**Administrative Office of the Courts**

**Office of Problem-solving Courts**

**2001 Commerce Park Drive – Suite e/f**

**Annapolis, MD 21401**

**NOFA: N20-0004-25U**

**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 Judiciary’s General Grant Conditions as well as the terms of the FY 2020 Special Conditions for Problem-Solving Courts (PSC) Discretionary Grant. | |
| **Director/Administrative Authority:** | **Financial Authority:** |
|  |  |
| *Printed Name* | *Printed Name* |
|  |  |
| *Title* | *Title* |

*Signature Date Signature Date*

Please compile the application into one PDF document and submit the application via email to: [OPSC.Grants@mdcourts.gov](mailto:OPSC.Grants@mdcourts.gov) by March 29, 2019.

**Administrative Office of the Courts**

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**2001 Commerce Park Drive – Suite e/f,**

**Annapolis, MD 21401**

**Problem-Solving Courts Discretionary Grant Application**

**Checklist**

This check list is intended as a tool to assist applicants to submit complete and timely applications. This checklist does not need to be submitted with your application.

\_\_\_\_ Grant Application Cover Sheet

Signed by **BOTH** the Director/Administrative Authority and Financial Authority

\_\_\_\_ Program Narrative and Budget with Justification – Within each budget category, do not exceed 350 words per item.

\_\_\_\_ Use the standard set margins, New Times Roman, Font 12.

\_\_\_\_ Completed Fact Sheet

\_\_\_\_ Proposed Budget Justification Workbook

\_\_\_\_ Signed/Scanned PDF Grant Application Cover Sheet, Program Narrative and Budget with Justification, Fact Sheet, Proposed Budget with Justification Workbook

\_\_\_\_\_ Emailed to: [OPSC.Grants@mdcourts.gov](mailto:OPSC.Grants@mdcourts.gov)

Subject Line: **“PSCDGFY20 - County Name and Court Type”**

\_\_\_\_ **Application Deadline – March 29, 2019**

Failure to respond to any of the items or submitting late applications may result in the

Office of Problem-Solving Courts rejecting or delaying the award.

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

Brenda Stansbury, OPSC

(410) 260-3559

Or email questions to [OPSC.Grants@mdcourts.gov](mailto:OPSC.Grants@mdcourts.gov)

**Grant Application Narrative**

**Summary of the Budget Request: Please briefly summarize your proposed project.** (**50 words or less**) The summary will be incorporated into the Budget Request Award & Acceptance Form and other documents.

**Program Narrative and Budget Justification**

**Using these charts, please provide a summary of your current and previous**

**Problem-Solving Court Grants.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Detail** | **FY 2017** | **FY 2018** | **1st Half – FY 2019** |
| Grant Award |  |  |  |
| Total Spent |  |  |  |
| % Spent |  |  |  |

**Funding from Non-Judiciary Resources (For All Programs Under This Grant)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **FY 2018 – Previous** | | | **FY2019 Current** | | |
| **Grantor** | **Award Amount** | **Purpose** | **Grantor** | **Award Amount** | **Purpose** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Complete Sections 1, 2, 3, and 4 for each program (where applicable)**

**Program Name:**

**1. Previous and Projected Program Capacity**

|  |  |  |  |
| --- | --- | --- | --- |
| **FY2017** | **FY2018** | **FY2019** | **FY 2020 Projected** |
|  |  |  |  |

**2. Previous and Current Average Active Client Count (SMART Table 18)**

|  |  |  |
| --- | --- | --- |
| **FY2017** | **FY2018** | **1st half of FY 2019** |
|  |  |  |

**Please explain any changes in Program Capacity vs Active Client Count.**

**3. Client Demographics for Active Clients (SMART Table 1)**

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVE CLIENT PROFILE** | **FY 2017** | **FY 2018** | **1st Half of FY 2019** |
| Total Active Clients |  |  |  |
| *All Races* |  |  |  |
| Alaskan Native |  |  |  |
| American Indian |  |  |  |
| Asian or Pacific Islander |  |  |  |
| Black or African American |  |  |  |
| Other |  |  |  |
| White |  |  |  |
| More than one race |  |  |  |
| *Ethnicity* |  |  |  |
| Hispanic |  |  |  |
| Not Hispanic |  |  |  |
| *All Genders* |  |  |  |
| Female |  |  |  |
| Male |  |  |  |
| *Age Group* |  |  |  |
| Under 12 |  |  |  |
| 12-14 |  |  |  |
| 15-17 |  |  |  |
| 18-20 |  |  |  |
| 21-29 |  |  |  |
| 30-39 |  |  |  |
| 40 and Over |  |  |  |
| *Veteran Status* |  |  |  |
| Never in Military |  |  |  |
| Active Duty |  |  |  |
| Veteran |  |  |  |
| Unknown |  |  |  |

**4. Please explain any changes in demographics over the course of the reported years.**

**Goals, Objectives, Measurable Outcomes (For All Programs under This Grant)**

Include 4-5 Program Goals. Two of the goals must include training/professional development and community outreach. Applicants should include no less than two additional program goals. Additional goals should be related to the practices of the Problem-Solving Court. Each goal should include objectives and measurable outcomes. Problem-Solving Courts will be accountable for demonstrating progress in the stated goals. **Where applicable, all programs under this grant must be addressed in this section.**

**Training/Professional Development**

Required

**Community Outreach**

Required

**Program Selected Goals, Objectives, Measureable Outcomes**

**FY 2020 Budget with Justification**

This section should include a line item budget with justification. Each requested product/service/position justification should be no longer than 350 words per item. At a minimum, include the following:

* How much funding for this position/item/service is needed and for what?
* Cost Itemization.
* When are the resources needed?
* What SMART data or other statistical background was used to justify the request?
* What steps have previously been taken in order to secure resources (i.e. federal grants, donations, fundraisers, etc.)?

