**Franklin County Office of Justice Policy and Programs**

**Targeted Community Alternatives to Prison (TCAP) and Local Opioid Settlement Government Fund (LOSGF) Application**

**Title Page**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A. Title of Project** |  | | | | | |
| **B. Project Period** |  | | | | | |
| **C. Type of Application** | New Project  Existing Project | | | | | |
| D. Funding Amount Requested | $ | | | | | |
| E. Organization Type | Local Government  Non-Profit  For-Profit  ***(Non-Profit Organizations Only):***  Can you verify organizational history through written documentation of nonprofit status?  Yes  No Nonprofit status date:  ***(For-Profit Organizations Only):***  Select type:  Treatment  Housing  Employment | | | | | |
| F. Funding Category  *Select all that apply.* | Category 1: Targeted Community Alternatives to Prison (TCAP)  Category 2: Local Opioid Settlement Government Fund (LOSGF) | | | | | |
| G. Project Director *The project director listed must be the main contact for this project and the person with whom OJPP can regularly communicate.* | Prefix | First Name | MI | Last Name | | Suffix |
| Title | | Agency | | | |
| Address | | City | | Zip | |
| Phone | | Fax | | | |
| Email | | County | | | |
| H. Implementing Agency *Please list the agency that will implement the project.*  *.* | Prefix | First Name | MI | Last Name | | Suffix |
| Title | | Agency | | | |
| Address | | City | | Zip | |
| Phone | | Fax | | | |
| Email | | County | | | |
| **I. Financial Reports will be Prepared by:** Name: | | | | | | |
| **J. Performance Reports will be Prepared by:** Name: | | | | | | |

**Project Summary**

**Problem Statement**

**Program Description**

**Collaborative Effort**

**Outcome Measures**

**Sustainability Plan**

**Nexus to County Initiatives**

**Budget with Narrative**

**PART A – BUDGET RESOURCE BY COST CATEGORY**

**Section 1 – Personnel Costs**

***Salaries and Personnel***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **No. Hrs.** | **Rate per Hr.** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ***Salary Subtotal*** | | | | **$** |

***Employer’s Share of Fringe Benefits***

|  |  |  |  |
| --- | --- | --- | --- |
| **Fringe Benefits** | **Rate (%)** | **Annual Wages** | **Total Cost** |
| PERS (government agencies) |  |  |  |
| FICA (private agencies) |  |  |  |
| Retirement (private agencies) |  |  |  |
| Worker's Compensation (actual rate) |  |  |  |
| Unemployment Compensation (rate applies only to first $9,000/employee) |  |  |  |
| Medicare |  |  |  |
| Health Insurance |  |  |  |
| *Fill in the formula: $\_\_\_\_\_\_ (Monthly Rate) x \_\_\_\_\_ (# Months) x \_\_\_\_ (FTE)* | | |  |
| ***Fringe Subtotal*** | | | **$** |

|  |  |
| --- | --- |
| **Personnel Total** | **$** |

Narrative Required: Provide justification for each position; list job duties.

**Section 2 – Consultants/Contracts**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Hourly Fee** | **Hours** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Consultants Total** | **$** |

Narrative Required: Provide justification, method of procurement and basis of selection.   
     

**Section 3 – Travel**

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Auto** | **No. Miles** | **Mileage Rate ($0.50)** | **Total** |
|  |  |  |  |
|  |  |  |  |
| 1. **Per Diem** | **No. Days** | **Rate** | **Total** |
|  |  |  |  |
|  |  |  |  |
| 1. **Other** | **No. Items** | **Rate** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  | **Travel Total** | **$** |

Narrative Required: Provide justification for travel. Costs must relate to the program and objectives.   
     

**Section 4 – Equipment** *(defined by an item of property that has an acquisition cost of $5,000 or more and an expected service life of more than one year)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item(s) to be Purchased** | **Quantity** | **Unit Price** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Equipment Total** | **$** |

Narrative Required: Provide justification for the equipment requested.

**Section 5 – Capital/Infrastructure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Quantity** | **Unit Price** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Capital/Infrastructure Total** | **$** |

Narrative Required: Provide justification for capital/infrastructure costs.

**Section 6 – Supplies**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item(s) to be Purchased** | **Quantity** | **Unit Price** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Supplies Total** | **$** |

Narrative Required: Provide justification for the supplies.

**Section 7 – Other Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Charges** | **Quantity** | **Unit Price** | **Total** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Other Costs Total** | **$** |

Narrative Required: Provide justification for other general operating costs; provide allocation methods where appropriate.

**Section 8 – Indirect Costs**

|  |  |  |
| --- | --- | --- |
| **Indirect Cost Rate** | **Eligible Direct Costs** | **Total** |
| % |  |  |
|  | **Indirect Costs Total** | **$** |

Narrative Required: Provide justification for indirect cost; attach a copy of your federally approved plan, if applicable.

**PART B – BUDGET REQUEST BY RESOURCE & COST CATEGORY**

|  |  |
| --- | --- |
| **Budget Category** | **Total** |
| 1. Personnel |  |
| 1. Consultants/Contracts |  |
| 1. Travel |  |
| 1. Equipment |  |
| 1. Capital/Infrastructure |  |
| 1. Supplies |  |
| 1. Other Costs |  |
| 1. Indirect Costs |  |
| **Total Program Budget** | **$** |

**PART C – FINANCIAL RESOURCES**

1. What other funding resources outside of the TCAP/ Local Opioid Settlement Government Funds will support the proposed grant funded project/program?
2. What percentage of the total annual project/program budget would TCAP/ Local Opioid Settlement Government Funds support, if awarded?      %
3. What percentage of your total annual organizational budget would be supported with TCAP/ Local Opioid Settlement Government Funds, if awarded?      %