Washington State Department of Social & Health Services
MSA Management Services Administration

OFFICE OF JUVENILE JUSTICE (OJJ)

FEDERAL GRANT APPLICATION

Please read all instructions carefully.

For assistance, contact the Department of Social and Health Services (DSHS) Office of Juvenile Justice at (360) 725-3600 or FAX (360) 407-0152.

CONTRACT NUMBER	FOR OJJ USE ONLY
	DATE STAMP
PROGRAM AREA	

1. APPLICANT: DO NOT USE PERSON'S NAME

AGENCY NAME	TELEPHONE NUMBER	FAX NUMBER
STREET ADDRESS	CITY	STATE ZIP CODE
MAILING ADDRESS	CITY	STATE ZIP CODE

2. IMPLEMENTING AGENCY: ENTER AGENCY, DEPARTMENT OR CONTRACTOR DIRECTLY IMPLEMENTING THE PROJECT (DO NOT USE PERSON'S NAME

NAME	TELEPHONE NUMBER
STREET ADDRESS	FEDERAL EMPLOYER IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER (MANDATORY FOR FEDERAL TAX PURPOSES)
CITY STATE ZIP CODE	

3. PROJECT TITLE: ENTER BRIEF, DESCRIPTIVE PROJECT TITLE

4. APPLICANT'S AGREEMENT

The applicant is applying for a grant award in the amount shown in the proposed BUDGET SUMMARY (Section 8 of this application) for the purposes identified in this application. By signing and submitting this application, the applicant agrees that this document, together with the STANDARD CONDITIONS AND CERTIFICATIONS (Attachment A of this application), becomes an offer to contract with Washington State Department of Social and Health Services (DSHS or the Department) which, if accepted, binds the applicant to the following:

The applicant agrees that this offer becomes a binding contract when a copy of this page is signed by the OJJ Office Chief and returned to the applicant together with an Approved Budget and Special Conditions form provided, however:

a. In the event any budget category amount differs from the amount shown in Section 8 of this application, as modified by the Approved budget and Special Conditions, that amount shall be considered to be a counteroffer. The Department shall consider the counteroffer accepted by the applicant unless rejected in writing within 30 days after the date of mailing of such counteroffer by the Office of Juvenile Justice (hereinafter referred to as OJJ) to the applicant.

b. Upon acceptance of this offer/counteroffer, the applicant shall be referred to as the "Contractor" and the Contractor agrees to accept and abide by the special terms and conditions.

NAME AND TITLE OF AUTHORIZED OFFICER (PERSON WITH LEGAL AUTHORITY: COUNTY COMMISSIONERS' CHAIRMAN OF THE BOARD, MAYOR, CITY/TOWN MANAGER, AGENCY DIRECTOR)

APPLICANT'S SIGNATURE		DATE
ACCEPTANCE OF OFFER COUNTEROFFER FOR DSHS ☐ **Acceptance** ☐ **Non-acceptance**	OJJ CONTRACTING OFFICER'S SIGNATURE	DATE

5. PROJECT DIRECTOR: PERSON IN DIRECT CHARGE OF PROJECT (DAY-TO-DAY OPERATIONS AND PREPARATION OF REQUIRED PROGRESS REPORTS)

NAME AND TITLE	TELEPHONE NUMBER
STREET ADDRESS	FAX NUMBER
CITY STATE ZIP CODE	E-MAIL ADDRESS

6. FINANCIAL OFFICER: PERSON IN CHARGE OF FISCAL MATTERS (ACCOUNTING, FUNDS MANAGEMENT, EXPENDITURE, VERIFICATIONS, FINANCIAL REPORTS)

NAME AND TITLE	TELEPHONE NUMBER
STREET ADDRESS	FAX NUMBER
CITY STATE ZIP CODE	E-MAIL ADDRESS

Omission of any required information or certification may be cause for denial of the application. The Department shall take a final approval/disapproval action on all applications within 90 days of receipt by the Department of a conforming application, together with all required certifications. The Department shall not consider an application conforming unless the applicant has completed all items in accordance with instructions and has submitted the necessary certifications. The applicant must submit two signed completed applications to: OFFICE OF JUVENILE JUSTICE, DEPARTMENT OF SOCIAL AND HEALTH SERVICES, PO BOX 45828, OLYMPIA WA 98504-2828.

