**Administrative Office of the Courts**

juvenile & family SERVICES

187 HARRY S. TRUMAN PKY., Annapolis, MD 21401

**NOFA#:** N21-0002-25I

**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)

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

|  |  |
| --- | --- |
| **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 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**](mailto:DJFSGrants@mdcourts.gov) **by March 13, 2020.**

**NEW PROJECT Application – *LONG FORM***

This application is only to be used by applicants seeking funding for a project that was not funded by Juvenile & Family Services as a Special Project in FY20. Applications for new projects (even if the organization was funded for a different project in FY20) must be submitted on this application form. *If you have questions about which form to use, please contact us.*

**A. PROJECT SUMMARY**

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| **1. Project Description**  **Please provide brief answers to the questions below to summarize the proposed project.**  **a. What is the project’s main function/purpose?**  **b. Who will benefit from this program?**  **c. What counties will be served?**  **2. Statement of Need**  **a. Explain why this project is needed in each county to be served and how the need is currently being addressed in each county.**  **b. Describe the demographics of the target population the project will serve, the challenges of that population, and how your project will address those challenges.** |

**B. GOALS, ACTIVITIES, & OUTCOMES**

|  |  |
| --- | --- |
| **Please include a basic timeframe for completion of each project activity listed.** | |
| **Goal #1:** |
|  |
| ***Project Activities:*** |
|  |
| ***Measurable Outcome(s):*** |
|  |
| **Goal #2:** |
|  |
| ***Project Activities:*** |
|  |
| ***Measurable Outcome(s):*** |
|  |
| **Goal #3:** |
|  |
| ***Project Activities:*** |
|  |
| ***Measurable Outcome(s):*** |
|  |
| **Goal #4:** |
|  |
| ***Project Activities:*** |
|  |
| ***Measurable Outcome(s):*** |
|  |
| **Goal #5:** |
|  |
| ***Project Activities:*** |
|  |
| ***Measurable Outcome(s):*** |
|  |
| **Challenges**  **Describe any challenges that you anticipate in achieving the outcomes listed and how those challenges will be addressed:** |
| **Evaluation**  **Describe how this project’s success will be evaluated.** |

**C. PROJECT ADMINISTRATION**

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| **1. Organizational Capabilities**  **a. Briefly describe the background of the organization and explain how the organization can meet the needs described, including any past experiences administering this project or similar projects.**  **b. If this project is part of a larger organization, describe the support the larger organization is providing.** |
| **c. Staff**  Please list the primary staff positions involved in implementing this project and briefly describe the role of each position as it relates to the project. *(The box will expand as you type.)*   |  |  |  |  | | --- | --- | --- | --- | | **Position** | **Position’s Role in Project** | **Position Currently Filled & Active?** | **If yes, how long has the current staff person been in the position?** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   **Please describe below, the qualifications of staff who have been in their position less than one year.**   |  | | --- | |  |   **2. Financial Management**  *Please answer the questions below based on the Proposed Budget (Excel) submitted with this application.*  **a. In the personnel category, if the fringe for any position is greater than 25% of the salary, please provide a break-down of fringe costs.**  **b. Are the costs listed in the budget all ongoing, or are there one-time costs included? Please describe any one-time costs and why they are needed.**  **c. 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.*  *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**

|  |  |
| --- | --- |
|  | FY21 Grant Application Long Form |
|  | Budget Application (separate Excel Document)  *Include BOTH the Proposed Budget and the Budget Justification.* |

# **Other Required attachments**

|  |  |
| --- | --- |
|  | Organizational Chart |
|  | Letters of Support  Two 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  Juvenile & Family Services  Administrative Office of the Courts  187 Harry S. Truman Parkway  Annapolis, Maryland 21401   * Letters should accompany the application OR can be scanned and emailed to [DJFSGrants@mdcourts.gov](mailto:DJFSGrants@mdcourts.gov) directly by the author. * Programs will be notified by email when a letter is received directly from the author. * We cannot guarantee that letters received after **March 13, 2020** will be considered. |

# **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](mailto:DJFSGrants@mdcourts.gov) by 11:59 pm on **March 13, 2020**. |

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