



# Edward Byrne Memorial Justice Assistance Grant Program

## APPLICATION PACKAGE

**Eligible Applicants:** California Counties

**Grant Service Period:** June 1, 2023 to June 30, 2026

**RFP Released:** October 14, 2022

**Letters of Intent Due:** November 18, 2022

**Proposals Due:** December 2, 2022



BOARD OF STATE & COMMUNITY CORRECTIONS  
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# **Edward Byrne Memorial Justice Assistance Grant Program**

## **Proposal Package Cover Sheet**

**Submitted by:**

INSERT Name of Applicant

**Date Submitted:**

INSERT Date of Submission to BSCC

## JAG Proposal Checklist

A complete proposal package for funding under the JAG Program must contain the following items:

	Required Items:	X
1	Completed Cover Sheet (previous page)	<input type="checkbox"/>
2	JAG Proposal Checklist (this page) <ul style="list-style-type: none"> <li>Originally signed in blue ink by the authorized signatory <u>or</u> E-signature (no stamped signatures)</li> </ul>	<input type="checkbox"/>
3	Applicant Information Form <ul style="list-style-type: none"> <li>Originally signed in blue ink by the authorized signatory <u>or</u> E-Signature (no stamped signatures)</li> </ul>	<input type="checkbox"/>
4	Proposal Narrative <ul style="list-style-type: none"> <li>15 pages or fewer</li> </ul>	<input type="checkbox"/>
5	Criteria for Non-Governmental Organizations Receiving Grant Funds (Appendix C ) <ul style="list-style-type: none"> <li>Originally signed in blue ink by the authorized signatory <u>or</u> E-Signature (no stamped signatures)</li> </ul>	<input type="checkbox"/>
6	Project Work Plan (Appendix D)	
7	JAG Steering Committee Roster (Appendix E)	<input type="checkbox"/>
8	Letter of Agreement (Appendix F) and/or Operational Agreement (Appendix G)	<input type="checkbox"/>
9	Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement (Appendix K) <ul style="list-style-type: none"> <li>Originally signed in blue ink by the authorized signatory <u>or</u> E-Signature (no stamped signatures)</li> </ul>	<input type="checkbox"/>
	Budget Information (Budget Table & Narrative) <ul style="list-style-type: none"> <li>Use the BSCC provided template</li> </ul>	<input type="checkbox"/>
	Budget Attachment (includes Budget Tables and Narrative)	
	<b>Optional:</b>	
10	Governing Board Resolution (Appendix J) Note: The Governing Board Resolution or other documentation of signing authority is due prior to Grant Award Agreement, <u>not</u> at time of proposal submission.	<input type="checkbox"/>

I have reviewed this checklist and verified that all required items are included in this proposal packet.  
Originally signed in blue ink or e-signed by the authorized signatory (no stamped signatures)

X \_\_\_\_\_

Applicant Authorized Signature (see Applicant Information Form, item N, next page)

**\* Attachments other than those listed above will be removed from the proposal and not considered during the proposal evaluation process. \***

## Applicant Information Form: Instructions

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- A. Applicant:** Complete the required information for the local government submitting the form.
- B. Tax Identification Number:** Provide the tax identification number of the Applicant.
- C. Unique Entity Identifier (UEI) ~~Federal Employer ID~~:** Provide the ~~employer identification number of the Applicant UEI~~. For additional information on the UEI, please visit the U.S. General Services Administration website.
- ~~C. DUNS:~~** ~~Provide the Data Universal Numbers System (DUNS) of the Applicant.~~
- D. Lead Public Agency:** Indicate which county agency will serve as the Lead Public Agency
- E. Multi-County Partnerships:** If applicable, identify the counties in the partnership.
- F. Project Title:** Provide the title of the project.
- G. Program Purpose Areas (PPAs):** Select each PPA and the corresponding Priority Area(s) of Need the proposal will address. A minimum of one PPA and Priority Area of Need must be addressed.
- H. Project Summary:** Provide a summary (100-150 words) of the proposal. Note: this information will be posted to the BSCC's website for informational purposes.
- I. Project Director:** Provide the name, title, and contact information for the individual responsible for oversight and management of the proposed project. **This person must be an employee of the Applicant agency.**
- J. Financial Officer:** Provide the name, title, and contact information for the individual responsible for fiscal oversight and management of the project. Typically, this is the individual that will certify and submit invoices. This person must be an employee of the Applicant agency.
- K. Day-to-Day Project Contact:** Provide the name, title, and contact information for the individual who serves as the primary contact person for the grant. Typically, this individual has day-to-day oversight for the project.
- L. Day-to-Day Fiscal Contact:** Provide the name, title, and contact information for the individual who serves as the primary contact person for fiscal matters related to the grant. This may be the individual who prepares the invoices for approval by the Financial Officer.
- M. Authorized Signature:** Complete the required information for the person authorized to sign for the Applicant. This individual must read the assurances under this section, then sign and date in the appropriate fields

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## Applicant Information Form

