**Administrative Office of the Courts**

Department of juvenile and family services

2009-A Commerce Park Drive, Annapolis, MD 21401

 **NOFA#:** N20-0002-25I

**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): NA

**Amount Requested:** $ **Matching Funds**: NA

 (if applicable)

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| **Applicant Organization Personnel** | **Name** | **Phone Number** | **Email** |
| Administrative Judge/ Organization Director: |  |  |  |
| Court Administrator/ Administrative Clerk: |  |  |  |
| Project Manager: |  |  |  |
| Project Finance Manager: |  |  |  |

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| **Authorizing Signatures** *By signing below, the applicant agrees to abide by all terms of the Maryland Judiciary’s General Grant Conditions as well as the terms of the Special Grant Conditions for FY20 Special Project Grants.*  |
| **Director/Administrative Authority:** | **Financial Authority:** |
|  |  |
| *Printed Name*  | *Printed Name*  |
|  |  |
| *Title* | *Title*  |
| *Signature Date*  | *Signature Date*  |

**Please compile your application into one PDF document and submit your application via email to:**  **DJFSGrants@mdcourts.gov** **by March 15, 2019.**

**RENEWAL Application – *SHORT FORM***

This application is only to be used by applicants seeking to renew a project that was funded by the Department of Juvenile and Family Services as a Special Project in FY19. Applications for new projects (even if the organization was funded for a different project in FY19) must be submitted on the long application form. *If you have questions about which form to use, please contact us.*

**Narrative Application**

Please answer the questions below in the space provided. The space will automatically expand to fit the text. Please make sure to answer all questions. If a question is left unanswered, please explain why no response was provided.

**A. FY19 Project Summary** *(Please limit to less than one page)*

*These questions pertain to the project that is currently funded by the DJFS.*

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| **1. FY19 OUTCOMES****a. Is the FY19 project on track to achieve the assigned performance measures as outlined in your FY19 Grant Award and Acceptance Form?**  ***Please explain below.***

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| --- | --- | --- | --- | --- |
|  | **YES** |  |  | **NO**  |

**b. Using data and specific examples, please describe whether the FY19 project has been successful *(regardless of whether that success is reflected in the specific performance measures).***  |

**B.**  **FY20 Project Summary**

*These questions pertain to the project for which future funding is being requested.*

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| **1. Project Description** **Summary of the Grant: Please briefly summarize your proposed project.** (**50 words or less**)*The summary may be incorporated into the Grant Award & Acceptance Form and other grant documents if funds are awarded.***Is this project the same as the project funded in FY19?**

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| --- | --- | --- | --- | --- |
|  | **YES** |  |  | **NO** |

***IF NO, DO NOT USE THIS SHORT FORM,*** ***please use the LONG FORM to apply for funding for a new project.*****1. Project Goals and Activities****List the project’s goal(s) and the activities planned to achieve these goal(s):** **a. Goal 1:** **Describe the project activities to achieve this goal:** **b. Goal 2:****Describe the project activities to achieve this goal:** **c. Goal 3:**  **Describe the project activities to achieve this goal:****d. Goal 4:****Describe the project activities to achieve this goal:****e. Goal 5:****Describe the project activities to achieve this goal:** **2. Outcomes** ***NOTE:* If funded, stated outcomes may become performance measures.** **a. State how many you will serve in each of the categories below (as applicable to this project). Please distinguish between “serve” and “represent” when appropriate.**

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| **Individuals:** |  |  |
| **Families:** |  | *(If applicable)* |
| **Other:**  |  | *(cases, mediations, etc.)* |
| *Specify:*  |  |  |

**List the expected specific and measurable benefits to these clients:** **i.**  **ii.**  **iii.** **b. List other expected measurable outcomes:** **i.**  **ii.****c. Describe any challenges that you anticipate in achieving these outcomes and how those challenges will be addressed:****3. Evaluation** **a. Describe how this project’s success will be evaluated. What data will be collected to demonstrate benefit to individuals served?****b. Describe any anticipated challenges in evaluation and how those challenges will be addressed.** |

**C. FY20 Project Financial Management**

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| *Please answer the questions below based on the Proposed Budget (Excel) submitted with this application.* **1. Is your project on track to spend all funds awarded for FY19? If not, why?** **2. If you are requesting a higher amount of funding than your project was awarded in FY19, please explain the need for additional funds and how the additional funds will be utilized.**  **3. If you have new expenses in your FY20 budget that will be charged to this grant, please describe why the expense is needed and how it was funded in the past.****4. In the personnel category, if the fringe for any position is greater than 25% of the salary, please provide an explanation and break-down of fringe costs below.** **5. Are the costs listed in the budget all ongoing, or are there one-time costs included? Please describe the one-time costs and why they are needed.** **6. What other funding has been sought or secured to support this project?**  |

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| **Special Projects Grant Application Checklist***Please use this checklist as a tool to ensure that your application is complete.* *This document does not need to be submitted with your application.* |
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# **Application cover sheet**

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|[ ]  Signed by BOTH the organization’s director/administrative authority and financial authority.  |

# **Application**

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|[ ]  FY20 Grant Application Short Form |
|[ ]  Budget Application (separate Excel Document) *Include BOTH the Proposed Budget and the Budget Justification.* |

# **Other Required attachments**

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|[ ]  Letters of SupportTwo support letters are required. If your program works directly with the court, at least one support letter should come from the court. * Address letters to:

 Richard Abbott  Director, Department of Juvenile and Family Services Administrative Office of the Courts 2009-A Commerce Park Drive Annapolis, Maryland 21401* Letters should accompany the application OR can be scanned and emailed to DJFSGrants@mdcourts.gov directly by the author.
* Programs will be notified by email when a letter is received directly by email or regular mail.
* We cannot guarantee that letters received after **March 15, 2019** will be considered.
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# **Submission**

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|[ ]  Scan all application documents as one PDF file, ordered as they are listed on this checklist.  |
|[ ]  Submit via email to DJFSGrants@mdcourts.gov by 11:59pm on **March 15, 2019**. |

Any questions concerning the submission of this application should be directed to Pen Whewell, Grants Specialist – 410-260-1262 or *DJFSGrants@mdcourts.gov*