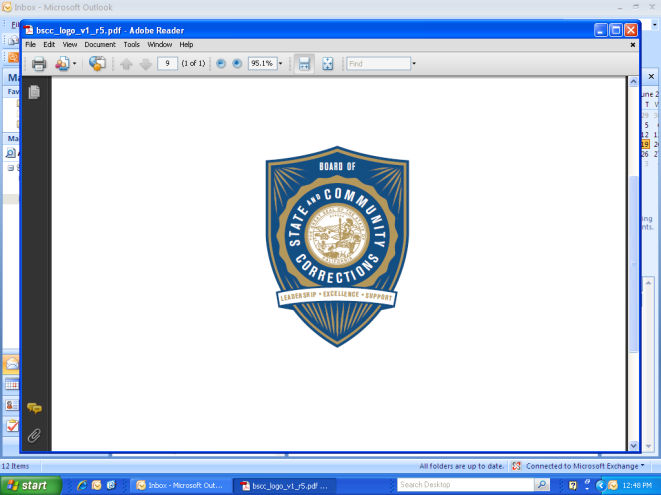
|  |
| --- |
| APPLICATION INSTRUCTIONS |

1. **Applicant:** Provide the applicant agency/organization name and its Executive Officer, Director, Chief or Judge. Provide the Federal Employer ID number and the project title. Provide the required information for the designated Project Director whom has project oversight responsibilities.
2. **Project Summary**: Provide a brief description (3-4 sentences) of the applicant’s proposal for using the grant funds requested. Note: This information may be posted to the BSCC’s website for informational purposes.
3. **Funds Requested:** Provide the amount of grant funds requested. Refer to the funding chart on page 4.
4. **Applicant Project Director:** Provide the required information for the individual with whom BSCC staff would work on a daily basis during the grant period.
5. **Designated Financial Officer:** Provide the required information for the individual who would approve invoices before the agency/organization submits them to the BSCC and be responsible for the overall fiscal management of the grant. Reimbursement checks are mailed to the Designated Financial Officer.
6. **Applicant’s Agreement:** The person authorized by the Governing Board to sign for the agency/organization must read the assurances in this section, then sign and date the application in **blue ink**.



**Board of State and**   **California Youthful Offender Reentry Program**

**Community Corrections** **FY 2013/2014 Application**

**APPLICANT INFORMATION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **A. APPLICANT** | | | | | | |
| NAME OF APPLICANTAGENCY/ORGANIZATION | | | | FEDERAL EMPLOYER ID NUMBER | | |
|  | | | |  | | |
| NAME OF EXECUTIVE DIRECTOR/OFFICER/CHIEF/JUDGE | | | | PROJECT TITLE | | |
|  | | | |  | | |
| NAME AND TITLE OF PROJECT DIRECTOR | | | | TELEPHONE NUMBER | | |
|  | | | |  | | |
| STREET ADDRESS | | | | FAX NUMBER | | |
|  | | | |  | | |
| CITY | | STATE | | ZIP CODE | E-MAIL ADDRESS | |
|  | |  | |  |  | |
| **B. PROJECT SUMMARY (3 TO 4 sentences)** | | | | **C. FUNDS REQUESTED** | | |
|  | | | |  | | |
| **D. APPLICANT PROJECT DIRECTOR** | | | | | | |
| NAME AND TITLE | | | | | TELEPHONE NUMBER | |
|  | | | | |  | |
| STREET ADDRESS | | | | | FAX NUMBER | |
|  | | | | |  | |
| CITY | | STATE | ZIP CODE | | E-MAIL ADDRESS | |
|  | |  |  | |  | |
| **E. DESIGNATED FINANCIAL OFFICER** | | | | | | |
| NAME AND TITLE | | | | | TELEPHONE NUMBER | |
|  | | | | |  | |
| STREET ADDRESS | | | | | FAX NUMBER | |
|  | | | | |  | |
| CITY | STATE | | ZIP CODE | | E-MAIL ADDRESS | |
|  |  | |  | |  | |
| **F. APPLICANT’S AGREEMENT**  By signing this application, the applicant assures that the grantee will abide by the laws, policies and procedures governing this funding. | | | | | | |
| NAME AND TITLE OF AUTHORIZED OFFICER (PERSON WITH LEGAL AUTHORITY TO SIGN) | | | | | | |
| APPLICANT’S ORIGINAL SIGNATURE (blue ink) | | | | | | DATE |
|  | | | | | |  |

|  |
| --- |
| PROJECT BUDGET |

**BUDGET CATEGORY:** Complete the budget category table below.Indicate the total amount of grant funds for each budget category. While recognizing that projects may use different line items in the budget process, the categories listed below are the ones that the funded project will use when invoicing the BSCC for reimbursement of expenditures. Grant funds should support direct services and minimize administrative costs. **Report amounts in whole dollars only**.

|  |  |
| --- | --- |
| **BUDGET CATEGORY** | **GRANT FUNDS** |
| 1. Salaries and Benefits |  |
| 2. Services and Supplies |  |
| 3. Professional Services |  |
| 4. CBO Contracts |  |
| 5. Indirect Costs *(not allowable with JAG funds)* | -0- |
| 6. Fixed Assets/Equipment |  |
| 7. Other |  |
| **TOTAL** |  |

**LINE ITEM DETAIL:** Provide a narrative detail in each category below to sufficiently explain how the grant funds will be used based on the requested funds in the above table. In the “Other” category, funds should be budgeted for travel purposes for one mandatory grantee briefing meeting (*to be held in Sacramento, date TBA*) as well as other travel.

1. **SALARIES AND BENEFITS:** (e.g., number of staff and percentage of time, classification/ title, hourly rates of all project staff and benefits).

1. **SERVICES AND SUPPLIES:** (e.g., office supplies, training costs; itemize the services/ supplies).

1. **PROFESSIONAL SERVICES:** (e.g., contract with an expert consultant)

1. **COMMUNITY-BASED ORGANIZATIONS (CBO) CONTRACT:** (e.g., providename of CBO, itemize nature of services that will be received. Show hours and billing rates of all CBO staff.)

1. **INDIRECT COSTS:** (Use of JAG funds for indirect costs is not allowable)

N/A

1. **FIXED ASSETS/EQUIPMENT:** (e.g., computers, and other office equipment necessary to perform project activities).

1. **OTHER:** (e.g., travel expenses)