

GOVERNOR'S OFFICE of CRIME CONTROL & PREVENTION

FY 2017 Heroin Coordinator Grant Program

Notice of Funding Availability Application Guidance Kit



Online Submission Deadline: June 14, 2016, 3 pm
Hardcopy Submission Deadline: June 21, 2016, 3 pm

Funded through:

Governor's Office of Crime Control & Prevention
300 East Joppa Road, Suite 1105
Baltimore, MD 21286-3016
(410) 821-2828
(877) 687-9004
www.goccp.maryland.gov

Lawrence J. Hogan, Jr., Governor
Boyd K. Rutherford, Lt. Governor
V. Glenn Fueston, Jr., Executive Director

ELIGIBILITY

Funding through this application is available to law enforcement agencies to participate in the Heroin Coordinator Grant Program.

IMPORTANT NOTES

Applicants are required to apply for grant funding through the Governor's Office of Crime Control & Prevention online application process located on the Governor's Office of Crime Control & Prevention website <https://grants.goccp.maryland.gov>. Additionally, all applicants **MUST** provide proof that they have a valid federal **DUNS** number and be **currently registered** with www.SAM.gov. A screen shot from SAM.GOV reflecting this information is sufficient.

Getting Started

Please note: The Governor's Office of Crime Control & Prevention is moving. Hard copy applications should be sent to:

Governor's Office of Crime Control & Prevention
100 Community Place
Crownsville, MD 21032

Thank you for applying for the **Heroin Coordinator Grant Program** from the **Governor's Office of Crime Control & Prevention**. The primary purpose of this program is to increase the data entry of drug investigations, drug seizures, drug arrests, heroin and opioid overdoses, and other drug-related investigative activities into the Washington/Baltimore High Intensity Drug Trafficking Area's (HIDTA) Case Explorer, as well as upload drug-related cellular phone extracts into HIDTA's Communications Analysis Portal (CAP).

If you need application assistance, please contact:

Angela Carpintieri, Maryland Safe Streets Program Manager
410-821-2847
angela.carpintieri@maryland.gov

Laurie Rajala, Division Chief
410-821-2841
laurie.rajala@maryland.gov

The Governor's Office of Crime Control & Prevention's success is measured by sub-recipient success. It is critical that we hear from you, our customers. To share your ideas of how the Governor's Office of Crime Control & Prevention can serve you better, email us at dlinfo_goccp@maryland.gov.

Governor's Office of Crime Control & Prevention Mission:

The Governor's Office of Crime Control & Prevention is Maryland's one stop shop for resources to improve public safety. The Governor's Office of Crime Control & Prevention exists to educate, connect, and empower Maryland's citizens and public safety entities through innovative funding, strategic planning, crime data analysis, best practices research, and results-oriented customer service.

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I. TRAINING / TECHNICAL ASSISTANCE (TA)

To help applicants prepare and submit applications that reflect the Governor's Office of Crime Control & Prevention's established guidelines and procedures, training is provided through training videos posted on the Governor's Office of Crime Control & Prevention website. These may be accessed through the following web URL: <http://www.goccp.maryland.gov/gms-training/>. Please review the training videos prior to working on your application (system guidelines, fiscal review and tips, civil rights requirements, and those specific to the program funding source).

II. INTRODUCTION/SCOPE

The Heroin Coordinator Grant Program is built on the *Heroin & Opioid Emergency Task Force Final Report* which was chaired by Lt. Governor Rutherford. This Task Force, established by Executive Order 01.01.2015.12, was created to prevent, treat, and reduce heroin and opioid abuse in Maryland, as well as to advise and assist the Governor in setting up a coordinated statewide course of action. In an effort to identify recommendations as they relate to the State of Maryland, the Task Force held six regional summits throughout the State, in 2015, to hear testimony from those with substance abuse disorders, addiction treatment professionals, and other stakeholders. Pursuant to the Executive Order, the Task Force was required to submit recommendations, in the form of a report, by December 1, 2015, in which 431 stakeholders contributed. Based on the results of this report, and under the leadership of Lt. Governor Rutherford, 33 recommendations were made in which one consisted of Designating HIDTA as the Central Repository for All Maryland Drug Intelligence. Based on this recommendation, and to optimize the intelligence and information gathering process, the Task Force recommended that HIDTA be designated as the central repository for statewide drug information and intelligence, as well as to require all State agencies and encourage local allied law enforcement agencies to report their drug information and intelligence to HIDTA.

III. BACKGROUND

The purpose of the Heroin Coordinator Grant Program is to promote a coordinated law enforcement and investigative strategy to battle the heroin epidemic through cooperation and data sharing. As indicated in the *Heroin & Opioid Emergency Task Force Final Report*, the Task Force recommended that HIDTA be designated as the central repository for statewide drug information and intelligence, as well as to require all State agencies and encourage allied law enforcement agencies to report their drug information and intelligence to HIDTA. Without this requirement and the cooperation of all law enforcement and correctional facilities, a comprehensive analysis can not be completed. Currently, information collected by some local law enforcement in connection with a heroin or fentanyl overdose and heroin trafficking organizations that supply the drugs is siloed and not shared with surrounding jurisdictions. Heroin trafficking is not confined within jurisdictions and the strategies to combat it should not be limited either. By collating all relevant data in a single location it is believed that the HIDTA will be able to provide a more timely, accurate and actionable product to both the public safety and public help communities. This will ensure for more proactive enforcement strategies and save the lives of those struggling with addiction thus increasing the quality of life for Marylanders as a whole.

