

SAMPLE 1: 2 PAGES OF A PROPOSAL TEMPLATE

PROJECT ABSTRACT (1 page)

Agency Name, City, State:

Proposed Service Area (State, County, city, etc):

Amount of Federal Funding requested for a 12-month period:

Age of Target Population: children and youth ages four up to age 18

Agency Point of Contact (Name, phone, and email):

Number of New Youth to be Served in Each Year of the Grant: (i.e., year 1 xx youth, year 2 xx youth, year 3 xx youth)

Short Description of Program: (includes duration, frequency, and location of mentoring services)

PROJECT DESCRIPTION

OBJECTIVES AND NEED FOR ASSISTANCE (10 points)

1. **Objectives:** clear and appropriate program objectives that will fulfill the program purpose, as required by the authorizing MCP legislation and FYSB program requirements as described in Section I
2. **Need for Proposed Project:** discussion of the conditions of youth and families in the area to be served
3. **Geographic Location of Program Services:** the services to be provided will be located in an area that is frequented by and/or easily accessible for the population to be served, through a description of the precise geographic location of program services. Maps or other graphic aids may be included.

Insert Map

4. **Number of Children of Prisoners Eligible:** document the number that are eligible to receive services through the MCP program. If such data does not exist, the application should state this fact and provide a rationale to estimate the number of children of prisoners in the area.

RESULTS AND BENEFITS EXPECTED (15 points)

1. **Outcomes:** quantitative outcomes for the proposed project that will fulfill the program purpose and scope of services as described in the authorizing MCP legislation and Section 1. Note: Outcomes are the expected changes that will reasonably occur amongst youth, families and communities based on the program activities. An example of a project outcome is included in Section I, Measuring Program Success.
2. **Number of Children of Prisoners to be Served through Mentoring Services:** The application must specify the number of new matches to be made during each 12-month budget period (Year One, Year Two and Year Three), and the number of matches to be maintained annually.

SAMPLE 2: REQUEST FOR INFORMATION FORM

MENTORING CHILDREN OF PRISONERS - HHS-2009-ACF-ACYF-CV-0022 PLANNING GUIDE FOR *NAME OF ORGANIZATION*

Please use this form to plan your project design, and return all requested information and documents by xx/xx/xxxx.

1. What is the name of your project?
2. What is your proposed service area? Provide name of counties, cities, neighborhoods or communities, and precise zip codes (or census tracts).
3. Amount of federal funding requested for 12-month period? (This will not include the non-federal cost-share amount.)
4. Age of target population:
5. Agency point of contact: *Name , phone number, email*
6. Number of youth to be served in each year of grant: *Year 1* _____, *Year 2* _____, *Year 3* _____
7. Describe your outreach plan to identify children of prisoners.
8. Identify and describe the partners from which you will receive referrals of children of prisoners. Include name of agency/organization, name of contact person, age range of children referred, number you expect this agency will refer per year, and how they will be referred.
9. Identify and describe the partners from which you will recruit mentors. Include name of agency/organization, name of contact person, distinctives of mentor candidates (for example, African-American business men, or adult men and women from a Latino congregation, college students, etc), number of potential mentors recruited from each source per year.
10. Describe your plan to recruit mentors.

11. If you have access to reports or other sources of information on both the geographic location of the program services and the demographics of the target population please either provide the links to them or send electronic copies to me. For example, if the schools have reports on their student population that provide information on incarceration of parents and other issues like poverty level, educational achievement, single-parent families, crime stats, etc., please forward that information to me.
12. What is your proposed staffing for the project? List names, job titles, duties, qualifications, and the corresponding FTE level for each position. Also describe any job positions to be filled. For current key staff members involved in the project please provide their resume or bio and current job description. For positions to be filled, provide a job description of what they will do.
13. Create/provide an organization chart demonstrating the relationship between all positions to be funded through the grant.
14. Determine how you will screen mentors: 1) criminal background check (State's Dept. of Justice and /or local police department); 2) background check for reported or substantiated abuse or neglect; 3) driver's license number and Dept of Motor Vehicles record check; and 4) FBI background check. Please indicate the fees for these or if you find they are waived for nonprofit organizations in Pennsylvania.
15. List the community stakeholders who are giving you input and support for this project.
16. List programs and services provided by you or other agencies or institutions, and how you will refer mentees and their families for various services.
17. Determine who will provide training of mentors and of all project staff. A Letter of Agreement is required (LofA).
18. Provide organizational profile and capacity information to include fiscal controls and management, governance structure, budget, and funding sources. (This information may exist in the context of another proposal.) Also identify any awards or citations received for your work in the community.
19. Describe your past experience in mentoring children of prisoners, and/or any work you have done with children of prisoners, and/or any mentoring work you have done.
20. Will you create an Advisory Board for the project? If so, describe its function and a description of the Advisory Board members, even if you do not have specific people identified. It should contain community stakeholders and partners.

21. Jane Doe will send you a budget questionnaire and set up a conference call with you to go over the budget issues.
22. Explain how you will provide the cost-share match, preferably in cash vs. in-kind. It is 25% for years one and two, and 50% for years three.
23. Please get Letters of Agreement from partners that will provide the following: training of mentors; technical assistance to project staff; referrals of children of prisoners; mentor recruitment.
24. You may get two or three Letters of Support from other community stakeholders, like government officials, although this is not a requirement.

SAMPLE 3: BUDGET DETAIL WORKSHEET

OMB APPROVAL NO. 1121-0188
EXPIRES 5-98 (Rev. 1/97)

Budget Detail Worksheet

Purpose: The Budget Detail Worksheet may be used as a guide to assist you in the preparation of the budget and budget narrative. You may submit the budget and budget narrative using this form or in the format of your choice (plain sheets, your own form, or a variation of this form). However, all required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be deleted.

A. Personnel - List each position by title and name of 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.

Name/Position	Computation	Cost
Position 1, each position entry limited to one line		
		SUB-TOTAL \$xx,xxx

B. Fringe Benefits - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation.

Name/Position	Computation	Cost
Fringe benefit 1, each benefit entry is limited to one line		
		SUB-TOTAL \$xx,xxx
		Total Personnel & Fringe Benefits \$xx,xxx

C. Travel - Itemize travel expenses of project personnel by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). 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. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Purpose of Travel	Location	Item	Computation	Cost
Travel entry 1, two lines per entry				
				TOTAL \$xx,xxx

D. Equipment - List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Expendable items should be included either in the "supplies" category or in the "Other" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Item	Computation	Cost
Equipment entry 1, one line per entry		
		TOTAL \$xx,xxx

E. Supplies - List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Generally, supplies include any materials that are expendable or consumed during the course of the project.

Supply Items	Computation	Cost
Supply entry 1, one line per entry		
		TOTAL \$xx,xxx

F. Construction - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Check with the program office before budgeting funds in this category.

Purpose	Description of Work	Cost
four lines per entry, use boxes below or an additional page for more space if required		
		TOTAL \$xx,xxx

G. Consultants/Contracts - Indicate whether applicant's formal, written Procurement Policy or the Federal Acquisition Regulations are followed.

Consultant Fees: For each consultant enter the name, if known, service to be provided, hourly or daily fee (8-hour day), and estimated time on the project. Consultant fees in excess of \$450 per day require additional justification and prior approval from OJP.

Name of Consultant	Service Provided	Computation	Cost
Supply item 1, one line per entry	maximum of three lines		

Subtotal \$xx,xxx

Consultant Expenses: List all expenses to be paid from the grant to the individual consultants in addition to their fees (i.e., travel, meals, lodging, etc.)

Item	Location	Computation	Cost
Consultant expense entry 1, one line per	maximum of three lines		

Subtotal \$xx,xxx

Contracts: Provide a description of the product or service to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. A separate justification must be provided for sole source contracts in excess of \$100,000.

Item	Cost
maximum of four lines, additional information should be attached on a separate sheet(s)	

Subtotal \$xx,xxx

TOTAL \$xx,xxx

H. Other Costs - List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major 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.

