the applicable conditions shown above apply to all recipients of these federal funds.

_____ Signature of Authorized Official	_____ Date
_____ Signature of Project Director	_____ Date
_____ Signature of Fiscal Officer	_____ Date