AGENCY NAME	DATE

PROJECT TITLE

10. BUDGET DETAILS: CATEGORY A. PERSONNEL

This category is for services rendered by all personnel employed by the project. Costs incurred include salaries, benefits, uniforms, and special clothing.

SALARIES AND WAGES: Payment for personal services rendered in accordance with rates, hours, terms and conditions as authorized by law or stated in employment contracts.
OVERTIME, HAZARDOUS DUTY, ETC.
PERSONAL BENEFITS: FICA, retirements, insurance, etc.
UNIFORMS AND CLOTHING: Only uniforms for special clothing required by the nature of the employment and paid for by the employer may be listed.

NOTE: Project funds may not be used to pay a percentage of the compensation of any person who was employed by the implementing agency before the project starting date without prior specific authorization from the Department separate from the grant approval. Specific authorization is not required if a person currently employed by the applicant or the implementing agency is transferred from his/her prior position to the project if the transfer creates a personnel vacancy to be filled by hiring a new employee.

LIST POSITION TITLES	ANNUAL SALARY	PERCENT OF TIME TO PROJECT	ITEM TOTAL
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
		%	
CATEGORY TOTAL		%	

JUSTIFICATION AND EXPLANATION: Justify all positions in terms of days and/or hours required to perform the GOALS, OBJECTIVES, AND TASKS set forth. Calculate fringe benefits for each position or class of positions.

AGENCY NAME	DATE

PROJECT TITLE

10. BUDGET DETAILS: CATEGORY B. SUPPLIES

This category is for articles and commodities which are consumed or materially altered when used. The following are types of supplies.

OFFICE SUPPLIES: For example, office stationery, forms, small items of equipment, and maps, films, books, periodicals, and tapes.
OPERATING SUPPLIES: For example, chemicals, drugs, medicines, laboratory supplies, cleaning and sanitation supplies, food for human consumption, fuel, household and institutional supplies, and clothing.
REPAIR AND MAINTENANCE SUPPLIES: For example, building materials and supplies, paints and painting supplies, plumbing supplies, electrical supplies, motor vehicle repair materials and supplies, other repair and maintenance supplies, and small tools.

ITEMIZED LISTING (DESCRIPTION OF THE ITEM)	UNIT	UNIT COST	ITEM TOTAL
CATEGORY TOTAL			

10. BUDGET DETAILS: CATEGORY C. OTHER SERVICES AND CHARGES

This category is for services other than PERSONNEL which are required in the administration of the project. Such services may be provided by some agency of the government unit or by private business organizations. The following are types of services and charges classified under this category.

COMMUNICATION: For example, telephone, telegraph, and postage.
TRANSPORTATION: For example, freight and express charges, and messenger service.
ADVERTISING
PUBLIC UTILITY SERVICE
PRINTING AND BINDING
REPAIRS AND MAINTENANCE
INSURANCE
RENTALS: For example, buildings, and equipment and machinery.
MISCELLANEOUS: For example, tuition and other training fees, dues, subscriptions and memberships, and taxes.

ITEMIZED LISTING (WORD OR WORDS DESCRIBING THE COST ITEM, I.E., POSTAGE)	UNIT	UNIT COST	ITEM TOTAL
CATEGORY TOTAL			

AGENCY NAME	DATE

PROJECT TITLE

10. BUDGET DETAILS: CATEGORY D. CAPITAL OUTLAY/EQUIPMENT

This category is for nonexpendable outlays which result in the acquisition of, rights to, or additions to fixed assets, other than structures. The following are some of the types of charges under this category. NOTE: Exclude small tools.

