

Grant Number _____
(State Use Only)

NEBRASKA CRIME COMMISSION
2016 Victims of Crime Act (VOCA) & State Victim Assistance (SA)

NEW PROGRAMS
(Programs who were not funded through VOCA in FY 2016)
Grant Application

Section I: Applicant Information

1. Application Name: (Agency/Organization) [The application must be the agency that will receive and disperse the grant funds]	Name:	Telephone: () Fax: ()
2. Applicant Federal Employer ID #: [Must be the 9 digit number assigned to agency]		
3. Applicant DUNS#:		
4. Address of Applicant: [Physical address of agency, Include last four digits of zip code]		
5. Title of Project:		
6. Project Director: [Receives all grant correspondence]	Name:	Telephone: ()
	Title:	Fax: ()
	Email:	
	Address: (Include last four digits of zip code)	
7. Project Coordinator: [Additional Contact Person]	Name:	Telephone: ()
	Title:	Fax: ()
	Email:	
	Address: (Include last four digits of zip code)	
8. Fiscal Officer (Financial Point of Contact): [Cannot be the Project Director]	Name:	Telephone: ()
	Title:	Fax: ()
	Email:	
	Address: (Include last four digits of zip code)	
9. Authorized Official: [NOTE: The authorized official would include county board chair, mayor, city administrator, state agency director, chair/vice-chair of non-profit agency]	Name:	Telephone: ()
	Title:	Fax: ()
	Email:	
	Address: (Include last four digits of zip code)	

10. Areas served by this project (Counties/Cities/Statewide)
11. Type of Agency (Check only 1) <input type="checkbox"/> Government Agency <input type="checkbox"/> Nonprofit Organization <input type="checkbox"/> Federally Recognized Tribal Government/Agency/Organization <input type="checkbox"/> Campus Organization
12. Use of funds (Check all that apply) <input type="checkbox"/> Expand or enhance an existing project not funded by VOCA in the previous year <input type="checkbox"/> Start up a new victim services project <input type="checkbox"/> Start up a new Native American victim services project <input type="checkbox"/> Expand or enhance an existing Native American project
13. Identify the services to be provided by the Victims Assistance and Match Funds (Check all that apply) <input type="checkbox"/> Information & Referral <input type="checkbox"/> Personal Advocacy/Accompaniment <input type="checkbox"/> Emotional Support or Safety Services <input type="checkbox"/> Shelter/Housing Services <input type="checkbox"/> Criminal/Civil Justice System Assistance <input type="checkbox"/> Assistance with Filing Crime Victim Reparation (CVR) claims <input type="checkbox"/> Assisting victims with registration with VINE
14. Project Summary: (150 words or less)

15. Identify types of victims to be served with requested Victim Assistance funds and Match funds:	
<input type="checkbox"/> Child Abuse/Physical <input type="checkbox"/> Child Abuse/Sexual <input type="checkbox"/> DUI/DWI Victims <input type="checkbox"/> Domestic Violence Victims <input type="checkbox"/> Adult Victims/Sexual Assault <input type="checkbox"/> Other – List	<input type="checkbox"/> Elder Abuse <input type="checkbox"/> Adult Survivors of Incest or Child Sexual Abuse <input type="checkbox"/> Survivors of Homicide Victims <input type="checkbox"/> Robbery <input type="checkbox"/> Assault

16. Agency Staff & Volunteers (volunteers are required)	# Full Time	17. Webinar viewed: <input type="checkbox"/> Live <input type="checkbox"/> Recorded (attach certification)
Total # of agency volunteers (excluding board members)		
# of volunteers that support <u>this project only</u> (FTE)		
Total # of paid agency staff (FTE)		
# of paid agency staff requested/match for VOCA (FTE)		

Section II: Budget Summary

BUDGET SUMMARY –Year 3 (FY 2017)

Category	Requested Amount	Match Share	Total Project Cost
A. Personnel	\$	\$	\$
B. Consultants/Contracts	\$	\$	\$
C. Travel	\$	\$	\$
D. Supplies/Operating Expenses	\$	\$	\$
E. Equipment	\$	\$	\$
F. Other Costs	\$	\$	\$
G. Indirect Costs	\$	\$	\$
MATCH WAIVER if applicable		\$	\$
TOTAL AMOUNT	\$	\$	\$
% Contribution	%	%	100%

CERTIFICATION:

I hereby certify the information in this application is accurate and as the Authorized Official for this project, hereby agree to comply with all provisions of the grant program and all other applicable state and federal laws.

