**Administrative Office of the Courts**

JUVENILE AND FAMILY SERVICES (jfs)

187 Harry s. truman parkway, annapolis, md 21401

NOFA#: N21-0003-25I

**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**:

(if applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| **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 FY21 Court-Appointed Special Advocate (CASA) Grants.* | |
| **Director/Administrative Authority:** | **Financial Authority:** |
|  |  |
| *Printed Name* | *Printed Name* |
|  |  |
| *Title* | *Title* |
| *Signature Date* | *Signature Date* |

**Compile your application into one PDF document and email it by March 27, 2020, to** [***DJFSGrants@mdcourts.gov***](mailto:DJFSGrants@mdcourts.gov)**.**

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| **FY21 CASA Grant Application** |

**Project Summary**

**Summary of the Grant:** (**50 words or less**) The summary will be incorporated into the Grant Award & Acceptance Form and Cover Sheet reviewed by the State Court Administrator.

**a. What is the project’s main function/purpose?**

**b. Who will benefit from this program?**

**c. What counties will be served?**

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| **1. Capacity Level Base Funding** |

Record your program’s Capacity Funding Amount. In January, you received a Capacity Funding Eligibility Form from JFS staff. This document indicated the number of volunteers assigned and serving children on the **first** day of your four (4) prior quarterly program reports. The average of these figures multiplied by $1,000 determines capacity funding. Record the amount listed on the Capacity Eligibility Form below.

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| --- |
| 1. **Eligible CAPACITY FUNDING amount requested:** |
| **$** |

|  |
| --- |
| **2. Jurisdictional Needs-Based Funding** |

1. **Funding request to meet unusual/significant challenges or to expand program**

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| --- |
| 1. **JURISDICTIONAL CHALLENGES/EXPANSION funding amount requested:** |
| **$** |

Enter amount requested in box on left.

In expandable text box below, describe any challenging factors that make the county(s) served a higher need area. If you need funding to increase the program’s ability to serve more children, describe that need. Be concise. Limit your response to no more than one typed page.

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1. **Multijurisdictional funding request to meet expenses of serving more than one county**

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| --- |
| 1. **MULTIJURISDICTIONAL funding amount requested:** |
| **$** |

Enter amount requested in box on left.

|  |  |  |
| --- | --- | --- |
|  | **County** | **Volunteers Assigned as of January 1st.** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |

1. In the chart to the right, list the counties

served and the number of assigned volunteers

in each.

2. How will this funding support the additional costs of serving more than one county? *Detail how you will use requested funds. Demonstrate why the program needs these additional funds. You do not need to respond in paragraph form; you may include a chart showing allocation of funds requested.*

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3. How will your program work to ensure all jurisdictions are adequately served? *Specifically, are staff or resources assigned by jurisdiction? How will you handle recruitment? What offices/facilities are utilized in each jurisdiction? Does the Board contain members from all jurisdictions served? Are fundraising efforts focused on all jurisdictions served?*

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| 1. **TOTAL NEEDS-BASED funding amount requested (A+B):** |
| **$** |

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| **3. Performance-Based Funding** |

Each program will receive a performance-based funding award based on recommendations by the Review Committee. A committee of judiciary personnel and non-judiciary child welfare experts will review each program after receiving Application Packets which include the following documents:

**FY21 Grant Application** (including the Capacity Funding Eligibility Form, this application, the proposed budget & justification, letter(s) of support, and documentation of National CASA Compliance)

**FY20 Monitoring Summary** (A JFS staff-prepared summary of data and performance based on FY20

Q1 & Q2 statistical, demographic, and closed case reports and follow-up by JFS staff.)

