

**Proposal of Program to Improve the
Criminal Justice System for the Benefit of
Residents of Monroe County Florida**
Application Date: April 17, 2020
Application Deadline: May 6, 2020 (Before Noon)

The Florida Department of Law Enforcement (FDLE), Office of Criminal Justice Grants (OCJG) is seeking applications for the state's Edward Byrne Memorial Justice Assistance Grant (JAG) Program. This program focuses on helping state and local agencies improve the criminal justice system.

Section I: Administration

Organization
Name:

Contact Person/
Title:

Mailing Address:

City, Zip Code:

Telephone
Number:

Email Address:

Project Title:

Project Funding
Request:

The assigned Project Director should be a person who is aware of all facets of the program/programmatic and financial - or have the ability to easily communicate with individuals responsible for various project activities.

Project Director:

*Awards will be approved for a six (6) to twelve (12) month project period between January 1, 2020 and September 30, 2021.
(Note: Project dates may not overlap current funding from Byrne/JAG or Clerk's Drug Abuse Trust Fund)*

Project Start
Date:

Project End
Date:

Additional
Comments
(Optional):

Section 2: Project Overview

1. Problem Identification:

Provide a general summary of the criminal justice activity, problem or issue that will be addressed with grant funds. In addition, the Problem Identification should include data to support the problem description; and what has been done to-date to address the specific problem. (Maximum 8,000 characters)

Priority Areas for Funding,- Evidence-Based Programs or Practices:

The Office of Justice Programs (OJP) places a strong emphasis on the use of data and evidence in policy making and program development in criminal justices. Programs and practices are considered to be evidenced-based when their effectiveness has been demonstrated by causal evidence, generally obtained through one or more outcome evaluations.

2. Project Summary/Scope of Work:

The scope of work (SOW) should describe how the Identified Problem (Q1) will be addressed and how proposed activities relate to the funding program priorities (Q3). Please identify each activity, objective, task, and/or responsibility that will be completed or provided. Additionally, please identify who will provide/receive services, standards or levels of service to be delivered, anticipated project outcomes or impacts resulting from these activities, and any performance or documentation that will be produced or maintained in support of the project.

In addition, the SOW should provide a clear understanding of the project design and implementation plan, a general time-line for completion of project tasks/activities, the capabilities and competencies of the applicant, and the plan for collecting data for performance reporting. (Maximum 8,000 characters)

Funding Priorities:

The Florida Department of Law Enforcement (FDLE) reviewed existing strategic plans for Florida's state criminal justice agencies, and conducted a survey to gauge statewide priorities. Responses for this survey were solicited from all sectors of the criminal justice system and identified key priorities for Federal Fiscal Year 2019 funding.

3. Select the key priority(s) that best describe the proposed activities.

Select any one
(1) or more:

- Law enforcement programs
- Prosecution & court programs
- Prevention & education programs
- Corrections & community corrections programs
- Drug treatment & enforcement programs
- Planning, evaluation, & technology improvement programs
- Crime victim & witness programs
- Mental health programs & related law enforcement & corrections programs including behavioral programs and crisis intervention teams

4. What percentage of the total costs of this project is being funded by sources other than this award?

5. What is the address of the location(s) being used to provide services for this project? (Maximum 5,000 characters)

6. What is the combined population of the jurisdiction(s) your agency provides services to (according to the 2010 census)?

Section 3: Performance

7. During the grant period, which of the following community activities will your organization be involved in, with or without JAG funds and how often will they each occur (yearly, monthly, etc.)? Choose from the following list: Hosting community meetings; attending community meetings; distributing a newsletter, email, or other bulletin; attending community events; conducting social media activities; conducting outreach to minority populations; other (please describe)

8. Are you aware that you may be required to report on the status of the identified goals quarterly?

Yes

No

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9. Identify the goal(s) you hope to achieve with your funding. If you have multiple goals describe each goal separately.

10. Describe any barriers you may encounter which may prevent you from achieving your identified goal(s).

11. What major activities are planned for each of your goal(s) listed in question 9? (Respond on next page)

11. (cont)

Section 4: Financial

Any project selected for implementation utilizing Federal and/or County funds must be able to comply with all applicable Federal laws, regulations and policies including 2 CFR 200.

Monroe County will enter into a contract with the organization should this Project Proposal be recommended for funding. All Federal requirements of the granting agency will also be the responsibility of the funded organization and will be included in the contract.

Prohibited Uses & Expenditures:

A. Federal funds may not supplant state or local funds.

B. Administrative costs/fees are not eligible on Justice Assistance Grants (JAG).

C. Trinkets such as hats, mugs, portfolios, t-shirts, coins, gift bags, etc., may not be purchased as giveaways with grant funds.

