

Face Sheet

Tennessee Commission on Children and Youth
 502 Deaderick Street
 Andrew Jackson Building, 9th Floor
 Nashville, TN 37243

**JUVENILE JUSTICE AND DELINQUENCY PREVENTION ACT
 FEDERAL FORMULA GRANT APPLICATION 2019-2020**

Page 1 of 2

Date received (TCCY use only)

Application No. (TCCY use only)

1. Applicant (name, address, phone #) E-mail:	4. Implementing Agency (name, address, phone) E-mail:	6. Program category <input type="checkbox"/> Delinquency Prevention <input type="checkbox"/> Racial and Ethnic Disparities <input type="checkbox"/> Substance and Alcohol Abuse <input type="checkbox"/> System Improvement
2. Head of Applying agency (name/title)	5. Project Director (name, address, phone) E-mail:	7. Type of application <input type="checkbox"/> Initial <input type="checkbox"/> 2 nd Yr continuation <input type="checkbox"/> 3 rd Yr continuation Previous grant number _____
3. Financial officer (name, phone #)		8. Total number of pages in application

9. Project Title:

10. Brief project summary (do not attach additional pages).

Total number of children to be served: _____

11. Total number of employees in implementing agency: _____
 Does your agency have an EEO Plan? ____ Yes ____ No
 Does your agency have written policies and procedures for employees? ____ Yes ____ No

12. Applicant's Federal Identification Number:

DUNS Number:

13. Proposed project budget summary (Must be consistent with Detailed Budget)	Requested Amount	Approved Amount (for TCCY use only)
A. Personnel: 1. Salaries		
2. Fringe Benefits		
B. Travel		
C. Equipment		
D. Consultants & Contracted Providers		
E. Supplies & Operations		
F. Communications		
G. Training		
BUDGET TOTALS		

14. I, the undersigned authorized representative of the applicant, do submit this application on behalf of the applicant. If awarded a grant to implement the provisions herein, I do certify that all Federal and state laws, rules, and regulations applicable thereto will be followed.

 Applicant (signature and date)

 Endorsed by head of implementing agency (signature and date)

 (Title)

 (Title)

Submit one copy of complete application with original signatures and 9 copies (10 total).
 CY-0013a (Rev 3/13)

RDA 1681

INSTRUCTIONS FOR COMPLETING FEDERAL JUVENILE JUSTICE GRANT APPLICATION

Failure to accurately complete all information and comply with all instructions jeopardizes consideration of this grant. There should be no blanks on the Face Sheet (CY-0013a), except those designated for TCCY use only.

1. Enter the name, address, telephone number and email address of the state agency, local unit of government, or private agency that will administer the project.
2. Enter the name and title of the person who is the head of the agency listed as applicant.
3. Enter the name and title of the person who will be responsible for financial matters relating to the project, such as accounting and financial reports, and who will be authorized to sign requests for reimbursement of expenditures.
4. Enter the name, address, telephone number and email address of the department with the state or local unit of government or private non-profit organization which will actually be responsible for implementing the project (e.g. local unit of government, Juvenile Court, etc.).
5. Enter the name, address, telephone number and email address of the person who will be charged with the responsibility for implementing and operating the project.
6. Check the Program Category for which funds are being requested.
7. Check whether this application is for an Initial (first year) project, a 2nd Year Continuation project, or a 3rd Year Continuation project. If this is a continuation project, put the previous grant number on the line provided.
8. Number all pages in the application and enter the total number of pages on the line provided.
9. Enter the formal Project Title which is brief and descriptive (preferably not exactly the same as the Program Category Title).
10. Present a brief summary of the project. Indicate the number of youth to be served, explain the project operation, and how the project will accomplish its objectives. Fill in the number of children your project will serve over a one year period. Please limit your response to the space provided.
11. Enter the total number of full-time and part-time employees in the implementing agency. Check yes or no whether your agency has an EEO (Equal Employment Opportunity) Plan.
12. Enter the Federal Identification Number for the applicant. Enclose a copy of the 501(c)(3) approval letter if applicable. Also enter your DUNS Number.
13. Enter the total federal formula grant funds requested for the project by the seven major budget categories as described in the Detailed Budget. **ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR.**
14. The application must be signed by the person identified in Item 2 above. The signer must be duly authorized to enter into a contract, or to contractually obligate funds on behalf of the state agency or local unit of government or non-profit organization. The signature appearing on the application should be the same as will appear on the Grant Award accepting the funds on behalf of the sub grantee. The application should be dated when signed and the appropriate title of the signer should be in the space provided. **The signature must be an original signature (not a stamp) and in blue ink.**

