**Administrative Office of the Courts**

Department of JUVENILE AND FAMILY SERVICES (djfs)

2009-A Commerce Park Drive, Annapolis, MD 21401

NOFA#: N19-0003-25I

**Grant Application Cover Sheet**

**Applicant Organization Name**:

**Office/Department/Unit (if applicable):**

**Program Name (if different):**

**Address**:

**City**: **State**: **ZIP**:

**Federal Employee Identification Number (FEIN)**: **DUNS** (if applicable):

**Amount Requested:** $ **Matching Funds**:

 (if applicable)

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| --- | --- | --- | --- |
| **Applicant Organization Personnel** | **Name** | **Phone Number** | **Email** |
| Administrative Judge/ Organization Director: |  |  |  |
| Court Administrator/ Administrative Clerk: |  |  |  |
| Project Manager: |  |  |  |
| Project Finance Manager: |  |  |  |

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| **Authorizing Signatures** *By signing below, the applicant agrees to abide by all terms of the Maryland Judiciary’s General Grant Conditions as well as the terms of the Special Grant Conditions for FY19 Court-Appointed Special Advocate (CASA) Grants.*  |
| **Director/Administrative Authority:** | **Financial Authority:** |
|  |  |
| *Signature*  | *Signature* |
|  |  |
| *Printed Name* | *Printed Name* |

*Title Date Title Date*

**Please compile your application into one PDF document and submit your application to:**  ***DJFSGrants@mdcourts.gov*** **by April 4, 2018.**

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| **FY19 CASA Grant Application** |

**Summary of the Grant: Please use the space below to briefly summarize your proposed project.** (**50 words or less**) *The summary will be incorporated into the Grant Award & Acceptance Form and other grant documents.*

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| **1. CAPACITY LEVEL**  |

Please input the number of volunteers assigned and serving children on the **last** day of each quarter listed below as reported on your AOC quarterly reports. *Data entered below* ***MUST*** *match data submitted in the quarterly program reports, specifically:* ***II. Volunteers, C. Service, Question #4*** *of your Quarterly Program Statistical Report.*

**Assigned Volunteers**

|  |  |
| --- | --- |
| Q4 of FY17: |  |
| Q1 of FY18: |  |
| Q2 of FY18: |  |
|  Q3 of FY18: |  |
| **AVERAGE:** |  |

How many volunteers were assigned and serving children on the last day of the quarters listed below (as reported on the quarterly statistical reports)

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| **Enter the total eligible CAPACITY FUNDING Amount here:**  |
|  |

 **Average Number of Volunteers x $1000 = CAPACITY FUNDING**

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| **2. TRAINING FUNDING** |

Please enter the number of volunteers who completed pre-service training in each of the quarters listed below, as reported on your AOC quarterly reports. *Data entered below* ***MUST*** *match data submitted in the quarterly program reports, specifically:* ***II. Volunteers, B. Training, Question #2*** *of your Quarterly Program Statistical Report.*

**Volunteers who completed Pre-Service Training**

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| **Enter the total eligible TRAINING FUNDING amount requested here:**  |
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| Q4 of FY17: |  |
| Q1 of FY18: |  |
| Q2 of FY18: |  |
|  Q3 of FY18: |  |
| **TOTAL:** |  |

 **Total Volunteers who Completed Training x $250 = TRAINING FUNDING**

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| **3. JURISDICTIONAL NEEDS BASED FUNDING** |

**A. Multijurisdictional Requests** *available only to programs serving more than one county*

Programs may request funds to support expenses associated with serving more than one county. Please answer the questions below to request this type of funding. The Review Committee will evaluate the responses and determine the amount to be awarded.

|  |  |  |
| --- | --- | --- |
|  | ***County*** | ***Volunteers Assigned and Serving Children as of March 31st.*** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
|  |  |  |

1. Please list the jurisdiction(s) to be served by this grant and the number of volunteers assigned and serving children in each.

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| **A. Enter the total MULTIJURISDICTIONAL Needs Funding amount requested here:**  |
|  |

2. How does serving additional counties lead to added costs for your program? Please provide in detail how the funds requested will be used demonstrating why additional funds are needed.

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3. How will your program work to ensure all jurisdictions are adequately served?

*Specifically, are staff or resources assigned by jurisdiction? How is recruitment handled? What offices/facilities are utilized in each jurisdiction? Does the Board contain members from all jurisdictions served? Are fundraising efforts focused on all jurisdictions served?*

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**B. Other Jurisdictional Needs Requests** *available to all programs*

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| **B. Enter the JURISDICTIONAL NEEDS Funding amount requested here:**  |
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Programs may request funding to support program needs that result from the unusual or significant challenges in the county(s) served. Please enter the amount requested to the left and describe those factors that the make the county(s) served a higher need area in the box below. Please be concise in your response and try to limit it to one typed page or less. The box will expand as you type.

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| **Enter the TOTAL NEEDS Funding amount requested here (A+B):** |
| **$** |

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| **4. PERFORMANCE BASED FUNDING** |

Each program will receive a performance-based funding award. The amount of this portion of the award will be based on the recommendations of the grant review committee and dependent on the availability of funds allocated by the General Assembly. Each program will be reviewed by a committee of judiciary personnel and non-judiciary personnel with expertise in foster care. Review committee members will receive an application packet for each program which will include the documents described below.