[NOTE: The Authorized Official position may include the county board chair, mayor, city administrator, state agency director, chair/vice-chair of non-profit organization or any agent that has the legal authority to act on behalf of the organization]

Name of Authorized Official (type or print):

Title:

Address:

City, State, Zip+4:

Telephone:

Signature of Authorized Official:

Date:

Proposed Project Period (month/day/year): From To 6/30/2019

CATEGORY A – PERSONNEL

<ul style="list-style-type: none">• Exempt/Non-exempt – position exempt from earning over-time/comp time or not?• New or Existing – position new within the agency (not project) or an existing position.• % Time Devoted – Portion of time dedicated to the work of the project.• Hours Per Week – total hours worked per week.						<ul style="list-style-type: none">• 2016 Current Salary – Current annual (can be FY 2016) pay for the position.• 2017 Salary – Annual pay for the position in the coming year (can be FY 2017).• Match – match provided through volunteer hours must be a separate line item/position.					
Title/Position											TOTAL COSTS
New/Existing											
F-Time/P-Time											
Exempt/Non-exempt											
Total Hrs. Per Week											
% of Time Devoted	%	%	%	%	%	%	%	%	%	%	
2016 Current Salary	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
2017 Salary	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	
Requested Salary	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Salary Match	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Requested Fringe	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
Fringe Match	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL COSTS	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$

Total Requested Salary	Total Requested Fringe	Total Requested Salary	Total Requested Fringe
\$	\$	\$	\$
TOTAL REQUEST: \$		TOTAL MATCH: \$	

CATEGORY A – PERSONNEL NARRATIVE:

- Attach Job Descriptions for any position that will be supported with VOCA funds or utilized as match. List out fringe benefits (see example in instructions).
- Identify (be specific) all sources of match.
- Address supplanting of funds for state and local government entities.
- Clearly identify percentage of time spent on job duties to justify allocation of the position to the grant.
- Calculations must be provided for each line item to include each fringe benefit

CATEGORY B – CONSULTANTS AND CONTRACTS (includes Subawards)

*Note: If needed, copy this form and complete for each separate consultant or contract expense.

A. Name of Consultant/Contractor:					Type (check one): <input type="checkbox"/> Individual <input type="checkbox"/> Organization	
1. Purpose:						
	Rate	# (hours, miles, meals, nights, etc.)	Amount Requested	Match	Total Costs	
2. Fees:						
Preparation Fee			\$	\$	\$	
Presentation Fee			\$	\$	\$	
Travel Time Fees			\$	\$	\$	
Space/Room Fees			\$	\$	\$	
Other Fees: Specify			\$	\$	\$	
Consultant/Contractor Fees Subtotal			\$	\$	\$	
3. Travel Expenses:						
Mileage		.535	\$	\$	\$	
Air Fare	From:	To:	\$	\$	\$	
Meals			\$	\$	\$	
Lodging			\$	\$	\$	
Other Costs:			\$	\$	\$	
			\$	\$	\$	
			\$	\$	\$	
Consultant/Contractor Travel Subtotal			\$	\$	\$	
B. Name of Subaward:						
1. Purpose:						
2. Type of Agency (check one)		Non-profit	Gov. (i.d. City, County, State)	Private	Other	
3. Budget Categories:			Amount Requested	Match	Total Costs	
Salary			\$	\$	\$	
Fringe			\$	\$	\$	
Consultants/Contracts			\$	\$	\$	
Travel			\$	\$	\$	
Supplies/Operating			\$	\$	\$	
Equipment			\$	\$	\$	
Other Costs			\$	\$	\$	
Indirect Costs			\$	\$	\$	
Subaward Subtotal			\$	\$	\$	
CONSULTANT/CONTRACTOR/SUBAWARD TOTAL			\$	\$	\$	

CATEGORY B - CONSULTANTS & CONTRACTS (including Subawards) NARRATIVE:

- All sources of match must be identified.
- Address supplanting of funds for any support for a state or local government agencies.
- Explain why the consultant is needed; discuss who the consultant is and how they are associated with the organization; how the consultant was selected; and what the consultant will provide or do.
- Clearly state the allocation and justification of each line item to VOCA
- Narrative must include calculations for each line item

CATEGORY C – TRAVEL EXPENSES

NOTE: Submit a separate form for each travel purpose.