Description	Computation	Cost
four lines per entry, use boxes below or an additional page for more space if required		
		TOTAL \$xx,xxx

I. Indirect Costs - Indirect costs are allowed only if the applicant has a Federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

Description	Computation	Cost
one line per entry		
		TOTAL \$xx,xxx

Budget Summary- When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal funds that will support the project.

Budget Category		Amount
A. Personnel		\$xx,xxx
B. Fringe Benefits		\$xx,xxx
C. Travel		\$xx,xxx
D. Equipment		\$xx,xxx
E. Supplies		\$xx,xxx
F. Construction		\$xx,xxx
G. Consultants/Contracts		\$xx,xxx
H. Other		\$xx,xxx
Total Direct Costs		\$xx,xxx
I. Indirect Costs		\$xx,xxx
TOTAL PROJECT COSTS		\$xx,xxx
Federal Request	\$xx,xxx	
Non-Federal Amount	\$xx,xxx	

SAMPLE 4: ACTION PLAN AND TIMELINE

NAME OF GRANT AND APPLICANT ORGANIZATION

ACTION PLAN FOR PROPOSAL COMPLETION AND SUBMISSION

#	ACTION	BY WHOM?	BY WHEN?	✓
1	Facilitate flow of information		ongoing	
2	Intervene with site-specific issues		ongoing	
4	Create proposal outline & template		Fri 6/13	
5	Send out project summary, evaluation measures, information form to network		Fri 6/13	
6	Make calls, secure commitments of program sites		Mon 6/16	
7	Create tables for site-specific information in proposal narrative		Mon 6/16	
8	Submit site-specific information to <i>Grantwriter</i> .		Mon 6/16	
9	Provide budget information to <i>Financial Manager</i> .		Mon 6/16	
10	Request required geographical information from each site (2 items)		Mon 6/16	
11	Insert existing data, info, proposal sections into template		Mon 6/16	
12	Test password, login, DUNS, etc. for grants.gov		Mon 6/16	
13	Submit letters of support committing to project		Tues 6/17	
14	MOUs completed w/ research firm and parent organization		Tues 6/17	
15	Create logic model (ojjdp.ncjrs.gov/grantees/performance.html)		Tues 6/17	
16	Submit required geographical info to <i>Submission Manager</i> .		Tues 6/17	
17	Write, create info for proposal gaps		Tues 6/17	
18	Insert site-specific info into tables		Wed 6/18	
19	Submit resume or bio of primary contact for each site		Wed 6/18	
20	Submit resume or bio of key national staff		Wed 6/18	
21	Create budget and budget narrative		Wed 6/18	
22	Create project organizational chart that illustrates relationships between the various entities		Wed 6/18	
23	Create project timeline (ojjdp.ncjrs.gov/grantees/timelines.html)		Wed 6/18	
24	Identify/create job descriptions of key personnel		Wed 6/18	
25	Conduct SMART system queries and generate report for each site		Wed 6/18	
26	Assemble geographical information from all sites (with required proposal info headings) for a multi-page attachment		Wed 6/18	
27	Review, gather, respond to all issues in "Additional Requirements" section of RFP		Wed 6/18	
28	Polish narrative, check for flow, first draft		Wed 6/18	
29	Create ½ page abstract		Wed 6/18	
30	Complete SF 424		Wed 6/18	
31	Forward any final proposal documents to <i>Submission Manager</i> .		Ongoing	
32	Cross-reference proposal sections (as they become available) with the RFP and OJJDP priorities		Thurs 6/19	
33	Review/edit/revise proposal draft		Thurs 6/19	
34	Make final revisions		Thurs 6/19	
35	Create Table of Contents		Thurs 6/19	
36	Submit final draft to <i>Submission Manager</i>		Thurs 6/19	
37	Submit through grants.gov		Thurs 6/19	

SAMPLE 6: TECHNICAL SUPPORT FOR GRANT SUBMISSION PROCESS

Organization Registration Checklist

[Grants.gov](#) is THE single access point for over 1,000 grant programs offered by the 26 Federal grant-making agencies that allows organizations and individuals to electronically [find](#) and [apply](#) for competitive grant opportunities from all Federal grant-making agencies.

