**Administrative Office of the Courts**

Department of juvenile and family administration

2009-A Commerce Park Drive, Annapolis, MD 21401

 **NOFA#:** N20-0002-25I

**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): NA

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

 (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 FY20 Special Project Grants.*  |
| **Director/Administrative Authority:** | **Financial Authority:** |
|  |  |
| *Printed Name*  | *Printed Name*  |
|  |  |
| *Title* | *Title*  |
| *Signature Date*  | *Signature Date*  |

**Please compile your application into one PDF document and submit your application via email to:**  **DJFSGrants@mdcourts.gov** **by March 15, 2019.**

**NEW PROJECT Application – *LONG FORM***

This application is only to be used by applicants seeking funding for a project that was not funded by the Department of Juvenile and Family Services as a Special Project in FY19. Applications for new projects (even if the organization was funded for a different project in FY19) must be submitted on this 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. PROJECT SUMMARY**

|  |
| --- |
| **1. Project Description** **Summary of the Grant: Please briefly summarize your proposed project.** (**50 words or less**)*The summary may be incorporated into the Grant Award & Acceptance Form and other grant documents if funds are awarded.***2. Statement of Need** **a. List the county(s) that will be served by this project:**   **b. Explain why this project is needed in each county to be served and how the need is currently being addressed in each county.** **c. Describe the demographics of the target population the project will serve, the challenges of that population, and how your project will address those challenges.** |

**B. GOALS & OUTCOMES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Project Goals & 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. List other expected measurable outcomes:****i.** **ii.****iii.****c. 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. PROJECT ADMINISTRATION**

|  |
| --- |
| **1. Organizational Capabilities****a. Briefly describe the background of the organization and explain how the organization can meet the needs described, including any past experiences administering this project or similar projects.**.**b. If this project is part of a larger organization, describe the support the larger organization is providing.****c. Describe this organization’s ability to sustain this project with or without AOC funding.** |
| **d. Staff**Please list the staff positions involved in implementing this project and briefly describe the role of each position as it relates to the project. *(The box will expand as you type.)*

|  |  |  |  |
| --- | --- | --- | --- |
|  **Position** | **Position’s Role in Project** | **Position Currently Filled & Active?** | **If yes, how long has the current staff person been in the position?** |
|  |   |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please describe qualifications of staff who have been in their position less than one year below.**

|  |
| --- |
|  |

**2. Financial Management** *Please answer the questions below based on the Proposed Budget (Excel) submitted with this application.* **a. In the personnel category, if the fringe for any position is greater than 25% of the salary, please provide an explanation and break-down of fringe costs below.****b. 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.** **c. What other funding has been sought or secured to support this project?**  |

|  |  |  |  |
| --- | --- | --- | --- |
|

|  |
| --- |
|  |
| **Special Projects Grant Application Checklist***Please use this checklist as a tool to ensure that your application is complete.* *This document does not need to be submitted with your application.* |
|  |

 |

# **Application cover sheet**

|  |
| --- |
|[ ]  Signed by BOTH the organization’s director/administrative authority and financial authority.  |

# **Application**

|  |
| --- |
|[ ]  FY20 Grant Application Long Form |
|[ ]  Budget Application (separate Excel Document) *Include BOTH the Proposed Budget and the Budget Justification.* |

# **Other Required attachments**

|  |
| --- |
|[ ]  Letters of SupportTwo support letters are required. If your program works directly with the court, at least one support letter should come from the court. * Address letters to:

 Richard Abbott  Director, Department of Juvenile and Family Services Administrative Office of the Courts 2009-A Commerce Park Drive Annapolis, Maryland 21401* Letters should accompany the application OR can be scanned and emailed to DJFSGrants@mdcourts.gov directly by the author.
* Programs will be notified by email when a letter is received directly by email or regular mail.
* We cannot guarantee that letters received after **March 15, 2019** will be considered.
 |

# **Submission**

|  |
| --- |
|[ ]  Scan all application documents as one PDF file, ordered as they are listed on this checklist.  |
|[ ]  Submit via email to DJFSGrants@mdcourts.gov by 11:59pm on **March 15, 2019**. |

Any questions concerning the submission of this application should be directed to Pen Whewell, Grants Specialist – 410-260-1262 or *DJFSGrants@mdcourts.gov*