A. APPLICANT		B. TAX IDENTIFICATION NUMBER	
NAME OF APPLICANT		TAX IDENTIFICATION #:	
STREET ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE
C. FEDERAL EMPLOYER ID		D. <del>DATA UNIVERSAL NUMBERS SYSTEM (DUNS)</del> UNIQUE ENTITY IDENTIFIER (UEI)	
E. LEAD PUBLIC AGENCY:			
F. IF A MULTI-COUNTY PARTNERSHIP, LIST ALL PARTNER AGENCIES:			
G. PROJECT TITLE			
H. PROGRAM PURPOSE AREA(S) - Check All That Apply		PRIORITY AREA(S) OF NEED - Check All That Apply	
<input type="checkbox"/> PPA 1 - Law enforcement programs		<input type="checkbox"/> Violent crime reduction initiatives <input type="checkbox"/> Drug enforcement <input type="checkbox"/> Crisis intervention/mental health/suicide prevention <input type="checkbox"/> Pre-arrest diversion <input type="checkbox"/> Mental health training for law enforcement	
<input type="checkbox"/> PPA 2 - Prosecution and court programs		<input type="checkbox"/> Problem solving courts (e.g., mental health, veterans, drug, reentry) <input type="checkbox"/> Gun/gang prosecution <input type="checkbox"/> Violent crime prosecution and defense <input type="checkbox"/> Innovations in indigent defense <input type="checkbox"/> Mental health liaisons	
<input type="checkbox"/> PPA 3 - Prevention and education programs:		<input type="checkbox"/> At-promise youth <input type="checkbox"/> Mental health education <input type="checkbox"/> Job-specific training and certification programs	
<input type="checkbox"/> PPA 5 - Drug treatment and enforcement programs:		<input type="checkbox"/> Co-occurring treatment (e.g., substance use and mental illness or other chronic health conditions) <input type="checkbox"/> Community-based substance use residential treatment <input type="checkbox"/> Community-based substance use outpatient treatment	

<input type="checkbox"/> PPA 8 - Mental health programs and related law enforcement and corrections programs:	<input type="checkbox"/> Crisis intervention teams <input type="checkbox"/> Co-responder initiatives (law enforcement and mental health clinicians work together to respond to calls for service involving a person experiencing a behavioral health crisis) <input type="checkbox"/> Residential in-patient behavioral health treatment programs <input type="checkbox"/> General mental health services
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**I. PROJECT SUMMARY (100-150 Words)**

**J. PROJECT DIRECTOR**

NAME	TITLE	TELEPHONE NUMBER (Direct Line)
STREET ADDRESS		CITY
STATE	ZIP CODE	EMAIL ADDRESS

**K. FINANCIAL OFFICER**

NAME	TITLE	TELEPHONE NUMBER (Direct Line)	
STREET ADDRESS		CITY	
STATE	ZIP CODE	EMAIL ADDRESS	
PAYMENT MAILING ADDRESS (if different)	CITY	STATE	ZIP CODE

**L. DAY-TO-DAY PROGRAM CONTACT**

NAME	TITLE	TELEPHONE NUMBER (Direct Line)
STREET ADDRESS		CITY
STATE	ZIP CODE	EMAIL ADDRESS

**M. DAY-TO-DAY FISCAL CONTACT**

NAME	TITLE	TELEPHONE NUMBER (Direct Line)
STREET ADDRESS		CITY
STATE	ZIP CODE	EMAIL ADDRESS

**N. AUTHORIZED SIGNATURE\*:**

By signing this application, I hereby certify I am vested by the Applicant with the authority to enter into contract with the BSCC, and the grantee and any subcontractors will abide by the laws, policies, and procedures governing this funding

AUTHORIZED OFFICER NAME	TITLE	TELEPHONE NUMBER (Direct Line)
STREET ADDRESS		CITY
STATE	ZIP CODE	EMAIL ADDRESS
SIGNATURE (Blue Ink or E-signature only)		DATE

*\*Must be a representative with the authority to sign documents and obligate the applicant.\**



# Proposal Narrative Template

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The Proposal Narrative section may not exceed **fifteen (15) numbered** pages. Please reference the Proposal Narrative Instructions on page 21 of the RFP Instruction Packet for corresponding Rating Factors and Rating Criteria.

1.	<b>Project Need</b>	<b>Precent Value - 5%</b>
2.	<b>Project Description</b>	<b>Precent Value - 35%</b>
3.	<b>Collaboration</b>	<b>Precent Value - 10%</b>
4.	<b>Capability and Qualifications</b>	<b>Precent Value - 20%</b>
5.	<b>Project Evaluation and Monitoring</b>	<b>Precent Value - 15%</b>

## Proposal Budget

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Applicants are required to submit an excel Budget Attachment as part of the JAG application process. Please reference the Proposal Budget Instructions on page 24 of the RFP Instruction Packet for corresponding Rating Factors and Rating Criteria. Detailed instructions for completing the Budget Attachment are listed on the Instructions tab of the Excel workbook:

➤ To Access the JAG Budget Attachment, click [here](#)

Upon submission the Budget Attachment will become *Section 6: Proposal Budget (Budget Tables & Narrative)* making up part of the official proposal. The Budget Attachment must be filled out completely and accurately. Applicants are solely responsible for the accuracy and completeness of the information entered in the Budget Table and Budget Narrative. The Budget Table must cover the entire grant period.

For additional guidance related to grant budgets, refer to the [BSCC Grant Administration Guide](#).

## **Additional RFP Mandatory Documents Reminder**

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### **Criteria for Non-Governmental Organizations Receiving BSCC Grant Funds**

- Please see Appendix C

### **Project Work Plan**

- Please see Appendix D

### **JAG Steering Committee Roster**

- Please see Appendix E

### **Letter of Agreement or Operational Agreement**

- Please see Appendix F and G

### **Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement**

- Please see Appendix K