**Office of Justice Programs**

**Mississippi Juvenile Justice System Reform & Reinvestment Initiative**

**(MJJSRRI)**

**SUBGRANT APPLICATION** **PACKAGE**



**Mississippi Department of Public Safety**

**Division of Public Safety Planning**

**Office of Justice Programs**

**Post Office Box 1633**

**Canton, MS 39046**

**(601) 391-4900**

 Revised 06.17.2025 (MDPS/PSP/OJP)

**FY 2025 MJJSRRI SUBGRANT APPLICATION PACKET**
**Mississippi Department of Public Safety Planning (PSP)**
**Office of Juvenile Justice and Delinquency Prevention**

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**1. GENERAL INSTRUCTIONS**

This application packet is for organizations applying for **diversion program** funding from the Mississippi Juvenile Justice Reform & Reinvestment Initiative. Initiative funds are administered by PSP. The application must be submitted electronically by the stated deadline. Incomplete or late applications will not be considered.

Please read all instructions carefully. This version of the packet has been updated to comply with:

* Office of Justice Programs (OJP) Financial Guide
* 2024 revisions to 2 CFR Part 200
* Office for Civil Rights (OCR) and 28 CFR Part 42
* DOJ guidance on equity and access for underserved communities

**2. REQUIRED DOCUMENTS CHECKLIST**

Please complete this checklist and include it as the cover page of your application submission. All items must be checked and attached for the application to be considered complete.

|  |  |  |
| --- | --- | --- |
| **Required Document** | **Included? (Check)** | **Notes** |
| Application Cover Sheet | [ ] |  |
| Project Narrative (Section 4) | [ ] |  |
| Detailed Budget and Budget Narrative | [ ] |  |
| Evaluation Plan (Section 9) | [ ] |  |
| Civil Rights Compliance Questionnaire | [ ] |  |
| Financial Management Questionnaire | [ ] |  |
| Indirect Cost Rate Agreement (if applicable) | [ ] | Include only if claiming indirect costs. |
| Supplanting & Match Certification Form | [ ] | Must be signed. |
| Signed Assurances and Certifications Form | [ ] | Must be signed. |
| Organizational Chart & Key Staff Resumes | [ ] |  |
| Procurement Method Documentation | [ ] | Required for contractual/equipment costs over $10,000. |
| Most recent independent audit or financial review | [ ] | Required for requests of $10,000 or more |

**3. APPLICATION COVER SHEET**

Include:

* Legal Name of Applicant
* DUNS Number / UEI
* Mailing Address
* Project Title
* Total Amount Requested
* Type of Agency (e.g., local unit of government, nonprofit, tribal entity)
* Contact Person Name, Email, Phone
* Signature of Authorized Official

**Return your application to:**

 **Office of Public Safety Planning
Email:** **mhall@dps.ms.gov** **Subject: "FY 2025 MJJSRRI Application – [Your Organization’s Name]"**

**STATE OF MISSISSIPPI**

 **DEPARTMENT OF PUBLIC SAFETY**

**DIVISION OF PUBLIC SAFETY PLANNING**

**OFFICE OF JUSTICE PROGRAMS**

**FY 2025 MJJSRRI APPLICATION SUMMARY**

|  |  |  |
| --- | --- | --- |
| 1. Applicant or Agency Applying (Name, Address, Zip, email, Telephone and Congressional District) | 2. Project Director (Name, Address, Zip, email, and Telephone) | 3. Financial Officer (Name, Title, Address, Zip, email, and Telephone) |
| 4. Project Title:  | 5. UEI Number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SAM Registration Number:  |
| 6. Type of Application:  \_\_\_\_\_Initial \_\_\_\_\_2nd yr. or \_\_\_\_ Yr. Funding  | 7. Project Duration: 12 MonthsStart date:End Date: |
| 8. Brief Project Summary (required):  |
|  9. Budget Category | Requested = (Federal + match) | Approved by DPSP |
|  a. Personnel |  |  |
|  b. Fringe Benefits  |  |  |
|  c. Equipment |  |  |
|  d. Construction |  |  |
|  e. Travel |  |  |
|  f. Operating Expenses |  |  |
|  g. Contractual Services |  |  |
|  h. Miscellaneous |  |  |
| Total Project Budget |  |  |
| 10. Source of Funds | **Federal** | % | State/Local Match | % | **Total** | % |
|  Requested Budget |  |  |  |  |  |  |
|  |
| 11. Number of pages in this application |  |  |

