

Grant # _____
 (For Office Use Only)

**NEBRASKA CRIME COMMISSION
 FY2008 Title V Delinquency Prevention Grant**

APPLICANT INFORMATION

1. Federal Employer ID #			
2. Project Title:			
3. Applicant Name: (Agency/Organization)	Telephone	()	
	Fax	()	
4. Address	(Please include last four digits of zip code)		
5. Project Director: (Receives all grant correspondence)	Telephone	()	
	Fax	()	
	Email:		
Address:	(Please include last four digits of zip code)		
6. Project Coordinator: (Contact person)	Telephone	()	
	Fax	()	
	Email:		
Address:	(Please include last four digits of zip code)		
7. Fiscal Officer: (Cannot be Project Director)	Telephone	()	
	Fax	()	
	Email:		
Address:	(Please include last four digits of zip code)		
8. Board Chair: (Non-profit only)	Telephone	()	
	Fax	()	
	Email:		
Address:	(Please include last four digits of zip code)		

9. Previous Commission Funding for This Project		
Grant Number:	Amount:	Year:
Grant Number:	Amount:	Year:

10. Demographic Impact: List the appropriate area served by the project (i.e. counties, cities, neighborhoods, etc.)	
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11. Type of Applicant:	
<input type="checkbox"/> Unit of local government	<input type="checkbox"/> Recognized Indian Tribe

12. Funding Description: This project/program is:
<input type="checkbox"/> A New Program (Development of a new program or never been funded by the CC)
<input type="checkbox"/> A Continuation of an Existing Program (Currently funded by CC)
<input type="checkbox"/> An Expansion/enhancement of an Existing Program (Currently funded by CC)

13. Community Plan:				
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Our community has an approved current Three Year Comprehensive Community Juvenile Justice Plan on file with the Crime Commission.
If yes, please describe which priority(s) of your local comprehensive plan are addressed by this grant application.				

14. Is this program a model or best-practice program? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, program name and source (agency which promotes program):

**NEBRASKA CRIME COMMISSION
BUDGET SUMMARY**

Category	Requested Amount	Match Share	Total Project Cost
A. Personnel			
B. Consultants/Contracts			
C. Travel			
D. Supplies / Operating Expenses			
F. Equipment			
G. Other Costs			
TOTAL AMOUNT			
% Contribution			

CERTIFICATION: I hereby certify the information in this application is accurate and, as the authorized official for the project, hereby agree to comply with all provisions of the grant program and all other applicable state and federal laws.

NAME (PLEASE TYPE)	TITLE	TELEPHONE
ADDRESS		
CITY, STATE, ZIP		
SIGNATURE		DATE

(NOTE: The authorized official would include: county board chair, mayor, city administrator, chair or vice-chair of non-profit agency.)

CATEGORY A - PERSONNEL

Personnel refers to wages and fringe benefits for regular full-time or part-time salaried employees as well as in-kind contributions of volunteers. Other persons working on the project who are not on the regular payroll or not volunteers must be classified either as contractual or consultants. In-kind contributions, if allowable, must be listed as matching funds.

Salaries may not exceed those normally paid for comparable positions in the community and/or the unit of government.

1. **Direct Salaries.** Write in the title or position of each employee who will be involved in the project, including new positions to be filled, and the number of volunteers, if applicable. If existing personnel will be involved in the project but no funds will be requested for their position and their salaries will not be used as match, do not list them on the budget page, but do include such information in the Budget and Project Narrative. Across from each position listed, enter the annual salary of the position; percent of the time to be devoted to the project; amount of funds being requested for the position; the amount of matching funds; and, the total cost for the position.

At the bottom of Section 1, enter the subtotal of the amount of funds being requested, matching funds and the total of all direct salaries. To establish the value of services provided by volunteers, if applicable, use the current minimum hourly wage times the number of hours of service to be contributed.