The application must be endorsed by the head of the implementing agency; e.g., the Juvenile Court Judge if the County Mayor is submitting an application for a project to be implemented by the Juvenile Court. The signer should be the head of the agency identified in Item 4 above.

DETAILED BUDGET

BUDGET CATEGORY	Requested Federal Amount	Approved Amount (TCCY use only)
A. PERSONNEL: (Include title, annual salary, and % time devoted to project.)		
1. Salaries		
2. Fringe Benefits (Itemize fringe benefits and costs.)		
Sub-total		
B. TRAVEL: (Itemize travel expenses – local and out-of-state.)		
Sub-total		
C. EQUIPMENT: (Itemize with each unit cost.)		
Sub-total		
D. CONSULTANTS AND CONTRACTED PROVIDERS: (List by name, type of services provided, fee, and other expenses per engagement.)		
Sub-total		
E. SUPPLIES AND OPERATIONS: (List all items within this category by major type – supplies, utilities, etc.)		
Sub-total		
F. COMMUNICATIONS: (List all items within this category by major type – telephone, cell phone, Internet, pager, postage, etc.)		
Sub-total		
G. TRAINING: (Include tuition, registration, materials, etc.)		
Sub-total		
H. BUDGET TOTALS		

**INSTRUCTIONS FOR COMPLETING
DETAILED BUDGET (CY-0013b)**

1. GENERAL:

The **DETAILED BUDGET** should be completed for each applicable major budget category for which funding is requested. For each item listed within a category, indicate the amount of money allocated for that line item. The last line at the bottom of the page represents summary budget data. **Use only whole dollar figures for budget items and round to the nearest dollar.**

2. Enter the figures on the **DETAILED BUDGET** form. If additional space is necessary, please continue on plain white paper clearly specifying the category.

3. SPECIFIC BUDGET CATEGORIES: (refer to page 8 and 9 for allowable and disallowable costs)

A. Personnel:

1. **Salaries:** Include title, annual salary and percentage of time devoted to the project.
2. **Fringe Benefits:** List each type of benefit included and the total cost allocated to employees assigned to the project. The maximum percentage of salaries allowable for fringe benefits is 30 percent for each position funded through this grant.

B. Travel:

Itemize travel expenses of project personnel and program operations showing purpose and number of trips expected. Indicate local and out-of-state travel separately. Travel reimbursement must conform to state travel regulations.

C. Equipment:

Each item of equipment to be purchased should be listed showing quantity and unit cost. **NO EQUIPMENT RENTAL.**

D. Consultants and Contracted Providers:

List by type, name, fee, and other expenses per engagement for the project. **Submit a copy of the subcontract to TCCY for approval.**

E. Supplies and Operations:

List all items within this category by major types (e.g., supplies, utilities, etc.).

F. Communications:

List all items within this category showing quantity and cost (e.g., cell phone, telephone, pager, internet, postage, etc.). **NON-PERSONAL, ONLY BUSINESS RELATED.**

G. Training:

Itemize training costs, indicating training/seminar tuition, registration fees, and materials cost. Travel associated with training should be included under "C. Travel". The Budget Justification should include the need for training, who will be trained, and source(s) of the training.

H. Budget Totals:

The total project budget should be the sum of the category totals of all individually listed budget items.

4. Budget Justification:

- A. One (1) page is preferred, not more than two (2) pages (**show calculations**).
- B. Provide a narrative justification for **EACH** item requested by budget category. Explain the purpose and necessity of each specific expenditure. If travel is included, specify who will travel, where, why, and the specific costs (mileage, hotel, meals, etc.) per trip.
- C. Indicate the projected number of youth to be served during the proposed fiscal year. Calculate The cost-per-participant and address the cost-effectiveness of the proposed project.