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chief Administrative Officer (Signature and Date)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chief Administrative Officer (Type or Print)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Title)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Project Director (Signature and Date)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Financial Officer (Signature and Date)

**PROGRAM PURPOSE AREA: Diversion**

**INSTRUCTIONS.** Projects seeking MJJSRRI funding must be related to **diversion**, either at the point of arrest/referral (i.e., law enforcement, including school resource officers) or at youth court intake (i.e., diverted from handling the case by formal petition for an adjudication hearing). Juvenile Diversion Programs as described in National Institute of Justice Crime Solutions <https://crimesolutions.ojp.gov/ratedpractices/juvenile-diversion-programs> .

Applicants are expected to:

1. Explain how your program and project activities directly relate to juvenile diversion.
2. Use local data, research, or examples to show why addressing this purpose area is important to your community. A letter of support from the Youth Court Judge is highly recommended.
3. Be specific about how your project will reduce the burden on the youth court and will reduce reoffending of youth referred to your program by referral agents or the youth court.

If needed, you may attach extra pages for your full explanation.

**APPLICANT CAPABILITY STATEMENT**

**INSTRUCTIONS:** Briefly describe your organization’s qualifications for managing this project. Include relevant experience, existing programs, your financial system’s ability to manage federal grants, and key staff involved. Applicants are encouraged to include MOUs, data sharing agreements, or referral protocols to demonstrate your organization’s readiness. This section should help reviewers feel confident that your organization can carry out the proposed work and comply with grant requirements. Enter required information in this section. Add additional pages as needed.

**PROJECT PLAN ABSTACT AND SUPPORTING DATA**

**(Problem Statement: DPSP Form 1)**

**PART I. STATEMENT OF THE PROBLEM:**

**INSTRUCTIONS:** Describe the issue your project will address. Use local statistics, needs

assessments, reports, or other reliable data to show why this is a serious problem in your community.

Focus on why this problem matters and how it affects youth. Be clear, concise, and back up your

statement with facts whenever possible. This section sets the foundation for your entire application.

Enter required information in this section. Add additional pages as needed.

**DPSP Form 1**

**OBJECTIVES AND PROJECT IMPACT: Part II**

**(Project Plan: DPSP Form 2)**

**PART II. OBJECTIVES AND PROJECTED IMPACT:**

**INSTRUCTIONS:** List the key goals and expected results of your project. Make sure your goals follow the **SMART** format—**S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime-bound. For each objective, explain what you hope to accomplish and how it will make a positive difference for youth or the community. Clearly connect your objectives to the problems identified earlier in your application.

Enter required information in this section. Add additional pages as needed.

**DPSP Form 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPLEMENTATION PLAN: Part III**

**(DPSP Form 3)**

**PART III. IMPLEMENTATION (PROJECT TIME-LINE):**

**INSTRUCTIONS:** Describe how your organization will carry out the project from start to finish. Include a timeline that shows when each major activity will happen and who is responsible for completing it. Explain how you will stay on track and monitor progress. Make sure the activities you describe connect to your project’s goals and address the problems you identified earlier.

You may attach a timeline chart, list, or additional pages if needed.

Enter required information in this section. Add additional pages as needed.

**DPSP Form 3**

**SUSTAINABILITY PLAN: Part IV**

**(DPSP Form 4)**

**PART IV. SUSTAINABILITY PLAN:**

**INSTRUCTION:** Explain how your organization will keep the project going after the MJJSRRI grant funding ends. Although no match is required for the first 12 months, MJJSRRI grantees who wish to continue their project with additional MJJSRRI funding will be expected to provide a match of at least 10%. Provide details on how you will secure matching funds and other resources for sustaining your diversion program.

Enter required information in this section. Add additional pages as needed.