2. **Fringe Benefits.** All fringe benefits are to be based on the employer's share only. The employee's share is to be withheld from his or her wages. Vacation and leave time would be included in normal working hours (FTE 2,080hours/year) and are not added benefits. Enter the total cost of benefits being requested and being provided as matching funds in the appropriate columns.
3. **Total Personnel Budget.** Enter the total amount of funds being requested, matching funds and total of all salaries and fringe benefits for the project. Also enter these totals on the "Budget Summary" pages.
4. **Personnel Budget Narrative.** A budget narrative **MUST** be attached if funds are requested and/or match is provided. The budget narrative **MUST** include a breakdown of how the cost for each position was determined (for example, 500 hours x \$5 an hour = \$2,500) for both the requested funds and matching funds. The budget narrative is to explain: 1) if each position is existing or new, and if existing how is it not supplanting; 2) if each position is full or part-time; 3) how each position is relevant to the project; and, 4) a brief description of the duties of each position. Also include positions for which funds are not being requested or are not used as matching funds but will be involved in the project.

Budget Narratives Are Required.

CATEGORY A - PERSONNEL

1. DIRECT SALARIES						
Title/Position	Annual Salary	% Time Devoted	Amount Requested	Applicant's Match	Total Cost	
	\$	%	\$	\$	\$	
	\$	%	\$	\$	\$	
	\$	%	\$	\$	\$	
	\$	%	\$	\$	\$	
	\$	%	\$	\$	\$	
	\$	%	\$	\$	\$	
	\$	%	\$	\$	\$	
	\$	%	\$	\$	\$	
SALARIES SUBTOTAL			\$	\$	\$	
2. FRINGE BENEFITS						
			Amount Requested	Applicant's Match	Total Cost	
			\$	\$	\$	
3. TOTAL PERSONNEL BUDGET						
			Amount Requested	Applicant's Match	Total Cost	
			\$	\$	\$	
Attach a Budget Narrative!						

CATEGORY B - CONSULTANTS AND CONTRACTS

NOTE: If more than one consultant will be used for the project, please make copies of the budget sheet and complete one for each consultant.

1. **Purpose:** List the purpose for using a consultant or contractor (For example, conducts study, facilitate support group, develop and/or present training, etc.)
2. **Type of Consultant:** Check the box for the type of consultant to be used for the stated purpose.
3. **Consultant Fees:** Consultants employed by commercial and not-for-profit organizations are subject to competitive bidding procedures and are subject to \$450 per day or \$56.25 per hour maximum compensation. In cases where an individual has authority to consult without employer involvement, the rate of compensation should not exceed \$450 per day or \$56.25 per hour. The rate for independent consultants must be reasonable and consistent with that paid for similar services in the market place.
4. **Travel Expenses For The Consultant:**
 - (a) **Mileage:** List the cost for mileage. Enter the amount requested and the amount provided as match Enter the total cost in the "total" column. Mileage rate is .55 cents/mile.
 - (b) **Air Fare:** List the cost for air fare (coach or least expensive class). Enter the amount requested and the amount provided as match. Enter the total cost in the "total" column.
 - (c) **Meals:** List the cost for meals. Enter the amount requested and the amount provided as match. Meal allowance for in state is \$39 (\$7, \$11, \$18, \$3). Enter the total cost in the "total" column.
 - (d) **Lodging:** List the cost for lodging. Enter the amount requested and enter the amount provided as match. Enter the total cost in the "total" column. In-state lodging allowance is \$70.00 per night (\$99.00 for Lincoln and Omaha).
 - (e) **Other Costs:** List other anticipated costs associated with the consultant. Enter the amount requested and the amount provided as match. Enter the total cost in the "total" column.
 - (f) For out of state meal and lodging rates go to www.gsa.gov and click on per diem rates.
5. **Total Cost:** Calculate the total cost for funds requested, match provided and total cost. Enter totals on the "Budget Summary" page.
6. **Budget Narrative:** A budget narrative is to be attached if funds are being requested and/or if match funds are being provided. The budget narrative is to include a breakdown of how the cost for each consultant was determined for both the funds being requested and the matching funds. The budget narrative is to explain what services and/or what product the consultant will provide; how the services or product relate to the project and the impact on the project.

CATEGORY B - CONSULTANTS AND CONTRACTS

1. PURPOSE:							
2. TYPE OF CONSULTANT:		<input type="checkbox"/> Individual			<input type="checkbox"/> Organization		
3. CONSUTANT FEES:							
		Rate		# Hours	Amount Requested	Applicant's Match	Total Cost
a. Preparation Fees					\$	\$	\$
b. Presentation Fees					\$	\$	\$
c. Travel Time Fees					\$	\$	\$
d. Total					\$	\$	\$
4. TRAVEL EXPENSES:							
a. Mileage							
Total Miles			X .55		\$	\$	\$
b. Air Fare							
From		to			\$	\$	\$
From		to			\$	\$	\$
c. Meals							
# of days		X \$			\$	\$	\$
# of days		X \$			\$	\$	\$
d. Lodging							
# of nights		X \$			\$	\$	\$
# of nights		X \$			\$	\$	\$
e. Other Costs (Must Also Be Explained in Budget Narrative							
		\$			\$	\$	\$
		\$			\$	\$	\$
		\$			\$	\$	\$
5. TOTAL COST:					\$	\$	\$
Attach a Budget Narrative!							

CATEGORY C - TRAVEL EXPENSES

NOTE: If travel expenses are needed for more than one purpose, please make a copy of the budget sheet and complete one for each purpose.

Purpose: List travel expenses by purpose (training, conference, daily travel for job, etc.) For example, a project coordinator will attend training. Enter "training" on the line marked "Purpose". Complete all the applicable expenses associated with this purpose (any mileage that will be paid, air fare, meals, lodging, other.)

2. Mark the travel as local, in-state, or out-of-state.
3. List the title of the person who will travel.
4. Calculate the cost of the travel, completing the areas relevant to the travel for each purpose.
 - (a) **Mileage:** Calculate the number of miles of annual travel and multiply by .55 cents to determine the total mileage cost. Enter the amount requested and the amount provided as match. Enter the total cost in the "total" column.
 - (b) **Air Fare:** List the destination. Enter the amount requested and the amount provided as match. Enter the anticipated total cost of the air fare in the "total" column. Air fare must be "coach" or least expensive class.
 - (c) **Meals:** List the cost for meals. Enter the amount requested and the amount provided as match. Meal allowance for in state is \$39 (\$7, \$11, \$18, \$3). Enter the total cost in the "total" column.
 - (d) **Lodging:** List the number of nights lodging is needed and multiply by the allowable per diem rate. In-state lodging allowance is \$70.00 per night (\$99.00 for Lincoln and Omaha). Enter the amount requested and the amount provided as match. Enter the total cost in the "total" column.
 - (e) **Other:** List other expenses, such as taxi, parking, etc. Enter the amount requested and the amount provided as match. Enter the total cost in the "total" column.
 - (f) For out of state meal and lodging per diem go to www.gsa.gov and click on per diem rates.
5. **Total Cost:** Calculate the total cost of the travel for each purpose. Calculate the total for all travel expenses for the funds requested, match and total and enter these amounts on the "Budget Summary" page.
6. **Budget Narrative:** For each purpose complete a budget narrative stating the purpose, the position which will travel and how this relates and is necessary to the project.

CATEGORY C - TRAVEL EXPENSES

Note: If needed, please copy this form and complete for each travel purpose.