1. Travel Purpose: Click here to enter text.					
2. Type of Travel <input type="checkbox"/> Local <input type="checkbox"/> In-State <input type="checkbox"/> Out-of-State					
3. Departure Point:				Destination:	
4. Position(s) which will be traveling for this purpose:					
5. Cost Breakdown:					
Expense Calculations			Amount Requested		Applicant's Match
					Total Cost

a. Mileage					
		Total Miles	Mileage Rate		
			x \$.535	\$	\$
				\$	\$

b. Air Fare					
		# of travelers	Cost per flight		
			\$	\$	\$
				\$	\$

c. Meals					
	# of days	# of travelers	Cost per day		
			\$	\$	\$
				\$	\$

d. Lodging					
	# of nights	# of rooms	Rate per night		
			\$	\$	\$
				\$	\$

e. Other Costs (Must also be explained in budget narrative)					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

TRAVEL TOTAL			\$	\$	\$
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TRAVEL CATEGORY TOTAL			\$	\$	\$
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CATEGORY C-TRAVEL EXPENSES NARRATIVE:

- All sources of match must be identified.
- Address supplanting of funds for any support for a state or local government agencies.
- Clearly state the allocation and justification of each line item to VOCA
- Narrative must include calculations for each line item

CATEGORY D – SUPPLIES AND OPERATING EXPENSES

1. SUPPLIES:						
Item	Quantity	Total Unit Price	% Allocated	Amount Requested	Applicant's Match	Total Cost
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
			%	\$	\$	\$
SUPPLIES SUBTOTAL				\$	\$	\$

2. OPERATING EXPENSES:					
	Total Rate (per month)	% Allocated	Amount Requested	Applicant's Match	Total Cost
Rent-Equipment		%	\$	\$	\$
Rent-Facilities		%	\$	\$	\$
Telephone		%	\$	\$	\$
Utilities		%	\$	\$	\$
Auto Lease		%	\$	\$	\$
Photo Copying		%	\$	\$	\$
Printing		%	\$	\$	\$
Non-Consultant Contracted Services		%	\$	\$	\$
Bookkeeping/Audit*		%	\$	\$	\$
Other:		%	\$	\$	\$
OPERATING SUBTOTAL			\$	\$	\$
SUPPLIES AND OPERATING EXPENSES TOTAL			\$	\$	\$

*Cost of audit is only allowable if agency is required to complete an A-133. Cost must be prorated to all funding sources

SUPPLIES AND OPERATING EXPENSES NARRATIVE:

- All sources of match must be identified.
- An agency's capitalization policy will determine if equipment items are listed here or under Category E – Equipment. See instructions.
- Address any supplanting of funds to support a state or local government entity.
- Clearly state the allocation and justification of each line item to VOCA
- Narrative must include calculations for each line item

CATEGORY E – EQUIPMENT EXPENSES

Section 1. Program Related						
Item	Quantity	% Allocated	Unit Price	Amount Requested	Applicant's Match	TOTAL COSTS
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
Program SUBTOTAL				\$	\$	\$
Section 2. Office Related						
Item	Quantity	% Allocated	Unit Price	Amount Requested	Applicant's Match	TOTAL COSTS
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
Office Related SUBTOTAL				\$	\$	\$
Section 3. Household/Maintenance Related						
Item	Quantity	% Allocated	Unit Price	Amount Requested	Applicant's Match	TOTAL COSTS
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
		%	\$	\$	\$	\$
Household / Maintenance SUBTOTAL				\$	\$	\$
				Amount Requested	Applicant's Match	TOTAL COSTS
EQUIPMENT TOTAL				\$	\$	\$

EQUIPMENT EXPENSES NARRATIVE:

- All sources of match must be identified.
- Address supplanting of funds for any support for a state or local government agencies.
- An agency's capitalization policy will determine if equipment items are listed here or under Category D – Operating & Supplies. See instructions.
- Clearly state the allocation and justification of each line item to VOCA
- Narrative must include calculations for each line item

CATEGORY F-OTHER COSTS

Description					
Item	% Allocated	Total Cost	Amount Requested	Applicant's Match	Total Cost
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
	%	\$	\$	\$	\$
OTHER TOTAL			\$	\$	\$

OTHER COSTS BUDGET NARRATIVE:

- All sources of match must be identified.
- Address supplanting of funds for any support for a state or local government agencies.
- Clearly state the allocation and justification of each line item to VOCA
- Narrative must include calculations for each line item

CATEGORY G – INDIRECT COSTS

1. Attach agreement.

Federally Approved Indirect Cost Rate	Rate %	Total Amount Requested	Applicant Match	Total
		\$	\$	\$

2. **10% De Minimis** - Attach copy of the agency's written allocation policy for these costs and certification letter.

Direct Costs:		
Budget Category	Amount Requested	Comments/Narrative
Personnel	\$	
Consultants/Contracts	\$	
Travel	\$	
Supplies/Operating	\$	
Equipment	\$	
Other	\$	
Total Direct Costs	\$	
Modified Indirect Cost Rate:		
Total Direct Costs		
Total Direct Costs minus amount(s) over \$25,000 for each subaward and/or contract/consultant	\$	
10% of Total Direct Costs	\$	Modified Indirect Cost Rate
Requested Direct Amount	\$	
Requested Indirect Amount	\$	
Total Federal Request	\$	

CATEGORY G – INDIRECT COSTS NARRATIVE:

If using a federally approved indirect cost rate that is lower than the agreement indicates provide explanation for how the lower rate was determined.

Section III: Project Description

Community Description (Limit 3 pages)

1. Provide description of the community(s) where project will take place. Include unique identifiers and relevant community factors (i.e., geographic, economic, etc.).
2. Complete the table for the community described in #1. Census data by county can be accessed at: <http://www.census.gov/quickfacts/table/PST045215/00>

Race	Number	% of Total Population
American Indian/ Alaska Native		
Asian		
Black/African American		
Hispanic or Latino		
Native Hawaiian/Other Pacific Islander		
White Non-Latino/ Caucasian		
Multiple Races		
Some Other Race		
Total Population		100%
Ethnicity		
Hispanic or Latino		
Not Hispanic or Latino		

3. Lists the counties included in above table:
4. Identity sources used for data provided in the table above:

Problem Statement (Limit 5 pages)

1. State the problem and the effects on the community to be addressed by the proposed project
2. Provide statistical documentation of the problem (Complete following chart)

*Fiscal Year (FY) spans October 1-September 31

Number of Victims Served	FY 2015	FY 2016	% of change from 2015 to 2016
Total # Victims Provided Direct Services:			
Total # of victims served age 0-12 years old			
Total # of victims served age 13-17 years old			
Total # of victims served age 18-24 years old			
Total # of victims served age 25-59 years old			
Total # of victims served 60 and Older			
Total # minority victims served (others than White Non-Latino)			

Number of Victims Served by Type of Crime:			
Adult Physical Assault			
Adult Sexual Assault			
Adults Sexually Abused as Children			
Arson			
Bullying			
Burglary			
Child Physical Abuse/Neglect			
Child Pornography			
Child Sexual Abuse/Assault			
Domestic and/or Family Violence			
DUI/DWI Incidents			
Elder Abuse or Neglect			
Hate Crime: Racial/Religious/Gender/Sexual Orientation			
Human Trafficking: Labor			
Human Trafficking: Sex			
Identity Theft			
Kidnapping (non-custodial)			
Kidnapping (custodial)			
Mass Violence			
Other Vehicular Victimization (e.g., hit and run)			
Robbery			
Stalking/ Harassment			
Survivors of Homicide Victims			
Teen Dating Victimization			
Terrorism			
Violation of a Court (protective) Order			
Other			
Number of Victims Provided Shelter:			
Total # adult victims provided shelter			
Total # child victims provided shelter			

3. Provide any additional program data to document the need for the funds requested.

Solution (Limit 4 pages)

1. Project Daily Operations (see instructions for Victim/Witness Units)
2. Describe the most recent (past year/12 months) agency's accomplishments and milestones.
3. Describe how the agency is ensuring services are victim centered and evidence based. (i.e., evaluation of client satisfaction, research/tools utilized to ensure practices are based on strong empirical evidence of success, etc.)
4. Explain any problems, barriers or challenges faced by the agency. Discuss how these were addressed and the end results.
5. Use of Volunteers-Describe how volunteers will be utilized in the implementation of the project. Attach volunteer job descriptions to application.