**DPSP Form 4**

 STATE OF MISSISSIPPI DPSP USE



 **DEPARTMENT OF PUBLIC SAFETY Grant No.:**

 **DIVISION OF PUBLIC SAFETY PLANNING**

 **BUDGET SUMMARY: Part V**

|  |  |  |
| --- | --- | --- |
| **BUDGET CATEGORY** | **REQUESTED****BUDGET**Federal & Match | **DPSP USE ONLY****APPROVED BUDGET** |
|  A. **PERSONNEL:** 1. Salaries and Wages |  |  |
|  TOTAL PERSONNEL |  |  |
|  **B. FRINGES:** 1. Social Security Match |  |  |
|  2. Retirement Match  |  |  |
|  3. Other |  |  |
|  TOTAL FRINGES |  |  |
| B. **EQUIPMENT** TOTAL EQUIPMENT |  |  |
| C. **CONSTRUCTION:** 1. New |  |  |
|  2. Renovation |  |  |
|  3. Other (Specify) |  |  |
|  TOTAL CONSTRUCTION |  |  |
| D. **TRAVEL:** 1. Mileage |  |  |
|  2. Commercial Carrier |  |  |
|  3. Meals |  |  |
|  4. Lodging |  |  |
|  5. Other (Specify)  |  |  |
|  TOTAL TRAVEL |  |  |
| E. **OPERATING EXPENSES**: 1. Supplies |  |  |
|  2. Rental |  |  |
|  3. Printing and Reproduction |  |  |
|  4. Communications (Telephone, Postage) |  |  |
|  5. Other – (Specify):  |  |  |
|  TOTAL OPERATIONAL EXPENSES |  |  |
| F. **CONTRACTUAL SERVICES:** 1. Contracts With Individuals |  |  |
|  2. Contracts With Organizations. |  |  |
|  TOTAL CONTRACTUAL SERVICES |  |  |
| G. **MISCELLANEOUS:** 1. Tuitions |  |  |
|  2. Training Materials |  |  |
|  3. Other; (Specify)  |  |  |
|  TOTAL MISCELLANEOUS |  |  |
| H**. TOTAL PROJECT BUDGET** |  |  |

**SUMMARY FUNDING DATA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Federal | % | State/Local | % | Total | % |
| REQUESTED BUDGET |  |  |  |  |  |  |
| APPROVED BUDGET |  |  |  |  |  |  |

 Budget Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUDGET SUMMARY CHECKLIST: Part V**

Insert applicable budget category totals from the detailed Project Budget Narrative.

Checklist: Yes No

Are all budgeted items allowable per TITLE II Program Guidelines? □ □

Does Total Budget Cost equal the Total Program Budget? □ □

Are all line-item computations correct? □ □

Have Category Totals been rounded to the nearest dollar? □ □

Each category amount listed below must equal Category Totals shown.

Financial Officer:

Phone Number: ( ) - Fax Number: ( ) -

E-Mail Address:

|  |  |  |  |
| --- | --- | --- | --- |
| SECTION CATEGORY | FEDERAL FUNDS | CASH MATCH | BUDGET ITEM TOTAL |
| Personnel |   |   |   |
| Fringe Benefits |   |   |   |
| Travel |   |   |   |
| Equipment |   |   |   |
| Operating |   |   |   |
| Contractual |   |   |   |
| Construction |   |   |   |
| Administrative |   |   |   |
| TOTAL PROJECT COSTS |   |   |   |

\* The Budget Item Totals must equal what is stated in each Budget Section of the application. The Total Project Costs for each budgeted line item should include the **10%** match.

**BUDGET NARRATIVE: Part VI**

**INSTRUCTION:** In addition to listing costs in the budget tables, explain why each cost is necessary for the project. Describe how amounts were calculated and how the costs directly support project goals. If the costs are shared with other programs, explain how you determined the portion charged to this grant.

**Financial Management Questionnaire**

Attach a document that answers the following questions:

* How are grant expenditures tracked in your accounting system? Describe how grant funds are kept separate from other funds.
* What internal controls are in place to ensure proper spending? Describe who prepares, approves, and processes payments.
* How does your organization track time and effort for staff paid with grant funds?
* Is your organization required to complete a Single Audit under 2 CFR 200 Subpart F? If yes, provide the date of the most recent audit.

