



# Internal JABG Application For Federal Funds

## Required Documentation

Please fill out this form from A-Q and make sure to have it signed by your Department Head prior to submitting it to the Federal Grants Manager.

A. Amount Requested: \_\_\_\_\_

B. Project Period: \_\_\_\_\_

C. Type of Award:	Exempt	Extension	Invitation to Bid	Invitation to Negotiate
	Renewal	Request for Proposal	Single Source	Request for Application

D. DJJ/Program Office: \_\_\_\_\_

E. Program Contact for this Application:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

F. Program/Project Title: \_\_\_\_\_

G. Brief Program Description (50 words max):

H. Please specify whether this project will be direct services (serving youth directly) or system improvement:

I. **JABG Purpose Area and Number:** Using the numbered JABG purpose areas (to read about the purpose areas click [here](#)), please identify which purpose area best ties into meeting the activities within the goals and objectives of your project.

- Graduated Sanctions
- Facilities
- Hiring Court Staff/Pretrial Services
- Hiring Prosecutors
- Funding for Prosecutors
- Training Law Enforcement/Court Personnel
- Gun Courts
- Drug Courts
- Juvenile Records

- Information Sharing
- Accountability-Based Programs
- Risk/Needs Assessment
- School Safety
- Restorative Justice
- Court/Probation Programming
- Hiring Detention/Corrections staff
- Reentry

If other, please specify:

J. **Problem Statement:** Briefly state a priority juvenile justice issue or need that the program intends to address (250 word maximum).

**K. Program Goals:** Provide a broad statement that conveys the program’s overall goal to change, reduce, or eliminate the problem described (250 word maximum).

**L. Program Objectives:** Explain how the program will accomplish its goals. Objectives are specific quantifiable statements of the desired results of the program, and they should include the target levels of achievement, thereby further defining the goals and providing the means to measure program performance (250 Words).

**M. Planned Activities and Services:** Describe specific steps that the grantee will take or projects that the grantee will fund to accomplish each objective. This part of the program description must summarize which department will implement the program, where and when activities will take place, the specific services that the department will provide and who will benefit from the services (500 Words).

**N. Target Population for this Project:** Will services be targeted for any of the following groups?

<b>Race/Ethnicity:</b>	<b>Age:</b>	<b>Justice:</b>
American Indian/Alaskan Native	0-3      14-15	At-risk Population (no prior offense)
Asian	4-5      16-17	First Time Offenders
Black/African American	6-7      18 and over	Repeat Offenders
Hispanic or Latino (of any race)	8-9	Sex Offenders
Native Hawaiian/Other Pacific Islander	10-11	Status Offenders
Other Race	under 11	Violent Offenders
White/Caucasian	over 11	Youth population not directly served
Youth population not directly served	12-13	
 <b>Gender:</b>	 <b>Geographic Area:</b>	 <b>Other:</b>
Male	Rural      Urban	Mental Health
Female	Tribal      Suburban	Substance Abuse
Youth population not directly served	Youth population not directly served	Truant/Dropout

**O. Performance Measure Requirements.** To assist in fulfilling the Department’s responsibilities under the Government Performance and Results Act (GPRA), Public Law 103-62, applicants that receive funding under this solicitation must provide data that measure the results of their work. Per OJJDP, any award recipient will be required to report on all mandatory measures (listed below). Although the mandatory measures below typically apply to direct-service projects, it is important to consider their relevance to this project.

**Mandatory Measures**

- Number and percent of programs/initiatives employing evidence-based practices.
  - Number and percent of youth with whom an evidence-based practice was used.
  - Number of program youth and/or families served during the reporting period.
  - Number and percent of program youth completing program requirements.
  - Number and percent of program youth who OFFEND during the reporting period (short- and long-term).
  - Number and percent of program youth who REOFFEND during the reporting period (short- and long-term).
  - Number and percent of program youth who are VICTIMIZED during the reporting period (short- and long-term).
  - Number and percent of program youth who are REVICTIMIZED during the reporting period (short- and long-term).
  - Number and percent of program youth who have exhibited a change in a targeted behavior (short- and long-term) (specify behavior).
1. Please describe the steps you will take to assemble the information needed to comply with OJJDP's performance measures reporting requirements above (250 Words).
2. Indicate at least one output measure and at least one outcome measure to report on for the JABG purpose area selected for this project (performance measure indicator grids that list all output and outcome measures for each purpose area can be found [here](#)).
- a. Output Measures (identify at least 1) (150 Words)
  - b. Outcome Measures (identify at least 1) (150 Words)
  - c. Additional Measures (optional) (150 Words)

**P. Budget:** Please fill out the budget forms by clicking [here](#). The costs shall include, but are not limited to: Personnel (Salaries & Benefits), Contracted Staff / Services/Consultants, Equipment (\$500 or more), Property (\$999 or less), Consumable Materials & Supplies/Postage, Rent/Telephone/Utilities, Training/Seminars, Staff Travel, Other (include indirect costs).

**Q. Timeline:** Please fill out the attached timeline by clicking [here](#). Please keep in mind that the timeline has to cover the entire project period:

**Program Area Head Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**JJ Specialist Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Secretary's Office Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**The rest of this document does not need to be filled out until after the application has been approved**

**R. SAG Minutes Approval:**

**S. Encumbrance Grant Information:**

<b>Encumbrance Grant Information</b>	
Vendor FEID Number	
Project Number	
Sub-Grant Number	
Contract #	
Organization Code	
Object Code	
EO	
Category	
Approved Amount	
CFDA Number	
Grant Period	