MACHINERY AND EQUIPMENT: For example, communications equipment (typewriter, microcomputer), janitorial; laboratory, office furniture and equipment, heavy duty work equipment, and other machinery and equipment.

ITEMIZED LISTING (DESCRIBE THE COST ITEM)	UNIT	UNIT COST	ITEM TOTAL
CATEGORY TOTAL			

10. BUDGET DETAILS: CATEGORY E. TRAVEL

Travel costs are for domestic travel. Contractors may follow their own established rate for staff travel as long as the rate does not exceed the allowable state rate.

The allowable state rate for mileage will be used. Air fare should be the lowest coach fare.

ITEMIZED LISTING	UNIT	UNIT COST	ITEM TOTAL
CATEGORY TOTAL			

AGENCY NAME	DATE

PROJECT TITLE

10. BUDGET DETAILS: CATEGORY F. CONTRACTUAL SERVICES

The following types of personal services may be contracted:

EVALUATION/RESEARCH
LEGAL
ACCOUNTING
MEDICAL AND HEALTH SERVICES
AUDITING
SOCIAL SERVICES

ITEMIZED LISTING	UNIT	UNIT COST	ITEM TOTAL
CATEGORY TOTAL			

10. BUDGET DETAILS: CATEGORY G. INDIRECT CHARGES

Indirect costs may not exceed 10% of the total direct charges. Indirect costs include costs of operating the agency which are not directly attributed to this project (e.g., maintaining physical plan, depreciation, receptionist, agency administration salaries, etc.)

ITEMIZED LISTING (DESCRIBE THE COST ITEM)	UNIT	UNIT COST	ITEM TOTAL
CATEGORY TOTAL			

FEDERAL GRANT APPLICATION

AGENCY NAME	DATE

PROJECT TITLE

7. PROJECT PERIOD

A project period is one year and may not exceed one year except by prior agreement with the Department.

Proposed project period is form _____ to _____

8. BUDGET SUMMARY

The proposed project budget is shown below. If the proposal is accepted for contracting, the budget on the Approved budget and Special conditions form supersedes the proposed budget shown below.

BUDGET CATEGORIES Enter the category totals from Section 10. BUDGET DETAILS. The sum of categories A - F is entered as TOTAL DIRECT CHARGES. If indirect costs are claimed, enter the amount in G. These may not exceed ten (10) percent of the TOTAL DIRECT CHARGES. Add TOTAL DIRECT CHARGES and INDIRECT CHARGES, and enter the sum on TOTAL PROJECT COSTS line.	A. Personnel		
	B. Supplies		
	C. Other services and charges		
	D. Capital outlay/equipment		
	E. Travel		
	F. Contractual services		
	TOTAL DIRECT CHARGES		
	G. Indirect charges		
	TOTAL PROJECT COST		
SOURCE OF FUNDS 1. May not exceed amount approved by the Governor's Juvenile Justice Advisory Committee. 2. Must be funds specifically appropriated for project in applicant's budget. **Project income must be applied to project operational costs or deducted from the grant award. It is important that all anticipated project income be included in the budget.**	1. Federal		**%**
	2. Match		**%**
			%
			%
			%
			%
			%
	TOTAL PROJECT FUNDS		**%**

9. PROJECT SUMMARY: GIVE A BRIEF NARRATIVE SUMMARY OF THE PROJECT.

AGENCY NAME	DATE

PROJECT TITLE

11. DESCRIPTION OF THE PROJECT (START ON PAGE 8)

Submit a description of the project using the outline format shown below. Address all topics listed. Attach as many pages as required to properly address the topics.

I. GENERAL NEEDS STATEMENT

A. State the need this project is designed to alleviate.
B. Support the need by statistical (local based) data/information.
C. Clearly define target population as to number and characteristics.
D. List other possible community resources.
E. Indicate why other community resources are not adequate to meet the need.
F. State how the project will address the need.