The following are definitions for each line item listed in the FY 2020 Office of Problem-Solving Courts Discretionary Grant:

**Personnel -** Personnel—List each position by title showing the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within your organization. List only the positions of the applicant organization; all other grant-funded positions should be listed under the consultants/contracts category. Benefits & Payroll Taxes—Base on actual known costs or an established formula. Benefits and payroll taxes are for listed personnel and only for the percentage of time devoted to the project.

**Consultant/Contracts** - Describe the product or service to be procured by contract and provide an estimate of the cost of services that cannot be provided by other full- or part-time staff employed by the project. Generally, these services provide a specific and identifiable product or service. Recipients must adhere to relevant procurement standards when advertising for or soliciting potential service providers.

**Equipment/Software** - List nonexpendable items that are to be purchased. Nonexpendable equipment is tangible property having a useful life of more than 1 year and an acquisition cost of $100 or more per unit. (Note: An organization’s own capitalization policy may be used for items costing less than $100.) Include expendable items in the "supplies" category. Analyze the cost benefits of purchasing versus leasing equipment, particularly high cost items and those subject to rapid technical advances. List rented or leased equipment costs in the "contractual" category. Explain why the equipment is needed for the project to succeed.

**Supplies** – List costs necessary to carry out the project. Supplies are defined as expendable property having a useful life of less than one year or an acquisition cost of less than $100 per unit. Generally, supplies include any materials that are expendable or consumed during the course of the project.

**Travel /Training** – Itemize travel and training expenses for project personnel by purpose (e.g., staff to training or coordinator meetings) Show how you calculated these costs (e.g., six people to 3-day training at $X airfare, $X lodging, $X meals). Identify the location of travel, if known.

**Other Direct Costs** – Not applicable to OPSC Applicants.

**Indirect Costs** - Not applicable to OPSC Applicants

**Personnel**

**Position Type:**

**How many years has OPSC funded this?**

**Is this position currently filled?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **2018** | **1st half 2019** | **2020 Request** |
| **Awarded** |  |  |  |
| **Spent** |  |  |  |
| **% Spent** |  |  |  |

* **How much funding for this position is needed and for what?**
* **Cost Itemization**
* **When is the staff needed?**
* **What SMART data or other statistical background were used to justify the request?**
* **What steps have previously been taken in order to secure resources (i.e. federal grants, donations, fundraisers, etc.)?**

**Contracts and Consultants**

**Service Type:**

**How many years has OPSC funded this?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **2018** | **1st half 2019** | **2020 Request** |
| **Awarded** |  |  |  |
| **Spent** |  |  |  |
| **% Spent** |  |  |  |

* **How much funding for this service is needed and for what?**
* **Cost Itemization:**
* **When are the resources needed?**
* **What SMART data or other statistical background were used to justify the request?**
* **What steps have previously been taken in order to secure resources (i.e. federal grants, donations, fundraisers, etc.)?**

**Supplies**

**Supply Type:**

**How many years has OPSC funded this?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **2018** | **1st half 2019** | **2020 Request** |
| **Awarded** |  |  |  |
| **Spent** |  |  |  |
| **% Spent** |  |  |  |

* **How much funding for this item/service is needed and for what?**
* **Cost Itemization.**
* **When are the resources needed?**
* **What SMART data or other statistical background were used to justify the request?**
* **What steps have previously been taken in order to secure resources (i.e. federal grants, donations, fundraisers, etc.)?**

**Equipment**

**Equipment Type:**

**How many years has OPSC funded this?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **2018** | **1st half 2019** | **2020 Request** |
| **Awarded** |  |  |  |
| **Spent** |  |  |  |
| **% Spent** |  |  |  |

* **How much funding for this item/service is needed and for what?**
* **Cost Itemization.**
* **When are the resources needed?**
* **What SMART data or other statistical background were used to justify the request?**
* **What steps have previously been taken in order to secure resources (i.e. federal grants, donations, fundraisers, etc.)?**

**Staff Training and Travel**

**Training Type:**

**How many years has OPSC funded this?**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **2018** | **1st half 2019** | **2020 Request** |
| **Awarded** |  |  |  |
| **Spent** |  |  |  |
| **% Spent** |  |  |  |

* **How much funding for this is needed and for what?**
* **Cost Itemization.**
* **When are the resources needed?**
* **What steps have previously been taken in order to secure resources (i.e. federal grants, donations, fundraisers, etc.)?**

**Fact Sheet for Maryland Problem-Solving Court**

**Date:**

**Name of Court:**

**County**:

**Court Address:**

**Administrative Judge:**

**Presiding Judge/Magistrate:**

**Court Administrator/ Administrative Clerk:**

**PSC Coordinator:**

**Phone:**

**Email:**

**Start Date (Month/Year):**

**Structure of Program:**

**Program Capacity:**

**Court Hearing:**

**Treatment:**

**Supervision/Monitoring:**

**Types of Drug Testing:**

**Eligibility criteria: (i.e.: County residents, Non-violent offenses, etc.)**

***Offense and Offender Qualifiers:***

***Offense and Offender Disqualifiers:***

**Average Program Length:**