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| 1. **PERFORMANCE FUNDING amount requested:** |
| **$** |

**The maximum performance award per grantee will be based on available funds allocated by the General Assembly.**

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| **Narrative** |

1. List the program’s specific goals for **FY20** and describe the progress made toward meeting each goal. If the program will not meet a goal, explain the challenges faced and steps the program is taking to overcome those challenges. *(If you need space for additional goals, cut and paste and edit the Goal #.)*

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| **Progress toward Program Goals for FY20** |
| **Goal #1:** |
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|  |
| **Goal #2:** |
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|  |
| **Goal #3:** |
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| **Goal #4:** |
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| **Goal #5:** |
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2. List the program’s specific goals for **FY21** and activities you will undertake to reach these goals. Include a timeline of when activities will occur. Minimally, TWO GOALS must focus on maintaining or improving diversity and inclusivity. Ideally, ALL GOALS should reflect the importance of improving diversity and inclusivity.  *(If you need space for additional goals, cut and paste and edit the Goal #.)*

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| --- |
| **Program Goals for FY21** |
| **Goal #1:** |
|  |
| ***Project Activities:*** |
|  |
| ***Measurable Outcomes:*** |
|  |
| **Goal #2:** |
|  |
| ***Project Activities:*** |
|  |
| ***Measurable Outcomes:*** |
|  |
| **Goal #3:** |
|  |
| ***Project Activities:*** |
|  |
| ***Measurable Outcomes:*** |
|  |
| **Goal #4:** |
|  |
| ***Project Activities:*** |
|  |
| ***Measurable Outcomes:*** |
|  |
| **Goal #5:** |
|  |
| ***Project Activities:*** |
|  |
| ***Measurable Outcomes:*** |
|  |

**Financial Management Questions**

1. What other funding has been sought/secured to support this project? Explain how the program will meet the (100%) matching fund requirement (75% Cash Minimum / 25% In-Kind Maximum). Include committed and anticipated funding sources.

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2. If the fringe for any position is greater than 25% of salary, break-down fringe costs below.

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| **FY21 CASA Grant Funding Request Summary** | |
| 1. Capacity Funding Request: |  |
| 1. Needs-Based Funding Request: |  |
| 1. Performance Funding Request: |  |
| **TOTAL Grant Requested**: |  |



**CHECK AMOUNTS IN CHART ABOVE.**

Requested amounts should match amounts in each blue box in the application.

**CHECK THE TOTAL GRANT REQUESTED.**

Does it equal the total of numbers in each blue box in the application?

|  |  |  |  |
| --- | --- | --- | --- |
| |  | | --- | |  | | **Court-Appointed Special Advocate (CASA)**  **Grant Application Checklist**  *Use this tool to make sure your application is complete.*  *DO NOT submit this checklist with your application.* | |  | |

# **Application cover sheet**

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

# **Application**

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| --- | --- |
|  | FY21 CASA Grant Application Funding Request  *Include all pages of the application, except this Checklist.* |
|  | Capacity Funding Eligibility Form  *Provided by JFS in January; must be submitted with the grant application.* |
|  | Budget Application (separate Excel document)  *Include BOTH Proposed Budget and Budget Justification.* |

# **Other Required attachments**

|  |  |
| --- | --- |
|  | Certificate of Compliance from National CASA  *If re-certification is pending, include the most recent Certificate with a letter of explanation.* |
|  | Letters of Support  CASA programs must provide a support letter from each court served.   * Address letters to:   Richard Abbott, Director  Juvenile and Family Services  Administrative Office of the Courts  187 Harry S. Truman Parkway  Annapolis, Maryland 21401   * Include letter(s) with your application OR have the letter’s author scan and email it to [DJFSGrants@mdcourts.gov](mailto:DJFSGrants@mdcourts.gov). * We will email you when letters of support are received directly from the author. * We cannot guarantee that letters received after **March 27, 2020** will be considered. |

# **Submission**

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| --- | --- |
|  | Scan application documents as one PDF file, ordered as they are listed on this checklist. |
|  | Submit via email to [DJFSGrants@mdcourts.gov](mailto:DJFSGrants@mdcourts.gov) by 11:59 p.m. on **March 27, 2020**. |

Questions about submission?

Contact Pen Whewell, Grants Specialist, at 410-260-1262 or email [*DJFSGrants@mdcourts.gov*](mailto:DJFSGrants@mdcourts.gov)