

County of Volusia
Edward Byrne Memorial Justice Assistance Grant (JAG)
Application FY 2009/2010

General Instructions:

Please read the questions carefully. The application will be scored on the completeness of your response to the questions. Provide additional information that is relevant to the proposed program.

Complete the application in 12-point font, single-spaced, with double-spaces between paragraphs. Please follow the format of the application to ensure all of the answers are completed.

All expenditures including equipment, services, salaries and benefits should be listed in the appropriate section. The proposed project must adhere to one or more of the seven approved JAG Program Purpose Areas that may be found at www.volusia.org/jag.

The JAG Application Score Sheet has been provided for informational purposes only.

Amounts requested by the sub-grantee are subject to modification by the Substance Abuse Policy Advisory Board (SAPAB) and the funding allocation by the Florida Department of Law Enforcement.

Please submit the following:

1. One application electronically via e-mail to mgaziano@co.volusia.fl.us
2. One application to: **Volusia County Community Assistance Division**
110 W. Rich Avenue
DeLand, FL 32720-4213
Attention: Myra Gaziano, Grants Coordinator

APPLICATION DEADLINE:

Monday, July 27th by 4:00 P.M.

If you have questions or need assistance, contact Myra Gaziano by phone at the following numbers:

386-736-5955 Ext. 2324 (DeLand)
386-254-4648 Ext 2324 (Daytona Beach)
386-423-3375 Ext. 2324 (New Smyrna Beach)
or by email:mgaziano@co.volusia.fl.us

Project Name: _____

Program Area Code: _____

Project Director's Name: _____

Email Address: _____

Contact Person if Different from Project Director: _____

Telephone Number: _____ **Fax Number:** _____

Agency/Department: _____

Total Amount of Requested Project \$ _____

EEO PLAN

**Does your City have a written EEO Plan?
(Please Circle Appropriate Answer)**

Yes No

If No, why?

**If Yes, could a copy of this EEO Plan be made available for review by the JAG Program Administrator at FDLE if necessary?
(Please Circle Appropriate Answer)**

Yes No

***** If you are contractual, use the objectives under the chosen program area as your basis for reimbursement. Contractual services are paid per service unit.

Problem Identification:

In this section please describe the community in which the project is located, the problem this community is facing, and any other information that describes the needs of the community relating to the proposed project. This section should include local data to support gaps in existing community resources. (3,500 Character Maximum, this includes spaces)

Program Description/Solution:

In this section describe the program and explain how it will solve the community's problem described in the previous section. The description should include:

- *A comprehensive program overview*
- *Explanation of how the proposed program will solve the community's problem described in the previous section; should include the desired results*
- *An estimated number of persons who will complete the program or the percentage of the target population that will be served*
- *Description of the proposed new personnel, expected needs for the program, contracted services expected, and any planned partnerships for the project*
- *Indicate the type(s) of proposed services activities, frequency of provision, minimum services levels, when services occur, and described specific staffing patterns. Included are operational times (days of the week, months of the year)*
- *Plan for measuring program effectiveness is described and relates to the selected objectives*
- *Data elements are identified that will effectively measure program performance*
- *Partnerships are identified and detail of what services they will provide to help the program succeed is provided*
- *Outline how the program will link to existing services that will help the program succeed*
- *Outline how the program will link to existing services within the community/neighborhood and describe the interaction the program will have with the target community.*

(3,500 Character Maximum, this includes spaces)

Measures and Goals:

Please list your program's Federal Purpose Area, State Purpose Area, Objective and the program's measures and goals for the proposed program. The Federal Purpose Area, State Purpose Area, Objective and the program's measures and goals can be downloaded at www.volusia.org/jag.

Project Budget Summary:

All of the budget summary sections should include a spreadsheet and any necessary narrative, including justification.

Salaries & Benefits (personnel):

Total Cost \$ _____

Please create a list of the personnel requested for the program and total cost for each position in this section. Overtime should be listed as a separate lump sum total, illustrating estimated number of hours, average hourly rate, and benefits.

Contracted Services:

Total Cost \$ _____

In this section please create a list that includes the contractor, type of service to be received, and UNIT COST of each service.

Other Expenses:

Total Cost \$ _____

Please list items such as postage, office supplies, copy supplies, travel, training, phone, workshops and seminars pertaining to the program.

Equipment or Operating Capital Outlay:

Total Cost \$ _____

In this section, list items such as computer equipment, cameras, surveillance equipment, and other long-term usage items.

Total Program Cost \$ _____