Therefore, in an effort to address the heroin and opioid epidemic within the State of Maryland, and to coincide with the *Heroin & Opioid Emergency Task Force Final Report*, the Governor's Office of Crime Control & Prevention will make funding available for law enforcement agencies to apply to in order to cover the cost of a full-time Heroin Coordinator position. The Heroin Coordinator will be tasked to enter all drug investigations, drug seizures, drug arrests, heroin and opioid overdoses, and other drug-related investigative activities into HIDTA's Case Explorer, as well as to assist law enforcement with drug-related cellular phone extract uploads into HIDTA's CAP. The Heroin Coordinator will also be tasked to conduct in-house analyses for the jurisdiction and to further examine information provided by HIDTA, as well as to specifically examine overdoses for prosecutorial purposes.

In addition, the applicant agency must have, or apply for funding to cover the cost of, a cell phone extraction device. This device will be used by the jurisdiction to upload all drug-related cellular phone extracts to HIDTA's CAP so that data sharing may occur.

Furthermore, to utilize this information and intelligence gathering process, and to ensure that such information is analyzed and distributed to law enforcement, HIDTA will serve as the analytical hub for such data. As outlined in the *Heroin & Opioid Emergency Task Force Final Report*, HIDTA will be tasked to analyze the information and disseminate relevant reports to law enforcement for appropriate investigation and follow-up. Through collaborative efforts and partnerships set in place, this data sharing and data dissemination process will ultimately allow law enforcement to identify drug dealers, as well as to track opioid overdose information including those individuals who have overdosed multiple times and, when appropriate, provide referral information to a Public Health partner.

HIDTA will report on a regular basis on the number of submissions they have received from partnering law enforcement as well as the number of products they produced to support both public health and publ safety in their efforts to address this threat.

Heroin Coordinator Job Description

The Heroin Coordinator will be tasked to enter all drug investigations, drug seizures, drug arrests, heroin and opioid overdoses, and other drug-related investigative activities into HIDTA's Case Explorer, as well as to assist law enforcement with drug-related cellular phone extract uploads into HIDTA's CAP. This task will utilize approximately 75% of the Heroin Coordinator's time.

The Heroin Coordinator will also be tasked to conduct in-house analyses for the jurisdiction and to further examine information provided by HIDTA, as well as to specifically examine overdoses for prosecutorial purposes. This task will utilize approximately 25% of the Heroin Coordinator's time.

The Heroin Coordinator will be embedded within the law enforcement agency, preferably within the local or regional Drug Task Force or intelligence center, so that all law enforcement personnel (e.g., patrol, detectives, etc.) may meet with this individual in reference to search warrants, statements, etc.

The Heroin Coordinator will work with the jurisdiction's Drug Task Force - this Task Force may consist of local municipalities and the State Police - in an effort to ensure that a partnership is in place when responding to fatal and nonfatal overdoses. In order to ensure that all drug investigations, drug seizures, drug arrests, heroin and opioid overdoses, and other drug-related investigative activities for the jurisdiction are entered into HIDTA's Case Explorer, as well as all drug-related cellular phone extracts are uploaded into HIDTA's CAP, it is essential that the applicant agency be contacted whenever an overdose occurs. In doing this, the Heroin Coordinator will be able to capture all data, as it pertains to drugs, so it may then be provided to HIDTA which serves as the central repository for statewide drug information and intelligence.

The Heroin Coordinator will also be required to partner with HIDTA in the dissemination of all drug-related information and intelligence (e.g., drug investigations, drug seizures, drug arrests, heroin and opioid overdoses, and other drug-related investigative activities) for investigative purposes.

IV. ELIGIBILITY CRITERIA

Lead county law enforcement agencies or Sheriff's Offices are eligible to apply for funding to participate in the Heroin Coordinator Grant Program. Prior to application, the applicant agency must sign the Case Explorer and Communications Analysis Portal Participation Agreements as well as the Case Explorer Addendum: Limited Grant of Permission to Share Data: Heroin/Opiates in Maryland.

Funding through this grant provides support for one individual from a law enforcement agency to enter all drug investigations, drug seizures, drug arrests, heroin and opioid overdoses, and other drug-related investigative activities into HIDTA's Case Explorer, as well as to assist law enforcement with drug-related cellular phone extract uploads into HIDTA's CAP for information and intelligence gathering so that such data may then be analyzed and disseminated for investigative purposes.

Ideally, the Heroin Coordinator will have a background consisting of prior law enforcement and investigation, as well as the required analytical capabilities to appropriately analyze "alerts" received through HIDTA.