II. IMPLEMENTATION AND METHODS

A. Describe the research-based methods and techniques to be used to meet the outputs and identify the research approach. Program must be based on sound theory supported by positive or promising research results.
B. Identify the sources, expected number of referrals, and the manner in which those referrals are likely to occur.
C. As applicable, outline the involvement of any other community organization/agency (human services, juvenile court, schools, law enforcement, support groups, service clubs, etc.).
D. Identify agencies from which letters of agreement will be obtained.
E. Describe staffing and staff qualifications.

III. LOGIC MODEL

Use the Logic Model below to describe the resources, activities, outputs, outcome, and goal(s) of the project.

Process → **Outcome** →

Resources	**Activities**	Outputs	Outcomes	Goal(s)
Program inputs. Elements or ingredients that constitute the program.	Methods for providing the program. Specific processes or events undertaken.	Units of service or product units. How many, how often, over what duration?	Short intermediate or longer-term changes anticipated in participants' lives and/or in organization or community conditions.	Ultimate impact(s) expected to occur, usually beyond what one program alone can achieve.
For example: ○ Three FTEs. ○ After school facility and playground. ○ College student volunteers. ○ Foundation funding. ○ At-risk sixth grade students.	**For example:** ○ After school mentoring. ○ Homework assistance. ○ Sports and exercise. ○ Health snack. ○ Positive reinforcement for non-agressive behavior.	**For example:** ○ Three-hour program everyday after school for 40 at-risk students. ○ One hour homework assistance. ○ One hour sports and exercise. ○ One hour snack and reading.	**For example:** ○ Increase in grades (GPA) at end of school year. ○ Increase in pro-social behaviors. ○ Decrease in aggressive behaviors. ○ Decrease in recidivism.	**For example:** ○ Prevention of juvenile delinquency. ○ Prevention of violent behavior.

* This was adapted from page 31, Outcomes for Success 2000 Edition, by the Evaluation Forum, Organization Research Services, Inc. and Clegg and Associates.

AGENCY NAME	DATE
PROJECT TITLE	

11. DESCRIPTION OF THE PROJECT (START ON THIS PAGE)

AGENCY NAME	DATE

PROJECT TITLE

12. TIME PHASING

The timetable should identify each of the outcomes and outputs the project must complete. It should also include the ongoing tasks necessary to keep the project operating.

PROJECT OUTCOMES	PHASING OF OUTPUTS AND ACTIVITIES (TASKS)	MONTHS											
		1	2	3	4	5	6	7	8	9	10	11	12

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AGENCY NAME	DATE

PROJECT TITLE

12. TIME PHASING (CONTINUED)

PROJECT OUTCOMES	PHASING OF OUTPUTS AND ACTIVITIES (TASKS)	MONTHS											
		1	2	3	4	5	6	7	8	9	10	11	12

AGENCY NAME	DATE

PROJECT TITLE

13. EVALUATION DESIGN (START ON PAGE 13)

The goal of the evaluation is to assess the effectiveness of the project. The evaluation must be conducted by an objective outside party. A written evaluation report, including an executive summary, is required. The Contractor shall allocate at least seven percent (7%) of the budget for evaluation. List the budget under CONTRACTUAL SERVICES on page 6.

Submit a description of the overall evaluation design using the Logic Model format (see page 14). Attach as many pages as required to properly address the topics.

All new grant applicants those funding regional program development units, and technical assistance grant applications, must answer this section. Where applicable, continuation funding grant applicants should discuss the status of their evaluation efforts to date using this format.

The Department shall not issue the payment for the final Financial Report until the Office of Juvenile Justice has approved a copy of the evaluation report.

I. PLANS TO CONTRACT WITH AN EVALUATOR ON THE NEXT PAGE.

Describe your plan to contact with an evaluator.

