RFA 202007122

STOP Violence Against Women Grant

APPLICATION COVER PAGE

**Handwritten Applications Will Not Be Accepted**

|  |  |
| --- | --- |
| **Applicant’s Organization Name:** | Click or tap here to enter text. |
| **Name of Application:** | Click or tap here to enter text. |
| **Project Director’s Name** | Click or tap here to enter text. |
| **Tel:** | Click or tap here to enter text. | **E-mail:** | Click or tap here to enter text. |
| **Headquarters’ Street Address:** | Click or tap here to enter text. |
| **Headquarters’ City/State/Zip** | Click or tap here to enter text. |
| ***Provide information requested below if different from above*** |
| **Point of Contact for Application- Name and Title** | Click or tap here to enter text. |
| **Tel:** | Click or tap here to enter text. | **E-mail:** | Click or tap here to enter text. |
| **Headquarters’ Street Address:** | Click or tap here to enter text. |
| **Headquarters’ City/State/Zip:** | Click or tap here to enter text. |
| **Federal Tax ID #:** | Click or tap here to enter text. |
| **State of Maine Vendor #:** | Click or tap here to enter text. |
| **DUNS # & Expiration Date:** | Click or tap here to enter text. |
| **Project Title:** | Click or tap here to enter text. |
| **Project Period From:** | Click or tap to enter a date. | **Project Period To:** | Click or tap to enter a date. |
| **Congressional District Served:** | Click or tap here to enter text. | **Population of Project Area:** | Click or tap here to enter text. |
| **Federal Proposed Cost:** | Click or tap here to enter text. | **Proposed Match:** | Click or tap here to enter text. |

*The proposed cost listed above is for reference purposes only, not evaluation purposes. If the cost noted above does not match the Bidder’s detailed cost proposal documents, then the information on the cost proposal documents will take precedence.*

**Federal Funding Accountability and Transparency Act (FFATA or Transparency Act - P.L.109-282, requires the following:**

**Does the Recipient’s Entity meet all three criteria** below?

|  |  |  |
| --- | --- | --- |
| 1. | YES [ ]  NO [ ]   | Received 80% or more of the Subgrant Recipient’s annual gross revenues in Federal awards in the preceding fiscal year |
| 2. | YES [ ]  NO [ ]   | Received $25 million or more in annual gross revenues from Federal awards in the preceding fiscal year |
| 3. | YES [ ]  NO [ ]   | The public does not have access to the information about the compensation of the senior executives of the Subgrant Recipient. (**PLEASE NOTE**: The public has access to State and local government agency records (e.g. salary information), as well as information about State and local law enforcement agencies. Therefore, these entities don’t meet Requirement #3 and do not have to report requested information) |

**If the Subgrant Recipient meets all three criteria** above, fill in the following information for the five most highly compensated officers of the Recipient’s Entity:

|  |  |  |
| --- | --- | --- |
|  | **Name** | **Total Compensation** |
| Officer 1 | Click or tap here to enter text. | Click or tap here to enter text. |
| Officer 2 | Click or tap here to enter text. | Click or tap here to enter text. |
| Officer 3 | Click or tap here to enter text. | Click or tap here to enter text. |
| Officer 4 | Click or tap here to enter text. | Click or tap here to enter text. |
| Officer 5 | Click or tap here to enter text. | Click or tap here to enter text. |

No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Applicant’s application.

* No attempt has been made, or will be made, by the Applicant to induce any other person or firm to submit or not to submit an application.
* The above-named organization is the legal entity entering into the resulting agreement with the Department should they be awarded a contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

To the best of my knowledge, all information provided in the enclosed application, both programmatic and financial, is complete and accurate at the time of submission.

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| **Name (Print):** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Authorized Signature:** | **Date:** Click or tap here to enter text. |

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STOP Violence Against Women Grant

DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION

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| **Applicant’s Organization Name:** | Click or tap here to enter text. |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this application:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the application for this contract been convicted of or had a civil judgment rendered against them for:*
	1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.*
	2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*
	3. *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 (b) of this certification; and*
	4. *Have not within a three (3) year period preceding this application had one or more federal, state or local government transactions terminated for cause or default*.
3. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this application is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

**Failure to provide this certification may result in the disqualification of the Applicant’s application, at the discretion of the Department.**

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| **Name (Print):** Click or tap here to enter text. | **Title:** Click or tap here to enter text. |
| **Authorized Signature:** | **Date:** Click or tap here to enter text. |

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STOP Violence Against Women Grant

Maine Justice Assistance Council

 Cost Proposal Form

The Applicant is asked to be brief and concise in providing written information required in the application.

|  |
| --- |
| **Project Title**  |
| Click or tap here to enter text. |
| **Duration of Project**  |
| Start Date: Start Date | End Date: End Date |
| **Project Description** Please provide a brief summary of the project you are proposing in order to address these needs. |
| Click or tap here to enter text. |
| **Project Budget**  |

*This budget should include your overall projected expenses for your project.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Category** | **Federal Amount Requested** | **Match** | **Total****Budget** |
| Personnel (salary and benefits) | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Travel | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Equipment | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Consultant | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
|  Totals | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

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| Category of Funding: Court [ ]  Victim Services [ ]  Law Enforcement [ ]  Prosecution [ ]  |