1. TRAVEL PURPOSE:										
2. TYPE OF TRAVEL:		<input type="checkbox"/> Local			<input type="checkbox"/> In-State			<input type="checkbox"/> Out-of-State		
3. POSITION (S) WHICH WILL BE TRAVELING FOR THIS PURPOSE:										
4. COST BREAKDOWN:										
					Amount Requested	Applicant's Match			Total Cost	
a. Mileage										
Total Miles			X .55		\$		\$		\$	
b. Air Fare										
From		to			\$		\$		\$	
From		to			\$		\$		\$	
c. Meals										
# of days		X \$			\$		\$		\$	
# of days		X \$			\$		\$		\$	
d. Lodging										
# of nights		X \$			\$		\$		\$	
# of nights		X \$			\$		\$		\$	
e. Other Costs (Must Also Be Explained in Budget Narrative										
					\$		\$		\$	
					\$		\$		\$	
					\$		\$		\$	
5. TOTAL COST FOR THIS PURPOSE:					\$		\$		\$	
Attach a Budget Narrative!										

CATEGORY D - SUPPLIES AND OPERATING EXPENSES

1. **Supplies.** This section includes office supplies, forms, operating supplies, books, subscriptions, repair or maintenance supplies, (material which is expendable or consumed during the course of the project) and equipment items costing under \$300.

List items by major type (for example, postage, forms, office supplies, training materials, etc.) along with the quantity, unit cost, and total cost. Higher cost items should be listed separately and identified (for example, special mailings, equipment items, etc.). Enter the total cost in the "total" column. Enter the amount, if any, of the cost being requested and enter the amount of the cost that will be provided as match.

At the bottom of section 1, enter the cost for project supplies with a breakdown by the amount requested, match and total cost in the appropriate columns.

2. **Operating Expenses.** This section includes all operating expenses involving rental arrangements and purchase of non-consultant type services.

For each item listed enter the rate or unit cost. Enter the amount of the cost requested and enter the amount provided as match. Enter the total cost in the "total" column. Identify other items for which funds are requested in the "other" category.

At the bottom of section 2, enter the cost of project operating expenses. Provide a breakdown of the total cost by the amount requested, match and total costs in the appropriate columns.

3. **Total Supplies and Operating Expense Budget.** Enter the total costs for all supplies and operating expenses. Provide the breakdown of the costs by the amount requested, match and total costs in the appropriate columns. Also enter those totals on the "Budget Summary" page.
4. **Budget Narrative.** Attach a budget narrative if funds are requested or match is provided.

For supplies such as envelopes, paper and other office supplies, explain how the cost was determined. Provide a cost breakdown of how requested and match amounts were determined.

If funds are requested for operating expenses, describe current expenses and why the requested expenses are needed.

Explain how the supplies and operating expenses relate to the project.

CATEGORY D – SUPPLIES AND OPERATING EXPENSES

1. SUPPLIES:						
Item	Quantity	Unit Price	Amount Requested	Applicant's Match	Total Cost	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
SUPPLIES SUBTOTAL			\$	\$	\$	
2. OPERATING EXPENSES – (Note Special Instructions):						
		Rate (per Month)	Amount Requested	Applicant's Match	Total Cost	
Rent – Equipment			\$	\$	\$	
Rent – Facilities			\$	\$	\$	
Telephone			\$	\$	\$	
Utilities			\$	\$	\$	
Auto Lease			\$	\$	\$	
Photo Copying			\$	\$	\$	
Printing			\$	\$	\$	
Non-consultant Contract Help						
Bookkeeping/Audit			\$	\$	\$	
Other:			\$	\$	\$	
			\$	\$	\$	
OPERATING EXPENSES SUBTOTAL			\$	\$	\$	
3. TOTAL SUPPLIES AND OPERATING EXPENSES						
			Amount Requested	Applicant's Match	Total Cost	
Total Supplies and Operating Expenses			\$	\$	\$	
Attach a Budget Narrative!						

CATEGORY F - EQUIPMENT

Check grant programs for allowability and bidding requirements. Items requiring bids will not be funded absent a showing that bids were taken as required by law, rule or regulation. Call the grant administrator if you have any questions.