6. Community Coordination -Identify up to **seven (7)** other programs and/or services currently operating within the community that contribute to the solution of the stated problem. Indicate how this project coordinates with those programs/services (i.e., how does the domestic violence agency coordinate with the Victim/Witness Unit, with law enforcement). Add rows as needed.

Agency Name	How the project specifically coordinates with this program.

Section IV: Sustainability, Goals, and Performance Measures

Agency Budget and Funding Sources:

Agency budget should include all sources of funding to support all victim services provided by the program. Add lines as necessary under each category of funding source

Total Agency Victim Services Budget FY 2016 (Oct. 2016-September 2017)	
Funding Source	Amount Received
VOCA	n/a
OTHER FEDERAL (list below)	
STATE (list below)	
LOCAL (list below)	
OTHER (list below)	

1. Does the agency expect any significant decreases and/or increases from prior year's funding sources (Oct 2016-Sept. 2017) for fiscal year 2017/2018 (Oct 2017-June 2019)? If yes, note funding source and reasons for the expected change.

Sustainability (Limit 3 pages)

Describe:

1. Organizational structure and operations that lend to the project's sustainability.
2. Long-term sustainability plan to include at least three specific activities accomplished in the past 12 months or planned for in the upcoming year.
3. Discuss the contingency plan should the project not receive funds.

Activities / Timetables (Limit 2 pages)

Add rows as needed.

1. **Major Activities:** Identify any **major** activities that will be occurring over the course of the project. These types of activities may be infrequent however; they are essential to the VOCA funded project's success.

MAJOR ACTIVITIES	POSITION RESPONSIBLE

2. **Reoccurring Activities:** List those activities that will occur throughout the duration of the project. These activities should focus on the VOCA funded project and task that are allowable under the VOCA grant program.

REOCCURRING ACTIVITIES	POSITION RESPONSIBLE
Assist with filing compensation plans (Required of all programs)	

Goals, Objectives & Performance Indicators

For each outcome listed clearly state objectives and performance measures to demonstrate the project's progress towards achieving the stated outcome. Copy the form for each separate outcome.

Outcomes, Objectives & Performance Measures		
Outcome:		
Objective #		
Performance Measures:	Baseline Statistics	Projected Results
Objective #		
Performance Measures:	Baseline Statistics	Projected Results

Section V: Required Forms

Complete required forms (Certified Assurances; Certifications Regarding Lobbying, Debarment, & Drug Free Workplace; Applicant Disclosure of Pending Applications) with appropriate signatures in the grant application.

CERTIFIED ASSURANCES

1. The applicant assures that federal or state grant funds made available under the Victims of Crime Act (VOCA) and state victim assistance funds will not be used to supplant existing funds, but will be used to enhance or expand direct services to victims of crime.
2. The applicant assures that fund accounting, auditing, monitoring, and such evaluation procedures as may be necessary to keep such records as the Nebraska Commission on Law Enforcement and Criminal Justice (Crime Commission) shall prescribe will be provided to assure fiscal control, proper management, and efficient disbursement of funds received under the victim assistance grant program.
3. The applicant assures that it shall maintain such data and information and submit such reports, in such form, at such times, and containing such information as the Crime Commission may require.
4. The applicant certifies that the program contained in its application will meet requirements as stated in the Victim Assistance Grant Application Kit; that all information presented is correct; that there has been and will be throughout the life of the grant, appropriate coordination with affected agencies; and, that the applicant will comply with all provisions of the Victims of Crime Act and all other applicable federal and state laws.
5. The applicant assures that it will comply and all of its contractors will comply, with the non-discrimination requirements of the Victims of Crime Act; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973 as amended; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; and the Department of Justice Non-Discrimination Regulations 28 CFR Part 42, Subparts C, D, E, and G and, Executive Order 11246, as amended by Executive Order 11375, and their implementing regulations.
6. The applicant assures that programs will maintain information on victim services provided by race, national origin, sex, age, and handicap.
7. The applicant assures that in the event a federal or state court, or federal or state administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin or sex against a recipient of funds, the recipient will forward a copy of the finding to the Crime Commission and the Office of Civil Rights Compliance (OCRC) of the Office of Justice Programs.
8. The applicant assures that, if required, it will formulate an equal employment opportunity program (EEOP) in accordance with 28 CFR 42.301 et. seq., and submit a certification to the state that it has a current EEOP on file which meets the requirements therein.
9. The applicant assures that it will comply and contractors will comply, with the provisions of the Office of Justice Programs "Financial and Administrative Guide for Grants," M 7100.01.
10. Pursuant to the Office of Management and Budget (OMB) Circular A-133, non-Federal entities expending \$500,000 or more a year from all federal sources shall have a single organization-wide audit conducted in

accordance with the provisions of OMB Circular A-133. Non-federal entities that expend less than \$500,000 a year in Federal dollars from all sources are exempt from Federal audit requirements for that year. However, financial records must be maintained in an acceptable accounting system and be available for review or audit by appropriate officials of Federal, state or local agencies.

