south dakota Edward byrne Memorial Justice Assistance Grant (JAG) Program 2022/2023 combined Application

**Overview:** The Department of Public Safety (DPS) receives an annual Edward Byrne Memorial Justice Assistance Grant, CFDA #16.738, from the Department of Justice. A portion of the funding, defined as the Variable Pass-Through amount, will be passed through to local and tribal law enforcement agencies to further the Department’s mission to prevent or reduce crime and violence in our State.

**Statutory Authority:** The JAG Program is authorized by Title I of Pub. L. No. 90-351 (generally codified at 34 U.S.C. 10151-10726), including subpart 1 of part E (codified at 34 U.S.C. 10151 - 10158); see also 28 U.S.C. 530C(a).

**Resources:**

* **DPS Notice of Funding Opportunity**
* [**FY2022 Solicitation**](https://bja.ojp.gov/funding/opportunities/o-bja-2022-171322)
* [**FY2023 Solicitation**](https://bja.ojp.gov/funding/opportunities/o-bja-2023-171790)
* **SD DPS Byrne Jag Strategic Plan**
* [**DOJ Financial Guide**](https://www.justice.gov/d9/2024-02/doj-financial-guide-2023_ovw.pdf)

**Prohibition of supplanting**: Funds may not be used to supplant state or local funds but must be used to increase the amounts of such funds that would, in the absence of federal funds, be made available.

# Sub-Grantee information

**Contact Name:**

**Organization:**

**Address:**

**Phone:**

**Email:**

**Unique Entity Identifier (UEI):**

**Amount Applying for:**

**I can accept less than the amount applied for? \_\_\_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_\_No**

**I certify that I am authorized to apply for and sign for a grant award for my organizations.**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Project Title

Provide a descriptive project title in 15 words or less in the space below.

# Duration of Project

Please select the best time frame your project can be completed in, with an anticipated start date of December 1, 2024:

**\_\_\_\_\_\_\_\_\_\_ My project can be completed within 6 months.**

**\_\_\_\_\_\_\_\_\_\_ My Project can be completed within 6 – 9 months.**

**\_\_\_\_\_\_\_\_\_\_ My project can be completed within 12 months.**

# Project Summary

Include a project summary of 250 words or less. A Project Summary provides a very brief description of your project. A Project Summary includes:

1. A concise outline the project’s outcome(s), and
2. A description of the general tasks to be completed during the project period to prevent or reduce crime and violence in our state.

Project Summary:

# Project Purpose

## Provide the Specific Issue, Problem or Need that the Project will Address by providing a list of objectives.

## Provide a Listing of the Objectives that this Project Hopes to Achieve

Add more objectives by copying and pasting the existing listing or delete objectives that aren’t necessary.

**Objective 1**

**Objective 2**

**Objective 3**

**Objective 4**

**Add other objectives as necessary**

## Other Support from Federal or State Grant Programs

The SD Dept of Public Safety Byrne Jag will not fund duplicative projects. Did you submit this project to a Federal or State grant program other than the Byrne Jag for funding and/or is a Federal or State grant program other than the Byrne Jag funding the project currently?

**Yes**  **No**

### If Your Project is receiving or will Potentially receive Funds from another Federal or State Grant Program

**Identify the Federal or State grant program(s).**

**Describe how the Byrne Jag project differs from or supplements the other grant program(s) efforts.**

### Direct byrne jag funding

* Do you qualify to receive direct Edward Byrne Jag Funding? \_\_\_\_\_\_ Yes \_\_\_\_\_No.
* If yes, did you apply for the funding \_\_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_\_ No. If no, explain why:

## Select the Appropriate utilization of funds

You must choose at least one of the nine permissible uses of funds.

### Permissable uses of funds

Select the permissible use{s} of funds that are applicable for this project from the listing below.

**\_\_\_\_\_\_** Law enforcement programs

**\_\_\_\_\_\_** Prosecution and court programs

**\_\_\_\_\_\_** Prevention and education programs

\_\_\_\_\_\_ Corrections and community corrections programs

\_\_\_\_\_\_ Drug treatment and enforcement programs

\_\_\_\_\_\_ Planning, evaluation, and technology improvement programs

\_\_\_\_\_\_ Crime victim and witness programs (other than compensation)

\_\_\_\_\_\_ Mental health programs and related law enforcement and corrections programs, including behavioral programs and crisis intervention teams.

\_\_\_\_\_\_ Implementation of state crisis intervention court proceedings and related programs or initiatives, including, but not limited to, mental health courts, drug courts, veteran’s courts, and extreme risk protection order programs.

# Budget Narrative

All expenses described in this Budget Narrative must be associated with expenses that will be covered by the 2022 Federal and the 2023 Federal Solicitations noted in the Notice of Funding Opportunity for the Edward Byrne Memorial Justice Assistance Grant Program. Matching funds are not required.

| **Budget Summary** | |
| --- | --- |
| **Expense Category** | **Amount Requested** |
|  |  |
| **Travel** |  |
| **Equipment** |  |
| **Supplies** |  |
| **Contractual** |  |
| **Other** |  |
| **Direct Costs Subtotal** |  |

|  |  |
| --- | --- |
| **Total Budget** |  |

## Personnel – N/A

Eligible expenses include personnel time for employees whose time and effort can be specifically identified and easily and accurately traced to project activities.

| **#** | **Name/Title** | **Approximate number of hours anticipated.** | **Salary** | **Benefits** | **Total** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

|  |  |
| --- | --- |
| **Personnel Subtotal** |  |

### Personnel Justification

Describe the activities to be completed by personnel listed above.

## Travel Justification

Describe the purpose of travel. Be sure to include the destination, approximately when the trip will occur and how it supports the purpose and goal of the project.

### Conforming with Your Travel Policy

|  |  |
| --- | --- |
| By checking the box to the right, I confirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474) as applicable. |  |

## Equipment

Describe any special purpose equipment to be purchased or rented under the grant.

- Equipment is defined as tangible or intangible items having a useful life of more than 1 year and a per unit cost of $5,000 or more.

-Equipment purchases require 3 quotes to be attached.

| **#** | **Item Description** | **Rental or Purchase** | **Amount Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| **Equipment Subtotal** |  |

### Equipment Justification

For each Equipment item listed in the above table describe how they will support the purpose and goal of the project.

## Supplies

List the materials, supplies, and fabricated parts costing less than $5,000 per unit and describe how they will support the purpose and goal of the project.

-A quote should be included for supply costs to justify the requested amount.

- 3 quotes would be required for a supply purchase of less than $5,000 per unit and totals greater than $10,000 per vendor.

| **Item Description** | **Per Unit Cost** | **Number of Units** | **Amount Requested** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Supplies Subtotal** |  |

### Supplies Justification

Describe the purpose of each supply listed in the table above purchased and how it is necessary for the completion of the project.

## Contractual/Consultant

Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant, each must be described separately.

### Itemized Contractor(s)/Consultant(s)

Provide a list of contractors/consultants, detailing out the name, hourly/flat rate, and overall cost of the services performed. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.

| **#** | **Name/Organization** | **Hourly Rate/Flat Rate** | **Amount Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| **Contractual/Consultant Subtotal** |  |

### Contractual Justification

Provide for each of your real or anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used to meet the anticipated outcomes and objectives of the project. Include timelines for each activity.

## Other

Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.

| **Item Description** | **Per-Unit Cost** | **Number of Units** | **Amount Requested** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Other Subtotal** |  |

### Other Justification

Describe the purpose of each item listed in the table above purchased and how it is necessary for the completion of the project.

## Misc information

The following information is required information.

### Law Enforcement task force – required training

* Will any current funding for this request be used for members of a law enforcement task force? \_\_\_\_\_\_ Yes \_\_\_\_\_No. If yes, please list each current member of a law enforcement task force funded with award funds who is a task force commander, agency executive, task force officer, or other task force member of equivalent rank. There may be required on-line task force training within 120 days of sub-award.

### Debarment checks:

* Will any one vendor from this request be paid $25,000 or more? \_\_\_\_\_ Yes \_\_\_\_\_\_\_ No. If yes, you must verify that the vendor is not debarred through Sam.Gov. Please attach a print-out of the debarment check.

### Check list for submission:

\_\_\_\_\_\_\_\_ Completed Application

\_\_\_\_\_\_\_\_ Completed Pre-Award Risk Assessment

\_\_\_\_\_\_\_\_ Completed DCRA Information

### Submit applications and required attachments to:

Angie Lemieux

Director of Administrative Services

605-773-2384

[DPSBJagGrants@state.sd.us](mailto:DPSBJagGrants@state.sd.us)