II. LOGIC MODEL

Use the Logic Model below to describe the Outcomes, Indications, Data Collection Methods/Tools, Data Collection Frequency/ Schedule, and Sampling Strategy.

Outcomes	Indicators	Data Collection Methods/Tools	Data Collection Frequency/Schedule	Sampling Strategy and Size
Short, intermediate or longer term changes anticipated in participants' lives, and/or in organization or community conditions. (These are appropriate for the project and are something for which it can be held accountable.)	Detailed examples that can be seen, heard, or read that demonstrate outcomes are being met. (These are directly related to the outcome and help to define it, and are measurable during the project period.)	Method for gathering statistics for the assessment of the project. They need to be valid and reliable, culturally appropriate, and are within the agency's resources to implement. (You may use "off the shelf" data collection tools or develop your own. These may be case records, assessments, interviews, survey, etc.)	Describe when and how often data will be collected. Consider: • How frequently you are in contact with participants. • When data will be available to you and confidentiality. • Whether you are accountable for short-term or long-term change.	State whether the entire participant population will be included or a sample will be taken. If the project has less than 100 participants, all participants should be included. If you need to sample, describe which sampling method you will use.
For example: • Increase in grades (GPA) at end of school year. • Increase in pro-social behaviors. • Decrease in aggressive behaviors. • Decrease in recidivism.	**For example:** • At least 30 of the 40 youth will have an increase in grades (GPA) at the mid-semester marking period. • At least 30 of the 40 youth will show an increase in pro-social verbal skills. • No project youth will be in a fight during the week. • No project youth will be arrested during the month.	**For example:** • Attendance taken at every after-school mentoring session. • Student grades. • Teacher's daily log that records student behavior. • Referrals to the principal for fighting. • Survey of parents. • Police arrest records.	**For example:** • At entry into project and at end of school year. • Weekly, during the project. • At one-year follow-up. • Confidentiality forms will be signed with Administrator of the Courts to use JUVIS records.	**For example:** • All students in the project. • All teachers of students in the project. • Every third student entering the project.

* This was adapted from page 52, Outcomes for Success 2000 Edition, by the Evaluation Forum, Organization Research Services, Inc. and Clegg and Associates.

AGENCY NAME	DATE

PROJECT TITLE

13. EVALUATION DESIGN (START ON THIS PAGE)

Plan for Contracting with an Evaluator

On this page, within the box below, state how you plan to hire a qualified, independent evaluator, or give the name and qualifications of the evaluator **you** have **already** selected.

A qualified evaluator is someone with a graduate degree in a relevant discipline (and course work in statistics), **or** a person who has conducted successful project **evaluations**. You may be able to find a qualified evaluator at your local college or university. You may also be able to find a qualified evaluator by asking other agencies in your community. If you need help finding an evaluator, please call the Office of Juvenile Justices, at (360) 725-3600.

We maintain a list of evaluators throughout the state who are willing to conduct evaluations of GJJAC-funded projects.

Project's Plan to hire a qualified, independent evaluator:

EVALUATOR WILL BE SUPERVISED BY:

If your project is funded, the GJJAC expects you to identify your independent evaluator and send a coy of your contract with the evaluator within 45 days of your contact start date.

AGENCY NAME	DATE

PROJECT TITLE

14. LOGIC MODEL

Outcomes:
Short, intermediate or longer term changes anticipated in participants' lives, and/or in the organization or community conditions.

Indicators:
Detailed examples that can be seen, heard, or read that demonstrate outcomes are being met.

Data Collection Methods/Tools:
Methods for gathering statistics for the assessment of the project. Measures need to be valid and reliable, culturally appropriate, and within the agency's resources to implement.

Data Collection Frequency/Schedule:
Describe when and how often data will be collected, and if you need confidentiality agreements.

Sampling Strategy:
State whether the entire participant polulation will be included, or you will use a sample. If the project has less than 100 participants, all participants should be included.