11. Confidentiality of Research Information. No recipient of monies under the Victims of Crime Act shall use or reveal any research or statistical information furnished under this program by any person and identifiable to any specific private person for any purpose other than the purpose for which such information was obtained in accordance with the Act.
12. Confidentiality of Victim Information - At no time shall a victim's name, address, phone number or other identifying information be divulged to another individual or agency unless they are a part of the criminal justice system or Health and Human Services system unless the victim has given prior voluntary written consent for such release of information.
13. The applicant agrees to submit all required reports in a timely manner.
14. The applicant agrees not to utilize federal or state victim assistance funds for crime prevention, community education, services to perpetrators, conference attendance by individual crime victims, lobbying, victim relocation or services to witnesses other than the victim.
15. The applicant agrees to establish and maintain a Drug Free Workplace Policy.
16. The applicant will comply, and all its contractors will comply with the Equal Treatment for Faith Based Organizations Title 28 C.F.R. part 38.

CERTIFICATION

I certify that I have read and reviewed the above assurances, that the applicant will comply with all provisions of the Victims of Crime Act and all other applicable federal and state laws, and, that the applicant will implement the project as written, if approved by the Crime Commission.

(SIGNATURE OF AUTHORIZED OFFICIAL)

(DATE)

(ADDRESS)

(TYPED NAME)

(TITLE)

(TELEPHONE NUMBER)

CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTER; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying" and 28 CFR Part 67, "Government-wide Debarment and Suspension and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form – LLL, "Disclosure of Lobbying Activities," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER

RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transaction, as defined at 28 CFR Part 67, Section 67.510-

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State of Federal court, or voluntarily excluded from covered transactions by any Federal department of agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State or local) terminated for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

The applicant certifies that it will or will continue to provide a drug-free workplace by:

A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition:

B. Establishing an on-going drug-free awareness program to inform employees about—

(a) The dangers of drug abuse in the workplace;

(b) The grantee's policy of maintaining a drug-free workplace;

(c) Any available drug counseling, rehabilitation, and employee assistance programs; and

(d) The penalties that may be imposed upon employees for drug abuse violation occurring in the workplace;

C. Notifying the employee in the statement that the employee will:

(a) Abide by the terms of the statement; and

(b) Notify the employer in writing of his or her conviction of a criminal drug statute occurring in the workplace no later than five calendar days after such convictions;

The subgrantee shall notify the Crime Commission in writing of any conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

The subgrantee certifies that it will take one or more of the following actions within 30 calendar days of receiving notice of the conviction:

A. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

B. Requiring such employee to participate satisfactorily in a drug abuse assistance of rehabilitation program approved for such purpose by a Federal, State or local health, law enforcement, or other appropriate agency;

The subgrantee certifies that it will make a good faith effort to continue to maintain a drug-free workplace.

Organization Name and Address:

Typed Name and Title of Authorized Official

Signature

Date

Applicant Disclosure of Pending Applications:

Applicants are to disclose whether they have pending applications for federally and or state funded grants that include requests for funding to support the same project being proposed under this solicitation and will cover the identical cost items outlined in the budget in the application under this solicitation. **Please mark none if you have no pending applications.**

Federal or State Funding Agency	Solicitation Name / Project Name	Name/Phone/E-mail for Point of Contact at Funding Agency

Attachments:

Applicants are to attach the following items, if applicable:

- Employee and Volunteer Job Descriptions (All must be provided to include % of time spent on duties)
- Letters of Support (Minimum of 3, maximum of 5 letters for all applicants)
- Memorandums of Understanding (Required for all programs if supporting the funding request)
- Indirect Cost Rate verification letter (Required for use of federally negotiated rates)
- Non-Profit Status Verification (e.g. 501(c)(3) letter, if applicable to agency)
- Match Waiver Request (If applicable)

