**Administrative Office of the Courts**

Department of juvenile and family services

2009-A Commerce Park Drive, Annapolis, MD 21401

 **NOFA#:** N19-0002-25I

**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)

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

|  |
| --- |
| **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 Special Project 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 March 23, 2018.**

**RENEWAL Application – *SHORT FORM***

This application is only to be used by applicants seeking to renew a project that was funded by the Department of Juvenile and Family Services as a Special Project in FY18. Applications for new projects (even if the organization was funded for a different project in FY18) must be submitted on the long application form. *If you have questions about which form to use, please contact us.*

**Narrative Application**

Please answer the questions below in the space provided. The space will automatically expand to fit the text. Please make sure to answer all questions. If a question is left unanswered, please explain why no response was provided.

**A. FY18 Project Summary** *(Please limit to approximately one page)*

*These questions pertain to the project that is currently funded by the DJFS.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1. FY18 OUTCOMES****a. Is the FY18 project on track to achieve the assigned performance measures as outlined in your FY17 Grant Agreement?**  ***Please explain below.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** |  |  | **NO**  |

**b. Using data and specific examples, please describe whether the FY18 project has been successful *(regardless of whether that success is reflected in the specific performance measures).***  |

**B.**  **FY19 Project Summary**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Project Description** **Summary of the Grant: Please briefly summarize your proposed project.** (**50 words or less**)*The summary will be incorporated into the Grant Award & Acceptance Form and other grant documents if funds are awarded.***Is this project the same as the project funded in FY18?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **YES** |  |  | **NO** |

***IF NO, DO NOT USE THIS SHORT FORM,*** ***please use the LONG FORM to apply for funding for a new project.*****1. Project Goals and Activities****List the project’s goal(s) and the activities planned to achieve these goal(s):** **a. Goal 1:** **Describe the project activities to achieve this goal:** **b. Goal 2:****Describe the project activities to achieve this goal:** **c. Goal 3:**  **Describe the project activities to achieve this goal:****d. Goal 4:****Describe the project activities to achieve this goal:****e. Goal 5:****Describe the project activities to achieve this goal:** **2. Outcomes** ***NOTE:* If funded, stated outcomes may become performance measures.** **a. State how many clients (individuals/families) you will serve in the applicable categories:**

|  |  |  |
| --- | --- | --- |
| **Individuals:** |  |  |
| **Families:** |  | *(If applicable)* |
| **Other:**  |  | *(cases, conferences, mediations, etc.)* |
| *Specify:*  |  |  |

**List the expected specific and measurable benefits to these clients:** **i.**  **ii.**  **iii.** **b. Describe the expected specific and measurable benefit to the court:****c. List other expected measurable outcomes:** **i.**  **ii.****d. Describe any challenges that you anticipate in achieving these outcomes and how those challenges will be addressed:****3. Evaluation** **a. Describe how this project’s success will be evaluated. What data will be collected to demonstrate benefit to individuals served?****b. Describe any anticipated challenges in evaluation and how those challenges will be addressed.** |

**C. FY19 Project Financial Management**

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| --- |
| *Please answer the questions below based on the Proposed Budget (Excel) submitted with this application.* **1. If the fringe for any position is greater than 25% of the salary, please provide an explanation and break-down of fringe costs below.** **2. If you have new expenses in your FY19 budget that will be charged to this grant, please describe why the expense is needed and how it was funded in the past.** **3. If you are requesting a higher amount of funding than your project was awarded in FY18, please explain the need for additional funds and how the additional funds will be spent.** **4. Is your project on track to spend all funds awarded for FY18? If not, why?** **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.** **6. What other funding has been sought or secured to support this project?**   |

**Special Project Grant Application Checklist: SHORT FORM**

*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.*

|  |
| --- |
| *The following documents must be included in your application pdf scanned submission:* **\_\_   \_\_\_** [Applicant Information Cover Sheet](http://mdcourts.gov/family/grantadmin.html)*Signed by BOTH the organization’s director/administrative authority and financial authority.* \_\_\_\_\_ [Narrative](http://mdcourts.gov/family/grantadmin.html) Short Form Application *(For Applicants seeking renewal of a project funded in FY18)*\_\_\_\_\_ Budget Application *(separate Excel document)* *Including both the Proposed Budget and Budget Justification.* \_\_\_\_\_ Letter(s) of Support \**A minimum of two support letters are required. If the proposed project works in partnership with the court, a letter from the court is strongly recommended.**\*Letters can be mailed directly to DJFSGrants@mdcourts.gov, or can accompany the application. Programs will be notified by email when a letter is received directly. We cannot guarantee that letters received after* ***March 23, 2018*** *will be considered.* **\_\_   \_\_\_ Signed and Scanned application emailed to** **DJFSGrants@mdcourts.gov** **on March 23, 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.***  |

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

[*http://www.pdfmerge.com/*](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://smallpdf.com/compress-pdf)

[*http://www.ilovepdf.com/compress\_pdf*](http://www.ilovepdf.com/compress_pdf)

[*https://www.pdfcompress.com/*](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***