

OCJP ATTACHMENT A Grant Application Cover Sheet Instructions

Please type all information on the following page. Note: Separate application packets must be completed for each program area for which you are applying.

Information on Person Completing This Form: Enter your name, title, direct phone number, and email address.

Authorizing Agency: Enter the name and complete mailing address of the agency/organization responsible for entering into a binding contract.

Required Information for Authorizing Agency: Enter the Authorizing Agency's Federal ID number (FEIN); Data Universal Numbering System (DUNS) number; and the System for Award Management (SAM) expiration date*.

* Proof of SAM Registration must be submitted with your application documents. For more details visit www.SAM.gov

Implementing Agency: Enter the name of the agency, unit, or organization which will be responsible for the day-to-day operation of this project (i.e. Police Department, Sheriff's Office, District Attorney General's Office, etc). This may be the same as the Authorizing Agency.

Subcontracts: Check Yes or No to indicate if the Implementing Agency intends to enter into subcontracts with other parties to provide services for the grant. Draft subcontracts must be submitted with the Application.

Project Title: Enter a unique, meaningful title for the grant project. This title must be consistent on the application logic model and budget documents.

JAG Priority Area: If the fund source is JAG, type the appropriate priority area based on your application solicitation documents.

Contract Start Date and End Date: Enter the start date and end date for the contract (MM/DD/YYYY).

Agency Contacts for the Project:

OCJP requires three separate contacts for all grant projects. For each of the three agency contacts enter the following information: Name & Title, Mailing Address* (include the zip code + four), Telephone Number Including Extension, Fax Number, and Email Address.

*To find the Zip+4 address information, visit → <https://tools.usps.com/go/ZipLookupAction!input.action>

- 1) **Authorized Official:** This is the person authorized to enter into binding commitments on behalf of the Authorizing Agency. This is the person who will sign any contract between your agency and the state.

State & Local Government Agencies: Authorized Official must be Mayors, City Managers, County Executives/Mayors, District Attorneys, or State Commissioners.

Non-profit Agencies: Authorized Official must be the President/Chairperson of the Board of Directors who will be signing the grant on behalf of the agency's governing board.

- 2) **Project Director:** Individual who will be in direct operational charge of the project. It is the responsibility of the Project Director to assure that the project is implemented as described in the project narrative and assume oversight responsibility for the direct and subcontracted services provided. The Project Director must assure that all grant requirements are documented and completed in the timelines specified in the OCJP Administrative Manual

- 3) **Financial Director:** Individual responsible for fiscal matters relating to the grant-funded project and is ultimately in charge of accounting, management of funds, verification of expenditures, and grant financial reports.

County/Countries Served: Enter the county or counties in which the project will operate. Type "ALL" if the project is Statewide.

US Congressional District(s): Enter the number of the congressional district(s) in which the project will operate. To find Congressional District information visit: <http://www.house.gov/representatives/find/>

**ATTACHMENT A
APPLICATION FOR FUNDING
GRANT PROJECT COVER SHEET**

**OFFICE OF CRIMINAL JUSTICE PROGRAMS
Application for Funding**

Please select the appropriate fund source box:

- JAG STOP VOCA RSAT FVPSA SASP
 AFIS ICAC METH SAVIN NCHIP Coverdell

Information on Person Completing This Form: Name & Title: Phone Number: Email Address:	Authorizing Agency: Name: Address: Address: , -	
Required Information on Authorizing Agency: Federal ID Number (FEIN): DUNS Number: SAM Expiration Date:	Implementing Agency: Name: Address: Address: , -	
Will You Have Any Subcontracts? <input type="checkbox"/> YES or <input type="checkbox"/> NO		
Project Title:		
Priority Type:		
Contract Start Date:	Contract End Date:	
AUTHORIZED OFFICIAL – Contact Information		
(Name, Title, and Complete Mailing Address) , -	Phone Number: Fax Number:	E-Mail Address:
PROJECT DIRECTOR – Contact Information		
(Name, Title, and Complete Mailing Address) , -	Phone Number: Fax Number:	E-Mail Address:
FINANCIAL DIRECTOR – Contact Information		
(Name, Title, and Complete Mailing Address) , -	Phone Number: Fax Number:	E-Mail Address:
County/Countries Served (Type ALL if Statewide):		
U.S. Congressional District(s):		