D. Additionally, there are other prohibited expenditure defined in JAG Program stature as set out in 34 U.S.C. Statute 10152, regulations or executive order.

12. Enter the dollar amount associated with each budget line item.

Budget:

Salaries &
Benefits:

Program
Expenses:

Contractual
Services:

Other Expense:

Total Budget:

Budget
Comments
(Optional):

BUDGET NARRATIVE

13. Budgets should be complete, cost effective, and allowable. Thoroughly and clearly describe every category of expense. List each line item with the total cost and show how it was calculated, be mathematically sound, and correspond with the proposed project activities.

Provide a detailed computation for each cost element for which funding is requested:

- a. Identify the type of Budget (Unit Costs/Unit Rates, if applicable) required for each service provided.
- b. Describe the basis for the Unit Costs/Unit Rates and state when the basis was established or updated, if applicable.

Demonstrate how costs will be maximized for effectiveness in relation to potential alternatives and the goals of the project.

(Maximum 8,000 characters)

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14. Will the project be funded by any other source(s) and if so, state the other source(s) and amount(s)?

Yes

No

14a. If Yes,
Explain:

15. Will the project earn project generated income (PGI)?

Yes

No

15a. If Yes,
Explain:

16. Other Comments: (Optional)

RISK ASSESSMENT CHECKLIST

For the purpose of performing Risk Assessment Evaluation of your organization; please include the following documents with the application, unless these documents have already been provided for Monroe County in FY2020 funding period.

Note: Email the Risk Assessment documents in a separate file apart from the application. The Risk Assessment documents may be separate or combined together into one large PDF file.

Required Documents
(If applicable to your organization):

- A. Organization's Corporate Bylaws, which must address the organization's mission, board and membership composition, and process for election of officers
- B. IRS Letter of Determination indicating 501(c)3 status
- C. GUIDESTAR printout
- D. List of the organizations's Board of Directors of which there must be at least 5, and for each board member indicate when elected and length of term of service
- E. Evidence of annual election of Officers and Directors
- F. Organization's Policies and Procedures Manual which must include hiring policies for all staff, drug and alcohol free workplace provisions, and EEO provisions
- G. Copy of IRS Form 990 from the most recent fiscal year, include all schedules
- H. Unqualified audited financial statements from the most recent fiscal year for organizations that expend \$150,000 per year or more. If qualified, include a statement of deficiencies with corrective actions recommended/taken
- I. Audit Documentation, for recipients of funding of \$100,000 or more from Monroe County (I.1 - I.3 below)
 - I.1. The CPA that prepares the audit must also be a member of the American Institute of Certified Public Accountants (AICPA)
 - I.2. The CPA must maintain malpractice insurance covering the audit services provided and
 - I.3. The County shall be considered an "intended recipient" of said audit.
- J. Copy of current Occupational Licenses
- K. Proof of registration with the Florida Department of Agriculture as required by Florida Statute 496.405 and the Florida Department of State as required by Florida Statute 617.01201 or proof of exemption from registration as per Florida Statute 496.406 or proof of exemption
- L. Copy of Florida Department of Health Licenses/Permits
- M. Copy of Florida Department of Children & Families License or Certification
- N. Copy or any other Federal or State Licenses
- O. Copy of current fee schedule
- P. Data showing the need for your program
- Q. Copy of Summary Report of most current Evaluation/Monitoring. Must include summary of deficiencies, if applicable, and suggested corrective action
- R. Certification Page
- S. Other - If additional space is needed to address earlier questions

CERTIFICATION

To the best of our knowledge and belief, the information contained in this application and attachments is true and correct. Monroe County is hereby authorized to verify all information contained herein, and we understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of this application. This certifies that this request for funding is consistent with our organization's Articles of Incorporation and Bylaws and has been approved by a majority of the Board of Directors.

We affirm that the Agency will use Monroe County funds for the purposes as submitted in this Application for Funding. Any change will require written approval from the Monroe County Board of County Commissioners.

We understand that the agency must substantially meet the eligibility criteria to be considered for Monroe County funding and that any applicable attachments not included disqualify the agency's application.

We understand that all funding received through this opportunity must be spent for the benefit of Monroe County.

We further understand that meeting the Eligibility Criteria in no way ensures that the agency will be recommended for funding by the Substance Abuse Policy Advisory Board (SAPAB). These recommendations are determined by service needs of the community, availability of funds, etc. SAPAB funding recommendations must be approved by the Monroe County Board of County Commissioners.

Printed Name of Executive Director

Signature of Executive Director

Witness

Printed Name of Board President/Chairman

Signature of Board President/Chairman

Witness

Date

Witness

Date

Witness