**PERSONNEL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Title & Employee Name** | **F = Full Time P = Part Time** | **Total Monthly Salary or Hourly Rate** | **% of Federal Funds Applied to Position** | **Total Salary Paid by Grant** |
| Title: |   |   |  |   |
| Name: |   |   |  |   |
| Title: |   |   |  |   |
| Name: |   |   |  |   |
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| Name: |   |   |   |   |
|   |   |   | **CATEGORY TOTAL** |   |
|   |   |   | **CATEGORY SUMMARY** |
|   |   |   | FEDERAL FUNDS |   |
|   |   |   | CASH MATCH |   |
|   |   |   | **CATEGORY TOTAL** |   |

Attachments Included:

Yes No

□ □ A complete job description for each position requested, to include (1) Responsibilities and duties of the position, (2) Required qualifications for the positions, including minimum education, (3) Salary range.

□ □ A resumé for each individual in positions already filled, including their education and experience. Resumés for those not filled must be submitted as soon as the individual is hired.

Note: If there are personnel changes within the year, provide this information for each change

within the grant period, with the next month’s expenditure reimbursement submission.

Explain the following regarding each position listed on the previous page.

a. Need for each position shown:

b. The basis for determining the salary of each position:

c. Project duties of each position:

 d. Indicate if personnel will be new or existing personnel:

**FRINGE BENEFITS** (Employer’s Share)

**FRINGE BENEFITS INSTRUCTION:**
List each fringe benefit separately and explain how the rate was calculated. Include the employer’s share only. Provide supporting documentation and brief explanation from your agency’s policy if available.

**Example:**

* Social Security: 7.65% of salary
* Retirement: 12% of salary
* Life insurance: $65/month
* Health insurance: $520/month per employee
* Only costs that are **consistently applied** across your agency and supported by written policy may be charged to the grant.
* Do **not include employee-paid portions.**
* If fringe benefits vary by position, explain each variation.

|  |  |  |  |
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|  |  |  | **PAID WITH** |
| **TYPE** | **RATE** | **TOTAL** | **F** | **C** |
| SOCIAL SECURITY: |   |   |   |   |
| Name & Calculations |   |   | □ | □ |
| MEDICARE: |   |   |   |   |
| Name & Calculations |   |   | □ | □ |
| HEALTH / LIFE INSURANCE: |   |   |   |   |
| Name & Calculations |   |   | □ | □ |
| WORKMAN'S COMPENSATION: |   |   |   |   |
| Name & Calculations |   |   | □ | □ |
| UNEMPLOYMENT: |   |   |   |   |
| Name & Calculations |   |   | □ | □ |
| PUBLIC / PRIVATE RETIREMENT: |   |   |   |   |
| Name & Calculations |   |   | □ | □ |
| OTHER (Specify): |   |   |   |   |
| Name & Calculations |   |   | □ | □ |
|   | **CATEGORY TOTAL** |   |   |   |
|   |   |   |   |   |
|   | **CATEGORY SUMMARY** |   |   |
|   | FEDERAL FUNDS |   |   |   |
|   | CASH MATCH |   |   |   |
|   | **CATEGORY TOTAL** |   |   |   |

**TRAVEL**

**TRAVEL INSTRUCTION:** Travel costs must follow your agency’s travel policy and cannot go over the rates allowed by the State of Mississippi. Use the most current travel rates found on the DFA website: [www.dfa.ms.gov](https://www.dfa.ms.gov).

* List travel costs separately (mileage, lodging, meals, etc.)
* Use the current mileage rate (example: 240 miles × $0.70 = $168.00)
* Do not claim mileage for agency-owned vehicles
* Do not include travel from an employee’s home to their normal work location

If your agency has its own written travel policy and wants to use it instead of DFA’s rates, include a copy of that policy with your application.

|  |
| --- |
| **LOCAL TRAVEL** |
| **Who / Which Position** | **Total Mileage** | **Rate** | **Total Cost** |
| Name: |   |   |   |
| Title: |   |   |   |
| Purpose: |   |   |   |
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| Purpose: |   |   |   |
|   |   | **SUBCATEGORY TOTAL** |   |