The Heroin Coordinator will receive several trainings to include, but not limited to, the following:

- HIDTA's Case Explorer
- HIDTA's CAP

V. APPLICATION PROCESS

Applicants are required to apply for grant funding through the Governor's Office of Crime Control & Prevention web-based application process, which may be accessed through the Governor's Office of Crime Control & Prevention website homepage: www.goccp.maryland.gov by clicking on **GRANTS MANAGEMENT SYSTEM**, or going directly to the login screen using the web URL: <https://grants.goccp.maryland.gov>.

In order to use the Governor's Office of Crime Control & Prevention web-based application you must have a User ID.

If you have *not* previously applied through the web, go to the following web URL to obtain instructions and the information required to obtain a User ID and password: <http://www.goccp.maryland.gov/grants/access-to-gms.php>

The last day to request a User ID is June 7, 2016. If you have previously applied through the web, use your same User ID and password.

If you have previously applied to Governor's Office of Crime Control & Prevention, but *do not have your User ID*, or are having *technical issues with the system*, contact the Governor's Office of Crime Control & Prevention Helpdesk via email at support@goccp.freshdesk.com for assistance.

If you need assistance completing the program specific information required in the online application please contact Angela Carpintieri at 410-821-2847 or angela.carpintieri@maryland.gov.

In addition to the online submission, you must submit one (1) hard copy original (generated by the online system and bearing original signatures in blue ink for the certifications and anti-lobbying documents) **and three (3) additional hard copies of the application.**

The online application must be submitted no later than 3:00 PM on 06/14/2016. All of the aforementioned documents must be submitted to the Governor's Office of Crime Control & Prevention no later than 3:00 PM on 06/21/2016.

Email/Fax submissions will not be accepted. Please do not use binders or folders; all hard copies must be generated by the online system.

VI. APPLICATION REQUIREMENTS

The Heroin Coordinator Grant Program Goals include, but are not limited to, the following:

- Provide a dedicated individual from a law enforcement agency to focus on entering all drug investigations, drug seizures, drug arrests, heroin and opioid overdoses, and other drug-related investigative activities into HIDTA's Case Explorer, as well as to assist law enforcement with drug-related cellular phone extract uploads into HIDTA's CAP.
- Analyze data from reports, traffic stops, drug intelligence, and any other relevant data, to include drug-related data in cellular phones, in order to produce relevant, timely and accurate products.
- Strengthen the law enforcement agency's ability to gather information and intelligence as it pertains to heroin and opioid data.
- Strengthen the law enforcement agency's ability to receive analyzed data from HIDTA which may be used for intelligence and investigative purposes.
- Focus on holding drug dealers accountable and identifying individuals with multiple heroin overdoses.
- When appropriate, provide referral information to a treatment facility (State or private) to those individuals who have experienced multiple heroin overdoses.
- Letters of Commitment are mandatory, and must indicate each partner's role in the project and describe the nature of the commitment and support that will be supplied. Letters will only be accepted when they accompany the submitted hardcopies of the application.

The Heroin Coordinator Grant Program Performance Measures include, but are not limited to, the following:

- Are cellular phones being seized at the crime scene as a criminal investigation? If not, why?
- Are cellular phone extracts being uploaded into HIDTA's CAP? If not, why?
- Are nonfatal overdose victims being referred to the Department of Health and Mental Hygiene for treatment? If not, why?
- Is your agency working with HIDTA in the dissemination of all drug-related information and intelligence (e.g., drug investigations, drug seizures, drug arrests, heroin and opioid overdoses, and other drug-related investigative activities) for investigative purposes? If not, why?
- Number of heroin trafficking organizations identified or amended utilizing data entered from your agency into Case Explorer.
- Number of nonfatal overdose victims referred to public health utilizing data entered from your agency into Case Explorer.

VII. OBJECTIVES

- To increase public safety by addressing the heroin and opioid epidemic through data analysis.
- To increase information sharing capabilities on all drug investigations, drug seizures, drug arrests, heroin and opioid overdoses, and other drug-related investigative activities in an effort to make actionable intelligence which may be shared with partnering agencies.
- To enhance information sharing across the State in order to significantly impact the heroin and opioid threat

VIII. IMPORTANT DATES

- | | |
|---|------------------------|
| ➤ Deadline to Request a User ID | June 7, 2016 |
| ➤ Deadline to Submit an Online Application | June 14, 2016, 3:00 pm |
| ➤ Hard Copy of Application Due (plus 3 copies) <i>Fax/Email will not be accepted as hardcopy.</i> | June 21, 2016, 3:00 pm |
| ➤ Award Documents/Denial Letters Mailed | June / July 2016 |
| ➤ Sub-award Start Date | July 1, 2016 |
| ➤ Sub-award End Date | June 30, 2017 |

IX. FUNDING EVALUATION

The Governor's Office of Crime Control & Prevention will assess the worth of each organization's overall project based on the following:

- Problem Statement/Needs Justification
- Project Description
- Description of Goals, Objectives, and Reaching Objectives
- Performance Measures
- Projected Work Plan Schedule
- Organization Management Capabilities/Cooperating Agencies
- Project Evaluation & Sustainability
- Budget Request

The Heroin Coordinator Grant Program is a competitive application process.

X. FUNDING SPECIFICATIONS

A. Funding Cycle

Commencement of awards funded under the Heroin Coordinator Grant Program for FY 2017 will begin July 1, 2016 and end on June 30, 2017. Funds are paid on a reimbursable basis.

B. Budget

Budgets must be clear and specific. Budgets must reflect one year of spending and, where applicable, be adjusted to reflect start date, state furlough days, and holidays. *The Governor's Office of Crime Control & Prevention reserves the right to reduce budgets.*

The prioritization of line items is required for all applications having multiple line items. Applicant requirements will be taken into consideration should budgets need to be reduced.

The justification sections must contain brief statements (1 to 2 sentences per line item) that explain each line item and their relevance to the project goals and objectives. **Do not state "See Narrative, Goals, or Objectives"**.

C. Allowable Costs for Direct Services

The following is a listing of services, activities, and costs that are eligible for support with Heroin Coordinator Grant Program grant funds. The following list provides examples of such items:

- Salary and/or fringe for a heroin coordinator position.
- Purchase and/or maintenance of a cell phone or XRY cell phone extraction tool.

D. Unallowable Costs

The following services, activities, and costs, although not exhaustive, cannot be supported with Heroin Coordinator Grant Program grant funds:

- Operating Expenses
- Rental Fees
- Printing Costs
- Telephone/Fax (possible funding source exceptions)
- Food/Beverage
- Trinkets (items such as hats, mugs, portfolios, t-shirts, coins, gift bags, etc.).

The Governor's Office of Crime Control & Prevention reserves the right to make additional budget reductions and adjustments at its discretion.

XI. DISTRIBUTION OF FUNDS & REPORTING REQUIREMENTS

The Governor's Office of Crime Control & Prevention will distribute awarded funds to sub-recipients on a quarterly reimbursement of expenditures basis in conjunction with the timely submission of corresponding quarterly Fiscal and Programmatic Reports. These reports must be submitted through the Grants Management System and Fiscal Reports must also be submitted via a mailed hard copy. All programmatic electronic reports are due electronically within 15 calendar days of the end of each quarter; financial report hard copies are due electronically and by hard copy within 30 calendar days of the end of each quarter. All reporting activity occurs through the Grant Management System, using the same User ID and password that was used for the application process.

For further Post Award Instructions read your Special Conditions, and go to:
<http://www.goccp.maryland.gov/grants/general-conditions.php>

The exception for monthly reporting is only provided for non-profit entities that have applied for Domestic Violence, Family Violence Prevention and Services Administration, Rape Crisis Intervention, Community Sexual Violence Prevention & Awareness, Sexual Assault/Rape Crisis, Victims of Crime Act and Violence Against Women Act (awards must be over \$50,000) funds. The *Non-Profit Reimbursement Request* form is an attached document to the Notice of Funding Availability.

Electronic Funds Transfer (EFT) – The Governor's Office of Crime Control & Prevention encourages the use of electronic funds transfer (EFT). To obtain the appropriate form, the address to submit the form, and a general overview, including FAQs, refer to the following website:
http://compnet.comp.state.md.us/General_Accounting_Division/Vendors/Electronic_Funds_Transfer/

XII. MATCH

There is no match required for this funding source. Do NOT enter match into your budget. If you wish to show other financial or in-kind contribution to your program, it may be written into your narrative.

XIII. CHECKLIST

- Face Sheet – Printed from the online software
- Project Summary/Narrative – Printed from the online software
- Project Budget – Printed from the online software
- Audit Requirements – Printed from the online software
- Certified Assurances – Printed from the online software and signed
- Certification Lobbying - Drug Free Workplace – Printed from the online software and signed
- Letters of Commitment from partnering agencies – Attached a copy to the application packet

APPLICATION WEBSITE WORKSHEET

Notice to All Applicants:

The information collected on the grant application form is collected for the purposes of the Governor's Office of Crime Control & Prevention's function under Executive Order 01.01.2005.36. Failure to provide all of this information may result in the denial of your application for funding. The Governor's Office of Crime Control & Prevention is a government entity; upon submission, this application is considered public information. The Governor's Office of Crime Control & Prevention does not sell collected grant information. Under the Maryland Public Information Act (PIA) (MD State Government Code Ann. 10-617 (h) (5)), you may request in writing to review grant award documentation. Please send those requests to the Governor's Office of Crime Control & Prevention, 100 Community Place, Crownsville, MD 21032.

A. FACE SHEET TAB INSTRUCTIONS

1. PROJECT TITLE

The project title should be brief, precise, and reflect what is being funded. For example: "Heroin Coordination."

2. APPLICANT AGENCY

The unit of local government (county, city, town, or township) or State agency that is eligible to apply for grant funds (See Eligible Applicants). Full details about the Applicant Agency (Federal ID, DUNS, etc) may be viewed by clicking the corresponding underlined organization field. If any information needs to be revised, contact support@goccp.freshdesk.com.

If the Government, Township, or Board of Commissioners mandates that the County Executive, Mayor, or Commissioner sign all grant award documents (for all subordinate agencies) then the Government, Township, or Board of Commissioners MUST be the APPLICANT Agency.

NOTE: the following DUNS/SAM information is for federal funding sources ONLY.

DUNS/SAM Registration: Provide your DUNS number and SAM.GOV *expiration date at the end of your Narrative*. In an appendix, attach proof of your agency's current SAM registration from www.sam.gov. Include a printed screenshot of **just the page that lists your DUNS number and SAM.GOV expiration date**. Please do not include any additional pages (i.e., those containing banking information).

Access to SAM.GOV:

<https://www.sam.gov/portal/public/SAM/>

Access to DUNS (D&B):

<http://fedgov.dnb.com/webform/displayHomePage.do;jsessionid=81407B1F03F2BDB123DD47D19158B75F>

3. AUTHORIZED OFFICIAL

You may view the contact information for either agency's Authorized Official by clicking their underlined name. A popup box will appear after clicking their name. Procedures for revising an agency's authorized official can be obtained by contacting support@goccp.freshdesk.com; or by viewing Condition #18 at:

<http://www.goccp.maryland.gov/grants/general-conditions.php>

4. IMPLEMENTING AGENCY

The name of the entity that is responsible for the operation of the project. Full details about the Implementing Agency (Federal ID, DUNS, etc) may be viewed by clicking the corresponding underlined organization field. Contact support@goccp.freshdesk.com to make any revisions.

5. 'Is service site?' CHECKBOX

Clicking these checkboxes automatically adds the Applicant and/or Implementing Organization to the Service Site tab.

6. PROPOSED START/END DATES

Start and end date are determined by the parameters of the Notice of Funding Availability and are filled in automatically. Projects may not exceed twelve (12) months or commence before the Notice of Funding Availability defined start date.

7. PREPARER INFORMATION

Enter the name of the person completing the application, their phone number and their email address.

8. OFFICERS' TAB INSTRUCTIONS

To add a new officer or new contact to the Grant Management System, contact support@goccp.freshdesk.com.

9. PROJECT DIRECTOR

Select the person who will be responsible for oversight and administration of the project on behalf of the applicant. Selections are limited to implementing/applicant agency personnel in the Grant Management System.

10. FISCAL OFFICER

Select the person who will be responsible for financial reporting and record keeping for the project. You may select any contact currently in the Grant Management System. Use the search windows to search by last name, organization, and/or job title.

11. CIVIL RIGHTS CONTACT

Select the agency's point of contact for handling internal civil rights violation complaints (usually a Human Resources or Personnel Manager). You may select any contact currently in the Grant Management System. Use the search windows to search by last name, organization, and/or job title.

12. SERVICE SITES TAB INSTRUCTIONS

If the service site is either the applicant agency and/or the implementing agency, select the associated "Is service site?" check box/boxes on the application Face Sheet.

Otherwise, provide the site name and full address, **for the location/locations the project is taking place/serving**. If there is more than one location, please enter complete information for each site (up to five). If the project has a statewide or countywide impact, please enter "state-wide," or "county-wide" in the 'Site Name' field and the county served in the 'City' field. Whether an address is provided, or "state-wide" or "county-wide" is entered, the 'CITY' field and nine (9) digit zip-code **must** be provided.

Example:

Site Name: **Anytown Police Department**
Address: **123 Main Street**
Some City, MD 21000-0570

OR if Location is 'County-wide' or 'State-wide', **you must still list a City and 9-digit zip for funding source reporting.**

B. SUMMARY TAB INSTRUCTIONS

The Project Summary should provide a concise summary of your proposal and be limited to 100 words or less.

Make the following additions/changes to the above template:

1. The beginning of the first sentence contains the Agency's Name and the Program Project Title.
2. 1-2 sentences describing the program's main function and who the program benefits/serves.
3. The last sentence summarizes the budget items proposed to be funded.

C. NARRATIVE TAB INSTRUCTIONS

Provide a description of the program timeline, and potential for information sharing. The contents for the narrative are explained below. The Narrative must be in an outline-styled format (**retaining all numbering, lettering, and headers**). Incomplete narratives may be returned for revision.

1. **Problem Statement:** Include a description of the nature and extent of the problem to be addressed, target population, and geographical area served. Provide the latest statistical data to document the problem. What efforts have been made to address this problem in the past, if any? What will be accomplished by this project?
2. **Goals, Objectives & Performance Measures:** Each application must include clearly defined goals, objectives, and performance measures.
 - **GOALS:** Provide a broad statement that conveys, in general terms, the program's intent to address the heroin epidemic and reduce crime in your jurisdiction. Goals will identify the program's intended short and long-term results for the anticipated funding year(s).
 - **OBJECTIVES:** Explain how the program will accomplish the goals. Objectives are specific, quantifiable statements of the program's desired results, and should include the target level of achievement, thereby further defining goals and providing the means to measure program performance.
 - **PERFORMANCE MEASURES:** Provide quantitative ways to objectively measure the degree of success a program will have in achieving its stated objectives, goals, and planned program activities. *The Governor's Office of Crime Control & Prevention reserves the right to add or delete performance measures to applications selected for funding.*
3. **Strategy & Timeline:** This section details any planning process that was undertaken in developing the plan of response. Further, it should provide an overview of the strategy to be employed and the timeline for implementing the strategy. Include linkages to other programs, organizations, and stakeholders that will be involved in or impacted by the grant program.

Examples for the Governor's Office of Crime Control & Prevention staff:

Applicants must submit a detailed timeline/work plan. This timeline/work plan must include:

- Key tasks that must be carried out to implement the program successfully
- Person(s) responsible for seeing that each task is completed within the proposed timeline
- Target dates for task completion

4. Spending Plan: Detail the timeline for the implementation of each budget line item (i.e., personnel costs will be expended evenly in each quarter; personnel costs cannot be projected evenly in each quarter due to overtime variance, computer will be procured during the 2nd quarter).

5. Management Capabilities: Qualifications and Experience of Implementing Agencies: Provide a brief description of the agency's experience and achievements that qualify the agency to conduct the project.

Present and Proposed Staff: List the names and provide a short professional biography of the project director, key consultants, financial officer, and other professional staff members. Clearly identify, by name and title, requested personnel. Indicate how all requested staff are currently funded (i.e., name grant fund or state that personnel are line items in the existing agency budget. If funded by more than one source, list percentages for each funding source).

6. Sustainability: What prospects exist for continued financing of the project when grant funds are terminated: What efforts have been or will be made to continue the methods, techniques, and operational aspects of the project when the grant funds are concluded? Indicate planned future sources of funding or proposed jurisdictional planning efforts.

LETTERS OF SUPPORT/COMMITMENT

In an appendix to your application, submit letters of commitment by partners who participate in the execution of the project or whose cooperation or support is necessary to its success. Letters of support are optional. **Letters of commitment/support will only be accepted when they accompany the submitted hard copies of the application.**

D. BUDGET TAB INSTRUCTIONS

BUDGET – GENERAL REQUIREMENTS

You must complete a detailed budget for your proposed project. All 'Total Budget' fields will be rounded by the Grant Management System to the nearest whole dollar. There is no match requirement for this program.

Budgets must be clear and specific. Budgets must reflect one year of spending and where applicable, be adjusted to reflect start date, state furlough days, and holidays. The grant cycle will reflect twelve (12) months, July 1, 2016 to June 30, 2017.

Each budget line item must include a justification entry. The justification sections must contain brief statements (1 to 2 sentences per line item) that explain each line item and their relevance to the project goals and objectives. **Do not state "See Narrative, Goals, or Objectives".**

The Governor's Office of Crime Control & Prevention is requiring prioritization of budget requests. This requirement is addressed following the Budget Tab Instructions under 'Budget Priority Tab.'

Refer to the Grant Management System training videos for further instructions
<http://www.goccp.maryland.gov/gms-training>.

MATCH:

Match is not required for this program, therefore DO NOT enter match into your budget. If you wish to reflect that there are matching contributions, refer to it in your Narrative.

PERSONNEL

The salaries and fringe benefits for staff required to implement the project are listed in the personnel category. Consultants must be listed in Contractual Services. **Time and Effort reports (Timesheets) must be maintained for all personnel included in the grant project. Refer to the bottom of the page at <http://www.goccp.maryland.gov/grants/grantee-toolbox.php> for more information.** If you are paying an employee directly, they should be entered in the Personnel category. For each position, list salary and fringe benefits on separate line items.

| Original Grant Application Budget | | | | | | |
|-----------------------------------|-----------------|-------------------|------------------|---------------|--------------|-----------------------------|
| Help | Budget Category | Total Grant Funds | Total Cash Match | Total In Kind | Total Budget | |
| ? | Personnel | \$33,000.00 | \$0.00 | \$0.00 | \$33,000.00 | |
| Description of Position | Salary Type | Funding | Wage Type | Wage Amount | Total Budget | Just. |
| Community Outreach Coordinator | | | | | | \$22,000.00 |
| Community Outreach Coordinator | Salary | Grant Funds | Annual | \$60,000.00 | \$20,000.00 | [View/Edit] |
| Community Outreach Coordinator | Fringe | Grant Funds | Annual | \$20,000.00 | \$2,000.00 | [View/Edit] |
| Community Outreach Trainer | | | | | | \$11,000.00 |
| Community Outreach Trainer | Salary | Grant Funds | Annual | \$40,000.00 | \$10,000.00 | [View/Edit] |
| Community Outreach Trainer | Fringe | Grant Funds | Annual | \$10,000.00 | \$1,000.00 | [View/Edit] |

- The 'Description of Position' field must contain the title of the position.
- Position line items (salary and fringe) are grouped via the 'Description of Position' field.
- After completing the first Position's line item, use the dropdown to add additional budget items to the position.
- The 'Description of Position' field is used to select existing positions and to add new positions.
- For multiple staff in the same position, use a suffix (i.e., Position 1, Position 2, etc.)
- Multiple positions with the same hourly rate may be grouped (i.e., Overtime Patrols – 25 Officers).

Note: Fringe benefits cannot exceed 30% of reported salary costs. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

Example justifications based on the Personnel category:

Justification (line 1):

The Community Outreach Coordinator helps prepare, schedule, and develop trainings targeted for hospitals and other medical facilities.

Annual salary is \$60,000. She will be devoting 33% of her time to this project. We are requesting $\$60,000 \times .33 = \$20,000$ in grant funds to support her time on this project.

Justification (line 2):

Fringe benefits @ 10% of salary. $\$20,000 \times .10 = \$2,000$

Justification (line 3):

The Community Outreach Trainer makes presentations at hospitals and other medical facilities.

Annual salary is \$40,000. She will be devoting 25% of her time to this project. We are requesting \$40,000 * .25 = \$10,000 in grant funds to support her time on this project.

Justification (line 4):

Fringe benefits @ 10% of salary. \$10,000 * .10 = \$1,000

CONTRACTUAL SERVICES *

Consultant contracts for training or evaluation should be included here and shall be consistent with federal guidelines. If you are paying an outside agency for an employee, they are Contractual. For the line item description, enter the agency (Consulting firm, temporary agency, etc.), a dash and then the nature of the service to be provided (e.g., Consultants ABC – training for Seminar). For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

*For ALL Funding Sources: A copy of all contracts associated with items listed in the Contractual Services category must be included with your application.

**Construction projects are ineligible for funding under grant programs and expenses for construction may not be included.*

EQUIPMENT

Equipment is defined as having a useful life in excess of one year and a procurement cost of \$100 or more per unit or \$50 or more per unit for computer and sensitive items. Costs may include taxes, delivery, installation and similarly related charges. The procurement process used must be consistent with your written procurement guidelines. If such guidelines do not exist, refer to the State of Maryland guidelines by accessing General Condition # 17 on the Governor's Office of Crime Control & Prevention website under the Grantee's Area.

Maintaining internal inventory records for equipment procured under this funding source is mandatory. For post award inventory requirements, access General Condition #18 on the Governor's Office of Crime Control & Prevention website. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

Property Inventory Report Forms (PIRFs) will only be required for equipment that costs \$5,000 or more per unit cost.

OTHER

Include all other anticipated expenditures which are not included in the previous categories such as registration fees and program supplies. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

E. BUDGET PRIORITIZATION TAB

After completing the Budget tab, click on the Budget Priority tab in the Grant Management System. This tab will provide a list of all budget line items that the applicant has entered in the previous Budget tab. The Budget Priority tab allows the applicant to 'drag and drop' the budget line items in order of priority for funding, beginning with the most essential line item.

| Priority | Description | Salary Type | Funding | Total Budget |
|----------|---|-------------|-------------|--------------|
| 1 | Executive Director | Salary | Grant Funds | \$3,350.00 |
| 2 | Program Director | Salary | Grant Funds | \$18,723.00 |
| 3 | Program Director | Salary | Cash Match | \$3,775.00 |
| 4 | Volunteer Supervisor - Lucretia Scott | Salary | Grant Funds | \$4,000.00 |
| 5 | Volunteer Supervisor - Daniel McEachran | Salary | Cash Match | \$8,400.00 |
| 6 | Volunteer Supervisor - Patti Ross | Salary | Grant Funds | \$2,908.00 |
| 7 | Volunteer Supervisor - Karen Coleman | Salary | Grant Funds | \$2,234.00 |
| 8 | Volunteer Supervisor - Anne Feehley | Salary | Cash Match | \$1,795.00 |

F. PRINT TAB INSTRUCTIONS

The Print tab allows users to generate a PDF version of their application for review and/or submission. Application hardcopies generated while in Application Status 'Pending' have '*Pending Submission*' printed at the top of the application pages, and are unacceptable for submission.

The Application Status must read 'Awaiting Hard Copy' before generating a final PDF. The final PDF version is printed (and if requested, photocopied) by the applicant, signed, and sent or delivered to the Governor's Office of Crime Control & Prevention before the hardcopy deadline.

G. APPLICATION STATUS DROP DOWN INSTRUCTIONS

| App. Number: | Grant Number: | Req. Funds: | Match Funds: | Match %: | Project Dates: | Title: | Application Status: |
|--------------|---------------|-------------|--------------|----------|-------------------------|----------------------------------|------------------------|
| [Unassigned] | | \$1,053.00 | \$0.00 | 0.00 % | 03/01/2013 - 03/31/2013 | Financial Investigations Prac... | --> Submit Application |

After completing and reviewing all sections of the application, use the 'Application Status' dropdown to submit your application electronically. Selecting 'Submit Application' from the dropdown performs a final validation check. If the validation check is successful, the application's status changes to 'Awaiting Hard Copy'.

Your Application must be placed in 'Awaiting Hard Copy' status for it to be considered for funding. After Governor's Office of Crime Control & Prevention has received your signed hard copy/copies, the status will appear as 'Hard Copy Received.'

H. DOCUMENTS TAB INSTRUCTIONS

If there are any additional required forms (e.g. Letters of Support, Collaborative Revenue Form) or other documents that you would like included with your application, use the Documents tab to attach those files. You may upload documents throughout the application process. This could include: DUNS/SAM verification, letters of support, etc.