Does this project meaningfully address Sexual Assault: Yes [ ]  No [ ]

Enter the federal purpose area (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ and Maine’s Priority Area (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a culturally specific community-based organization? Yes [ ]  No [ ]

Funds will be used to supplement, not supplant funds allocated for the program:
Yes [ ]  No [ ]

Is this proposal a continuation of a previously funded grant program? Yes [ ]  No [ ]

Budget Narrative (one-page maximum)

**In the space below, please provide a detailed explanation of your anticipated grant-supported expenses in each of the above budget categories.**

List each position by title and name of the employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization. In the budget narrative, including a description of the responsibilities and duties of each position with the fulfillment of the project goals and objectives. All requested information must be included in the budget detail worksheet and budget narrative.

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| **Maine Justice Assistance Council** |
| **Cost Proposal Form Continued** |
| Budget Worksheet #1 |
| **Personal Services** |
| 1Position Title | 2Annual Salary | 3Fringe Benefits(list) | 4 % of Time on Project  | 5JAC Funds | 6Match | 7 TOTAL |
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| TOTALS |  |  |  |  |  |  |
| Column 2: Record the total annual salary for the position named in column 1.Column 3: If fringe benefits are expressed as a percentage of salary, list elements to allow evaluationColumn 4: That percentage of time expected to be spent on the project and paid for from grant and/or matching fundsColumn 7: Column 2 plus column 3, multiplied by column 4 |
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**Maine Justice Assistance Council**

**COST PROPOSAL FORM CONTINUED**

Itemize travel expenses of staff personnel (e.g. staff to training, field interviews, advisory group meeting, etc.). Describe the purpose of each travel expenditure with the project objectives. Show the basis of computation (e.g., six people to 3‐day training at $X airfare, $X lodging, $X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known; or if unknown, indicate "location to be determined."

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| Budget Worksheet #2 |
| **Travel Expenses**  |
| Item | JAC Funds | Match | TOTAL |
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| TOTALS |  |  |  |
|  Travel reimbursement must be consistent with the state travel policy and state rates are to be used for calculating mileage (.45 per mile), per diem, and lodging. List each item separately and BE SPECIFIC (for example, mileage and meals should be listed separately). For rate information see Section B7 Out of state travel is generally not an allowable cost and will be approved only by exception. |

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| Maine Justice Assistance Council |
| Cost Proposal Form Continued |
| List non‐expendable items that are to be purchased that exceed $5000.00 per item. In the budget narrative, explain how the equipment is necessary for the success of the project, and describe the procurement method to be used.  |
|  |
| Budget Worksheet #3 |
| **Equipment** |
| Item | Quantity | Unit Cost | JAC Funds | Match | TOTAL |
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| TOTALS |  |  |  |  |  |
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| **Any item with a unit cost of less than $5000 must be listed with Other (supplies and operating expenses).** To be considered for funding, equipment must be necessary for a project. Sole source procurement must be justified and will require prior approval. |
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| Maine Justice Assistance Council |
| Cost Proposal Form Continued |
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| Budget Worksheet #4 |
| **Consultant and Contractual Expenses** |
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| **Item or Service** | **JAC Funds** | **Match** | **Total** |
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| TOTALS |  |  |  |
| ALL CONTRACTS MUST BE COMPETITIVELY BID. Sole source procurements will be approved only when very specific circumstances exist. Contracts and/or consultant costs must be identified separately and detailed in the narrative. The consultant costs more than $650 per day will require justification and prior approval. Travel costs for the consultant(s) would be included in travel Budget Worksheet #2. |
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| Maine Justice Assistance Council |
| Cost Proposal Form Continued |
| List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent. This category includes miscellaneous accessories and material where the single cost of an item is $5000. 00 or less. All requested information must be included in the budget detail worksheet and budget narrative. |
| Budget Worksheet # 5 |
| **Other (Supplies and Operating Expenses**) |
| Item | JAC Funds | Match | TOTAL |
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| TOTALS |  |  |  |
| List each item separately and BE SPECIFIC.Justification for expenditures and further explanation should be provided in the budget narrative. For example, if the amount listed for postage or printing includes a large project, those amounts should be listed separately in the narrative. |
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RFA 202007122

STOP Violence Against Women Grant

**State of Maine**

**Department of Public Safety**

**CONSULTATION/COLLABORATION AGREEMENT FORM**

RFP#

STOP Violence Against Women Formula Grant

**Maine STOP Violence Against Women Formula Grant Program**

Click or tap here to enter text.agrees that they have consulted with the local victim service program and/or the statewide coalition during developing their Maine STOP Violence Against Women Formula grant application to ensure that the proposed project and activities are designed to promote the safety, confidentiality, and economic independence of the victim.

I further understand as a representative of the above agency that without the continued coordination and collaboration with the local victim service program, our agency will not be eligible for continued funding.

**Executive Summary of Project:**

Click or tap here to enter text.

|  |
| --- |
| **Agency Name:** Click or tap here to enter text. |
| **Signature of Agency Representative:** | **Date:** Click or tap to enter a date. |
| **Signature of Victim Service Agency:**  | **Date:** Click or tap to enter a date. |