However: your grant may require that you use another federal website to electronically submit your proposal. Read the requirements in each RFP carefully. If another website is required, complete the registration steps for that site early.

CCR registration is required for all grants.

- The registration is a **one-time** process, which is **required** before representatives of an organization can submit grant application packages electronically through Grants.gov.
- The registration process can take **three to five business days or one to three weeks** depending on your organization and if all steps are met in a timely manner.
- **Important:**
 - CCR passwords must be updated every 60 days.
 - CCR registration must be verified annually.
 - It is important that you save and have access to your password and user information for CCR.
 - It is critical to update the information in CCR immediately if your E-Biz Point of Contact leaves your agency.

Below is a summary of the registration process; for specifics refer to the full documents listed below this table.

Step	Action Item	Website	Estimated Time Required	Your Checklist and notes
Step #1	Obtain a DUNS number	http://fedgov.dnb.com/webform/displayHomePage.do	Web requests take 1-2 business days	
Step #2	CCR Registration	Register by phone (1-888-227-2423) or register online at https://www.bpn.gov/ccrupdate/NewRegistration.aspx <ul style="list-style-type: none">○ Designate E-Business Point of Contact (E-Biz-POC).○ Select M-PIN password.○ Select and authorize designated staff to submit applications – Authorized Organization Representatives (AORs).	A new registration takes 1-5 business days to process in CCR. If you have a new TIN (Taxpayer Identification Number), allow 2-5 weeks for your TIN to become active.	
Step #3	Grants.Gov registration	After CCR registration is completed: <ul style="list-style-type: none">○ AORs must then complete their individual	AOR must complete first step; E-Biz-POC	

		profiles, create their username and password at http://apply07.grants.gov/apply/OrcRegister . ○ An email is then sent to the E-Biz POC who must then authorize the AOR at https://apply07.grants.gov/apply/loginhome.jsp .	must complete next step.	
Step #4 If necessary	Registration at designated website	If your proposal is to submitted at a website other than grants.gov, you must register for that site.	Varies with agency	
Step #5:	<i>Time to begin work on the selected grant proposal:</i> <ul style="list-style-type: none"> ○ At the beginning of each grant proposal process, test your CCR, Grants.gov, or other agency access. ○ If to be submitted on Grants.Gov, download the Grant Application Package for your grant. <ul style="list-style-type: none"> ○ This file will contain many of the forms normally completed separately. ○ Enter as much information as you have available as you receive it. It can be corrected at any time. ○ If you have multiple Congressional Districts for your area of service, you will create and attach a Word or PDF file with this information. ○ Other files will be attached as completed. ○ Confirm correct version of Adobe Acrobat or Adobe Reader. ○ If not to be submitted on Grants.Gov, review submission process. Some agencies require all information to be uploaded individually. ○ Run test to confirm you have all required forms and information. ○ Review your checklists. ○ Submit online. ○ Return to site to confirm successful submission. This may be a multi-stage process. ○ Print screens with confirming information for your file. 			

Registration Resources: Full documents may be downloaded from: Organization Registration Checklist http://www.grants.gov/assets/Organization_Steps_Complete_Registration.pdf Organization Registration User Guide http://www.grants.gov/assets/OrgRegUserGuide.pdf Organization Registration Checklist. www.grants.gov/assets/OrganizationRegCheck.pdf	Formatting notes: Review page formatting requirements carefully. Until Grants.Gov confirms compatibility, do not submit files in Offices 2007. Use Offices 2003, or PDF files. Requirements typically require: Times New Roman, 12 font 1" margins, including headers and footers Page numbering as specified within the specific RFP Page and/or word limits
---	---

Technical support:

Mary Linda Schwarzbart, Business and Grants Consultant
 865-384-8878
marylinda@comcast.net