I. SIGNATURE PAGES

The Certified Assurances and Federal Anti-Lobbying Certification must be signed by the appropriate agency representative and included with the application hardcopies. **Both forms may only be signed by the Applicant Agency's Authorized Official or their duly assigned alternate signatory.** Both forms must be generated by the online application software.

In order for an alternate signatory to be valid, the Governor's Office of Crime Control & Prevention must receive a signed, written notification from the applicant agency's Authorized Official (on agency letterhead) stating that an alternate signatory has been designated.

J. AUDIT FINDINGS / CORRECTIVE ACTION PLAN

Applicants must submit copies of any Audit Findings and Corrective Action Plans with the application. **Do not send a copy of your audited financial statements;** ONLY the applicable audit findings and/or corrective action plan is required.

XIV. CERTIFIED ASSURANCES

This signed form must be generated by the Online Application Software

THE APPLICANT HEREBY ASSURES AND CERTIFIES THE FOLLOWING:

1. That Federal funds made available under this formula grant will not be used to supplant State or local funds, but will be used to increase the amounts of such funds that would, in the absence of Federal Funds, be made available for program activities.

2. That matching funds required to pay the non-Federal portion of the cost of each project, for which grant funds are made available, shall be in addition to funds that would otherwise be made available for program activities by the recipient of the grant funds and shall be provided as required in the Grant Award document.

3. That following the first year covered by a Grant Award and each year thereafter, a performance evaluation and assessment report will be submitted to the Governor's Office of Crime Control & Prevention.

4. That fund accounting, auditing, monitoring, evaluation procedures and such records as the Governor's Office of Crime Control & Prevention shall prescribe to and shall be provided to assure fiscal control, proper management and efficient disbursement of funds received.

5. That the Grantee shall maintain such data and information and submit such reports in such form, at such times, and containing such information as the Governor's Office of Crime Control & Prevention may reasonably require to administer the program.

6. Sub-recipients will comply (and will require any sub-grantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); the Victims of Crime Act (42 U.S.C. § 10604(e)); the Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000(d)); the Rehabilitation Act of 1973 (29 U.S.C. § 704); the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34); the Education Amendments of 1972 (20 U.S.C. § 1681, 1683, 1685-86); the Age Discrimination Act of 1975 (42 U.S.C. § 6101-07); and the

Department of Justice (DOJ's) Equal Treatment Regulations (28 C.F.R. pt. 38).

7. That in the event a Federal or state court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against the Grantee, a copy of the finding will be forwarded to the Governor's Office of Crime Control & Prevention.

8. Sub-recipients that are governmental or for-profit entities, that have fifty or more employees and that receive a single award of \$500,000 or more under the Safe Streets Act or other Department of Justice (DOJ) program statutes are required to submit their Equal Employment Opportunity Plan (EEO) to the federal Office of Civil Rights (OCR). The sub-recipients are not required to submit a copy to the Governor's Office of Crime Control & Prevention, but must have a copy available on site for monitoring purposes. Those sub-recipients that are subject to the OCR's EEO Certification Form may access this form at: <http://www.ojp.usdoj.gov/about/ocr/eeop.htm>.

9. That the Grantee will comply with the provisions of the Governor's Office of Crime Control & Prevention's General and Special Conditions for Grants. General Conditions are posted on Governor's Office of Crime Control & Prevention's website (<http://www.goccp.maryland.gov/grants/general-conditions.php>).

10. That the Grantee will comply with the provisions of 28 CFR applicable to grants and cooperative agreement.

11. Sub-recipients are obligated to provide services to Limited English Proficient (LEP) individuals. Refer to the DOJ's Guidance Document. To access this document see U.S. Department of Justice, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (67 Federal Regulation 41455 (2002)). This regulation may be accessed at: <http://www.archives.gov/eo/laws/title-vi.html>

CERTIFICATION: I certify that this program will comply with the provisions set forth by the State of Maryland and the Governor's Office of Crime Control & Prevention.

This signed form must be generated by the Online Application Software

XV. CERTIFICATION REGARDING LOBBYING

This signed form must be generated by the Online Application Software



U.S. DEPARTMENT OF JUSTICE
OFFICE OF JUSTICE PROGRAMS
OFFICE OF THE COMPTROLLER

CERTIFICATION REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-Procurement) and Government-wide Requirements for Drug-free Workplace (Grants)." The certification shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510 --

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph, (1) (b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminate for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 --

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after having received notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 312A, GSA Regional Office Building No. 3), Washington DC 20202-4571. Notice shall include the identification number(s) of each affected grant.

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code)

Check if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check if the State has elected to complete OJP Form 4061/7.

DRUG-FREE WORKPLACE

(GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 --

As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

This signed form must be generated by the Online Application Software

1. Grantee Name and Address:
2. Application Number and/or Project Name
3. Grantee IRS/Vendor Number
4. Typed Name and Title of Authorized Representative
5. Signature
6. Date

This signed form must be generated by the Online Application Software