

JUVENILE JUSTICE & DELINQUENCY PREVENTION FUNDS ALLOCATION REQUEST WORKSHEET - PART 1

All Worksheet answers limited to space provided!

TITLE OF PROGRAM: _____

NOTE: Only Programs for which Program Briefs have been developed will be considered for funding. This title should be from the Program Brief List available to you from your Director.

APPLICANT AGENCY _____

Agency Description: (check one)

	Police Department		District Attorney		Private Non Profit		Local Government		Native American
	Sheriff		Court		LEPC		State Agency		

This program is: (check 1 of the 3 choices and give grant number)

	New Program		
	Continuing Program	Subgrant No.	
	Previously Funded Program, Currently Inactive	Last Active Subgrant No.	

In each of the following three sections answer one of the two as appropriate.

Section I:

- New program: Projected number of juveniles to be served during this grant period: _____
- Continuing or previously funded program: Number of juveniles served in the last grant period. _____

Section II:

- New program: State two measurable objectives (in absolute numbers not percentages) for this program:

- Continuing or previously funded program: List two measurable objectives from the grant application:

Section III:

- New program: Give a brief description of this program and/or a summary of the program's intent:

- Continuing or previously funded program: Briefly describe the program's activities from the past year (or the last active year), difficulties in implementation and any planned changes in program operations:

JUVENILE JUSTICE & DELINQUENCY PREVENTION FUNDS ALLOCATION REQUEST WORKSHEET – PART 2

TITLE OF PROGRAM: _____

APPLICANT AGENCY: _____

Provide the proposed budget for this program:

A. NUMBER OF PERSONNEL IN GRANT \$ _____

Full Time: _____ Part Time: _____

*Subtotal must reflect total grant period salaries of all personnel listed

B. FRINGE (provide as applicable) \$ _____

Social Security (FICA); 6.2% \$ _____

Public or Private Retirement \$ _____

Health / Life Insurance \$ _____

Medicare; 1.45% \$ _____

Workman's Compensation \$ _____

Liability Insurance/Malpractice Insurance* \$ _____

Unemployment Compensation \$ _____

*If any part of an employee benefit package for all employees.

Fringe Notes: 1) Apply only to the employer's share of benefits for those salaries funded.

2) Limited to more than 30% of total salary.

3) Only Social Security or one bona fide retirement plan is eligible, not both

If no fringe benefits are listed, give brief explanation why, or list who will pay fringe benefits:

C. TRAVEL \$ _____

Estimate of miles: _____ x 0.28

List program personnel projected to travel:

Briefly explain reason for travel:

D. EQUIPMENT: List each item and its unit cost estimate. \$ _____

E. SUPPLIES: List each item and its unit cost estimate. \$ _____

F. CONTRACTUAL SERVICES: Give brief explanation. \$ _____

G. OTHER DIRECT COSTS: Give brief explanation. \$ _____

H. INDIRECT COST: (only allowable if an indirect cost rate has been determined) \$ _____

Give brief explanation: