

# State of Idaho

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Office of Drug Policy

## Strategic Prevention Framework Law Enforcement Grants

### **GRANT APPLICATION PACKET**

All applications must be on the attached forms, or exact duplicates produced on computer. The original application must be signed by an authorized official.

**Postmark Deadline: April 30, 2016**

**Submit application to:**

Idaho Office of Drug Policy  
Attn: Sharlene Johnson  
304 North Street, Room 455  
Boise, ID 83720

*Do not include this page when submitting an application.*



THIS PAGE MUST BE COMPLETED FOR FUNDING CONSIDERATION

**SPF Law Enforcement Grant**

**Project Summary**  
Please provide a clear summary of your project.

**Overview of Budget**

Personnel	\$
Contract	\$
Travel	\$
Equipment	\$
Other Costs	\$
<b>TOTAL REQUEST</b>	<b>\$</b>

## Idaho Office of Drug Policy

### SPF Law Enforcement Grant Application Form

**Signature of Chief Executive Official of sponsoring organization, i.e. City - Council Member or Mayor; County – County Commissioner; Native American Tribe – Tribal Council Member; Federal Agency – Director of applicant region/district, etc. This MUST be signed or application will be considered non-responsive.**

ODP reserves the right to fluctuate award amounts. ODP may adjust the final budget for each application as prevention program funding decisions are made to ensure fair compensation and statewide substance abuse prevention coverage. Substance abuse prevention funding in Idaho is based on a reimbursement model. Prevention service(s) provided prior to the signing of a grant award document will not be eligible for reimbursement.

Printed Name:

Signature:

Title:

Date:

1. Applicant Agency Name and Address:

2. Project Name:

3. Project Director:

Phone Number:

Fax:

Email Address:

4. Financial Officer:

Phone Number:

Fax:

Email Address:

Address, if different from above:

5. Funds Requested for this Project:

Personnel	\$
Contract	\$
Travel	\$
Equipment	\$
Other Costs	\$
<b>TOTAL</b>	<b>\$</b>

6. Number of prior years ODP funds awarded this project:

7. Number of people expected to receive services:

8. Number of volunteers used, if any:

9. Public Health District served by this project: ([see map](#))

Region 1

Region 2

Region 3

Region 4

Region 5

Region 6

Region 7

**Project Description**  
(attach additional pages as necessary)

**A. Community Needs Assessment**

A1. Demographics

## A2. Problems

### A3. Perceived Causes

#### A4. Current Efforts

## B. Implementation

### 12-Month Action Plan

Use the format below for your action plan. Attach your Action Plan to the application.

#### Goal One: Reduce Youth Substance Abuse

Objective: *Provide measurable objective*

Strategy: *Provide specific strategy*

Activity	Who is responsible?	By when?

#### Goal Two:

Objective:

Strategy:

Activity	Who is responsible?	By when?

**Goal Three:**

Objective:

Strategy:

Activity	Who is responsible?	By when?

**Goal Four:**

Objective 4:

Strategy 4:

Activity	Who is responsible?	By when?

## **C. Project Coordination and Administration**

C1. Key Staff

C2. Community Collaboration

## **D. Budget Information**

Complete Budget Form on page 7.

## **E. Evaluation**

E1. Key staff

E2. Complete attached Performance Chart.

**F. Previously Funded Agencies:** Required for any agency that has received SPF grant funds in the past state fiscal year (SFY 2016).

F1. Summary of accomplishments in prior year SPF grant.

F2. Equipment list and status report.

**Budget Form**  
(attach additional pages as necessary)

A. **Personnel:** Limited to overtime for officers for special operations (i.e. shoulder taps, compliance checks, RX drop off days).

Position	Name	Annual Salary/Rate	Level of Effort	Cost
				\$
				\$
				\$
				\$
				\$
				\$
			<b>TOTAL</b>	\$

**Narrative Justification:** Enter a description of the personnel funds requested and how their use will support the purpose and goals of this proposal. Describe the role, responsibilities and unique qualifications of each position and ensure the rate is for overtime only.

B. **Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail. The lowest available commercial fares for coach or equivalent accommodations must be used.

Purpose of Travel	Location	Item	Rate	Cost
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			<b>TOTAL</b>	\$

**Justification:** Describe the purpose of travel and how costs were determined.

C. **Equipment:** Permanent equipment may be charged to the project only if the applicant can demonstrate that purchase will be less expensive than rental. Permanent equipment is defined as an article of tangible, nonexpendable, personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit (federal definition).

Item(s)	Rate	Cost
		\$
		\$
		\$
		\$
		\$
		\$
	<b>TOTAL</b>	\$

**Narrative Justification:** Enter a description of the equipment and how its purchase will support the purpose and goals of this proposal.