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| **FOR SUBGRANTEES ATTENDING CONFERENCES / TRAINING** |
| IF A TRIP HAS BEEN PRE-SELECTED, PLEASE INCLUDE THE FOLLOWING INFORMATION |
| **Trip No.** | **Number of Miles** | **Mileage Cost** | **Total Mileage or Air Cost** | **Number of Days** | **Number of Meals** | **Total Meal Cost** | **Total Lodging Cost (Including Tax)** | **Conference Registration and Fees** | **Total Trip Cost** |
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|   |   |   |  |   |   |   | **SUBCATEGORY TOTAL** |   |   |
|   |   |   | **CATEGORY SUMMARY** |   |   |   |
|   |   |   | FEDERAL FUNDS |   |   |   |   |
|   |   |   | CASH MATCH |   |   |   |   |
|   |   |   | **CATEGORY TOTAL** |   |   |   |   |

**EQUIPMENT**

**INSTRUCTIONS:** List every item you plan to purchase with grant funds. Enter each one separately—do not group multiple items together. Be sure to include the quantity, unit price, and total cost. If there are shipping and handling charges, list them as separate line items. This helps reviewers understand exactly how funds will be used.

**Example Format:**

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Quantity | Unit Price | Total Cost |
| Computer | 2 | $1,000 | $2,000 |
| Shipping | 1 | $150 | $150 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Equipment** | **Quantity** | **Unit Price** | **Total Cost** |
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|   |   | **CATEGORY SUMMARY** |
|   |   | FEDERAL FUNDS |   |
|   |   | CASH MATCH |   |
|   |   | **CATEGORY TOTAL** |   |

Explain the need for each equipment item requested in relation to the TITLE II project:

**OPERATING COSTS**

**INSTRUCTIONS:** List all operating expenses in this section. This includes everyday supplies such as pens, paper, folders, printer ink, and similar materials needed to support the program.

* List each item separately (do not group general supplies together).
* Include the quantity, unit price, and total cost.
* **Postage, communication (phone, internet), and reproduction (copying/printing) costs should be listed as separate line items**, not grouped under general office supplies.
* All items must be reasonable, necessary, and allowable under 2 CFR 200 and OJP guidelines.
* If any cost supports more than one program or funding source, only the portion charged to this grant should be included, with an explanation.

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| --- | --- | --- | --- |
| **Type of Supplies** | **Quantity** | **Unit Price** | **Total Cost** |
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|   |   | **CATEGORY SUMMARY** |
|   |   | FEDERAL FUNDS |   |
|   |   | CASH MATCH |   |
|   |   | **CATEGORY TOTAL** |   |

Explain the need for and use of all operating expenses requested:

**CONTRACTUAL**

**CONSULTANT SERVICES INSTRUCTION:** If you plan to use individual consultants (not employees or companies), the payment must be reasonable and based on local market rates.

The standard maximum daily rate allowed without approval is **$450 per day**.

* If you need to pay more than $450 per day, you must include a strong written justification explaining why the higher rate is necessary.
* You must also include a **signed Memorandum of Agreement or Contract** that clearly describes the work to be done, payment terms, and timeline.
* All consultant payments must follow OJP and 2 CFR 200 cost principles and must be clearly described in your budget.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Individual / Consulting Agency** | **Type of Service** | **Hours Devoted** | **Rate per Hour** | **Total Cost** |
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|   |   |   | **CATEGORY SUMMARY** |
|   |   | FEDERAL FUNDS |   |
|   |   | CASH MATCH |   |
|   |   | **CATEGORY TOTAL** |   |

Explain the purpose of each consultant or other contractual service requested:

**ADMINISTRATIVE COSTS**

**INSTRUCTIONS:** Administrative costs include general management and oversight activities that support the overall operation of the program but do not directly serve clients. These may include time spent on reporting, payroll processing, office administration, or grant management.

* Clearly describe what each administrative cost covers (e.g., part of a staff person's time spent on grant reporting).
* Administrative costs should be **reasonable, necessary, and properly allocated** to the grant.
* You may include these costs as part of the **10% de minimis indirect cost rate** if your agency qualifies and is not using a negotiated rate.
* **Do not include unallowable costs**, such as entertainment, alcohol, or unrelated organizational expenses.
* If allocating shared costs (e.g., office rent, utilities), explain the method used (e.g., percentage of time or space used).

|  |  |  |  |
| --- | --- | --- | --- |
| **Administration** | **Purpose of Cost** | **Cost Rate** | **Total Cost** |
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|   |   | **SUBCATEGORY TOTAL** |   |
|   |   |   |   |
|   |   | **CATEGORY SUMMARY** |
|   |   | FEDERAL FUNDS |   |
|   |   | CASH MATCH |   |
|   |   | **CATEGORY TOTAL** |   |

**PROJECT EVALUATION PLAN: Part VII**

**PART VII: EVALUATION PLAN:**

**INSTRUCTIONS:** All MJJSRRI grantees will be expected to participate in a program evaluation that will be conducted by Dr. Angela Robertson and Dr. Sheena Gardner, Mississippi State University, and to collect mandatory OJJDP Performance Measures (see https://ojjdp.ojp.gov/funding/grant-performance-measurement/legacy-performance-measures/titleii/pa/ffy14/diversion/pdf). Mandatory performance measures include the number of youth enrolled, program completion rates and recidivism (i.e., a new referral to youth court). Grantees will be expected to collect and report demographic information (sex, race/ethnicity, and age) on all youth enrolled in their program. Grantees are encouraged to collect optional performance measures, such as youth and family satisfaction, school attendance. Be sure to connect your evaluation data collection to the project’s goals and problem statement.

Grantees must note in the evaluation plan the name, title and contact information of the person at your organization who will be responsible for program evaluation data collection and reporting.

Enter required information in this section. Add additional pages as needed.

**DPSP Form 7**

 DPSP USE



 STATE OF MISSISSIPPI **Grant No.:**

**DEPARTMENT OF PUBLIC SAFETY**

 **DIVISION OF PUBLIC SAFETY PLANNING**

 **Office of Justice Programs**

**EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE – Part VIII**

Check one of the following options and complete the corresponding information:

**A. Applicant has an Equal Employment Opportunity Program on file:**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant) hereby certifies that it has developed and maintains an Equal Employment Opportunity (EEO) Program in accordance with 28 CFR § 42.301 et seq., Subpart E, and that this plan is available for review by officials of the Mississippi Department of Public Safety Planning or the U.S. Department of Justice, Office for Civil Rights.

* The EEO Program is kept on file at:
Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Applicant is not required to maintain an Equal Employment Opportunity Program:**

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Applicant) hereby certifies that it is not required to develop or maintain an Equal Employment Opportunity Program under 28 CFR § 42.301 et seq., Subpart E, and is in compliance with all applicable civil rights requirements.

**DPSP Form 8**

 DPSP USE

  STATE OF MISSISSIPPI **Grant No.:**  **DEPARTMENT OF PUBLIC SAFETY**



 **DIVISION OF PUBLIC SAFETY PLANNING**

 **Office of Justice Programs**

**MATCH AND SUPPLANTING CERTIFICATION: PART IX**

**PART IX:**

I certify that:

* Federal funds will not be used to supplant existing state, local, or other funds.
* All match contributions (cash or in-kind) are verifiable, not included in other federal awards, and meet the requirements under 2 CFR 200.306.
* Documentation for in-kind match includes time records, donation logs, or equivalent supporting records.

**Signature: (Chief Executive Officer) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DPSP Form 9**

 DPSP USE

  STATE OF MISSISSIPPI **Grant No.:**  **DEPARTMENT OF PUBLIC SAFETY**



 **DIVISION OF PUBLIC SAFETY PLANNING**

 **Office of Justice Programs**

**CERTIFICATIONS REGARDING LOBBYING, DEBARMENT, AND DRUG-FREE WORKPLACE**

By signing below, the applicant certifies that:

* No federal funds will be used for lobbying purposes (per 2 CFR 200.450).
* The organization is not presently debarred, suspended, or otherwise excluded from participation in federally funded programs.
* The organization will comply with the Drug-Free Workplace Act of 1988.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DPSP Form 10**