***The Application Packet will include:***

**FY19 Grant Application** (also included: proposed budget, letter(s) of support, National CASA Certificate of Compliance and strategic and diversity plans (if available))

 **FY18 Q3 Quarterly Program Report Narrative** (illustrating progress toward FY18 goals)

***Submitted by program; received by DJFS by April 15, 2018. (The DJFS will provide this to reviewers once it is received from the program; it does not need to be submitted early.)***

 **FY18 Monitoring Summary**

***This is a summary of performance based on reports submitted and any visits or follow-up by DJFS staff. It is prepared by DJFS staff.***

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| **Enter the total PERFORMANCE FUNDING amount requested here:** |
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**The maximum performance award per grantee will be based on available funds and may not likely exceed $10,000 depending on available funds allocated by the General Assembly.**

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| **Narrative**  |

*Please answer the questions below reflecting your organization’s fulfillment of the “Ten-Point Performance Model” found in the appendix of the Special Conditions. Please type answers in the box provided; the boxes will automatically expand to accommodate the entire answer.*

**PROGRAM MANAGEMENT QUESTIONS**

1. Please list the program’s specific goals for FY19 and the project activities that will be undertaken to reach these goals. *(If more space is needed for additional goals, simply cut and paste and edit the Goal #.)*

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| **Program Goals for FY19** |
| **Goal #1:**  |
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| ***Project Activities:***  |
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| **Goal #2:**  |
|  |
| ***Project Activities:*** |
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| **Goal #3:**  |
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| ***Project Activities:*** |
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| **Goal #4:**  |
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| ***Project Activities:*** |
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| **Goal #5:**  |
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| ***Project Activities:*** |
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2. What challenges does the program face in meeting these goals?

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3. How does the organization plan to address/manage these challenges in FY19?

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4. If the program is expected to grow in FY19 what additional resources have been secured or sought to support that growth?

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| 5. Does the program have a strategic plan?  |  | Yes |  | No |

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| 6. Does the program have a diversity plan?  |  | Yes |  | No |

**FINANCIAL MANAGEMENT QUESTIONS**

1. Please explain how the program will meet the (100%) matching fund requirement (75% Cash Minimum / 25% In-Kind Maximum). Include both committed and anticipated funding sources.

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2. If you have new expenses in the program’s FY19 budget that will be charged to this grant, please describe why the expense is needed and how it was funded in the past.

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3. If the fringe for any position is greater than 25% of the salary, please provide an explanation and break-down of fringe costs below.

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4. Is your project on track to spend all funds awarded for FY18? If not, why?

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5. Are the costs listed in the budget all ongoing, or are there one-time costs included? Please describe the one-time costs and why they are needed.

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6. What other funding has been sought or secured to support this project?

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| **5. CAPACITY BUILDING FUNDING** |

The Capacity Building Award is a “bonus” awarded to programs that articulate a need for additional funding to increase the program’s ability to serve more children. This additional funding is subject to the availability of funds and will likely only be awarded to a very limited number of programs.

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| **Enter the total CAPACITY BUILDING FUNDING amount requested here:** |
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Please enter the total amount being requested to the left and provide a description of the program’s need for the funding below. Please be concise in your response and try to limit it to one typed page. The box will expand as you type.

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| **FY19 CASA Grant Funding Request Summary** |
| Capacity Funding Request: |  |
| Training Funding Request:  |  |
| Needs Based Funding Request:  |  |
| Performance Funding Request: |  |
| Capacity Building Funding Request:  |  |
| **TOTAL Grant Requested**: |  |

![STOP[2]]()

**PLEASE CHECK THE ABOVE REQUESTED AMOUNTS.**

*REQUESTED AMOUNTS SHOULD MATCH THE AMOUNTS IN EACH BLUE BOX IN THE APPLICATION.*

**PLEASE CHECK THE TOTAL GRANT REQUESTED. DOES IT EQUAL THE TOTAL OF THE NUMBERS IN EACH BLUE BOX?**

**Court-Appointed Special Advocate (CASA) Grant**

**Application Checklist**

*This instructions sheet is intended as a tool to assist applicants to submit complete and timely applications and does not need to be submitted with your application.*

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| \_\_\_ **Applicant Cover Sheet**  *Signed by BOTH the organization’s director/administrative authority and financial authority.* \_\_\_ **Application** *Includes Section #1 through #5 and the Funding Request Summary* \_\_\_ **Budget Application (separate Excel document)***Include Proposed Budget AND Budget Justification page(s)**\_\_**\_* **Strategic Plan** *(if available – a summary is adequate)*\_\_\_ **Diversity Plan** *(if available)*\_\_\_ **Copy of Certificate of Compliance from National CASA\****\*If re-certification is pending, the most recent Certificate along with a letter of explanation will suffice.* \_\_\_ **Letter(s) of Support** *At least one letter of support from the (juvenile) judge or magistrate for the Circuit Court for each jurisdiction served is required.* *Letters can be sent directly to* *DJFSGrants@mdcourts.gov* *or accompany the application.* *Programs will be notified by email when a letter is received directly from a judge/magistrate. \*We cannot guarantee that letters received after April 4, 2018 will be considered.\** **\_   \_\_ Signed and Scanned application emailed to** **DJFSGrants@mdcourts.gov** **on April 4, 2018.**  ***Applications must be signed and scanned as one PDF file with the documents ordered as they are listed on this checklist.*** ***Hard copies will not be accepted.***  |

***Technical Assistance:***

***If you have difficulty merging the Narrative and Budget Applications into one PDF file, you can use this free service:***

*http://www.pdfmerge.com/*

***If you have difficulty emailing your application due to file size, you can use one of these free services to shrink the file:***

*http://smallpdf.com/compress-pdf*

*http://www.ilovepdf.com/compress\_pdf*

*https://www.pdfcompress.com/*

***If you are still having trouble after trying these options, please contact us!***

**Any questions concerning the submission of this application should be directed to**

**Pen Whewell, Grants Specialist – 410-260-1262 or** ***DJFSGrants@mdcourts.gov***