E. **Contract:** A contractual arrangement cost to carry out a portion of the programmatic effort by a third-party contractor or for the acquisition of goods or services under the grant. Such arrangements may be in the form of consortium agreements or contracts. If there is more than one contractor, each **must** be budgeted separately. A consultant is a non-employee retained to provide advice and expertise in a specific program area for a fee. The Grantee **must** establish written procurement policies and procedures that are consistently applied. All procurement transactions are required to be conducted in a manner to provide to the maximum extent practical, open and free competition. The Grantee will be required to be alert to organizational conflicts of interest as well as noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade.

Name	Service	Rate	Other	Cost
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			<b>TOTAL</b>	\$

**Justification:** Explain the need for each agreement and how it will support the purpose and goals of this proposal. Use space on page 20 for

F. Construction: Not Allowed

G. **Other:** Expenses not covered in any of the previous budget categories.

Item	Rate	Cost
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	<b>TOTAL</b>	\$

**Narrative Justification:** Break down costs into cost/unit (e.g. cost/square foot). Explain the use of each item requested.

Indirect Cost Rate: Indirect costs can be claimed if your organization has a negotiated indirect cost rate agreement. It is applied only to direct costs to the agency as allowed in the agreement. If your agency has a negotiated indirect cost rate agreement, please include a copy of the letter with your application. For information on applying for the indirect rate go to: <https://rates.psc.gov/fms/dca/map1.html>

## Budget Summary

Provide the total proposed project period and federal funding as follows:

### Proposed Project Period

a. Start Date:	08/01/2016	b. End Date:	07/31/2017
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Category	Federal Request
Personnel	\$
Travel	\$
Equipment	\$
Supplies	\$
Contractual	\$
Other	\$
<b>Total Direct Costs</b>	<b>\$</b>
<b>Indirect Costs</b>	<b>\$</b>
<b>Total Project Costs</b>	<b>\$</b>

## Appendix A: STATEMENT of Assurances

Please review and initial each Assurance and sign and date at the bottom of the form (an electronic signature is acceptable). *Compliance with all assurances is mandatory in order to receive consideration for funding.*

I, \_\_\_\_\_ (print name), the Program Administrator,  
for \_\_\_\_\_ (print name of Organization)  
am over eighteen years of age and assure the following:

### 1. Assurance of Compliance with ODP Substance Abuse Program Standards

I hereby assure the following:

The Applicant will maintain detailed records on all grant funded projects, which indicate the date, time and nature of services delivered under the grant award. Grantees will be required to collect evaluation data on **all projects** and submit that data to ODP via an on-line data management system. Grantees providing direct services will be required to collect and submit survey data on **all** program participants. These records shall be subject to inspection by ODP. ODP has the right to audit billings both before and after payment and to contest any billing or portion thereof.

\_\_\_ ← Initial here

### 2. Assurance of Compliance with Idaho State Laws

I hereby assure the following:

The Applicant must assure ODP of its commitment to abide by all State laws, rules, regulations, and executive orders of the Governor of the State of Idaho, pertaining to equal opportunity. Pursuant to all such laws, rules, regulations, and executive orders, the Applicant assures ODP that no person in the State of Idaho shall, on the grounds of race, color, religion, sex, national origin, age, or disability, be excluded from employment with or participation in, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity performed under a grant award(s) entered into pursuant to this Grant Application.

\_\_\_ ← Initial here

### 3. Assurance of Faith-Based Status and Policy Compliance

I hereby assure the following:

- I have read the Substance Abuse Prevention & Faith-Based Providers training document along with the Federal Regulation code (available

at <http://odp.idaho.gov/grants/2015SubstanceAbusePreventionCharitableChoicePolicy.pdf>).

- Based upon that information (choose one):  
[ ] Our organization **does not** classify itself as a Faith-based organization.  
[ ] Our organization **does** classify itself as a Faith-based organization, and agrees to comply with the regulations outlined in the above-referenced documents and have all applicable staff fully informed of and trained on those policies and regulations.

\_\_\_ ← Initial here

#### 4. Assurance of Compliance with Federal Lobbying Policy

I hereby assure the following:

- I understand that lobbying activities will not be conducted using grant funds

\_\_\_ ← Initial here

#### 5. Assurance of Compliance with Federal law regarding Supplanting of Funds

I hereby assure the following:

- I have read the definition below and understand Federal Block grant funds, if awarded, will not be used to supplant expenditures from other Federal, State, or local sources.

*Grant funds cannot be used to supplant current funding of existing activities. Under the HHS Grants Policy Directives, 1.02 General -- Definition: Supplant is to replace funding of a recipient's existing program with funds from a Federal grant.*

\_\_\_ ← Initial here

**THEREFORE**, to be eligible for and as a condition of this grant award, I agree to the following:

The five assurances initialed above will be effective at the time a Grant Award Agreement is signed between the Grantee and Office of Drug Policy, and will remain in effect for the grant term for which funding is being sought.

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

Title \_\_\_\_\_