Enter the total costs for the appropriate items. Provide the breakdown of the costs by the amount requested, match and total costs in the appropriate columns. (Equipment items costing under \$300.00 should be included in Supplies.)

Enter the total costs for Equipment. Also enter these totals on the "Budget Summary" page.

Budget Narrative

Attach a budget narrative if funds are requested or match is provided.

Provide a breakdown of the cost basis for each piece of equipment.

Explain how each piece of equipment is relevant to the project.

CATEGORY F – EQUIPMENT

SECTION 1. PROGRAM RELATED:						
Item	Quantity	Unit Price	Amount Requested	Applicant's Match	Total Cost	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
SUBTOTAL			\$	\$	\$	
SECTION 2. OFFICE RELATED						
Item	Quantity	Unit Price	Amount Requested	Applicant's Match	Total Cost	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
SUBTOTAL			\$	\$	\$	
SECTION 3. HOUSEHOLD / MAINTENANCE RELATED						
Item	Quantity	Unit Price	Amount Requested	Applicant's Match	Total Cost	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
		\$	\$	\$	\$	
SUBTOTAL			\$	\$	\$	
SECTION 4 . TOTAL EQUIPMENTEXPENSES						
			Amount Requested	Applicant's Match	Total Cost	
Total Equipment Expenses			\$	\$	\$	
Attach a Budget Narrative!						

CATEGORY G - OTHER COSTS

List each item and the total estimated cost with the breakdown by the amount requested, match and total costs in the appropriate columns.

Enter the total cost for "Other". Also enter these totals on the "Budget Summary" page.

Check grant program guidelines for allowability.

Budget Narrative

A budget narrative is required if funds are requested or if match is provided.

Explain each item requested and the breakdown of how the cost for each item was determined. Provide an explanation of how each item is relevant to the project.

Juvenile Justice Description

Please complete the table below. You must contact Doug Kramer, Nebraska DMC Coordinator for technical assistance. Phone: 308-233-5229 or dkramer45@gmail.com to receive the required 2007 data.

TABLE A

AREA REPORTED

State : Nebraska

County:

Reporting Period **Jan / 2007**

through **Dec / 2007**

System Points:	Total Youth	White	Black or African-American	Hispanic or Latino	Asian	Native Hawaiian or other Pacific Islanders	American Indian or Alaska Native	Other/ Two or More Races	All Minorities
1. Population at risk (age 10 through 17)									0
2. Juvenile Arrests									0
3. Refer to Juvenile Court									0
4. Cases Diverted									0
5. Cases Involving Secure Detention									0
6. Cases Petitioned (Charge Filed)									0
7. Cases Resulting in Delinquent Findings									0
8. Cases resulting in Probation Placement									0
9. Cases Resulting in Confinement in Secure Juvenile Correctional Facilities									0
10. Cases Transferred to Adult Court									0

5. DATA SOURCES & NOTES

Item 1:
Item 3:
Item 5:
Item 7:
Item 9:

Item 2:
Item 4:
Item 6:
Item 8:
Item 10:

PROBLEM IDENTIFICATION

A. Based on the planning, data table above, and any additional collateral data, the local DMC sub-committee has done, discuss the three top DMC system point problems in your community. Discuss which system point(s) this proposal will address and why that has been prioritized for this proposal. (2 pages)

PROBLEM IDENTIFICATION (CONTINUED)

B. Does the data in Table "A" accurately reflect minority over representation concerns in your county? If yes, briefly describe initiatives implemented to impact specific points not being targeted in this proposal. If no, please explain why the data does not capture the problem. (1 page)

Proposed Solution

What solution(s) do you plan to implement to address the prioritized system point(s) you have identified above in Problem Identification, question B? Explain how the outcome of the program will impact one or more of the various data system points above.

(Clearly explain, step by step, how your proposed project will work and how it addresses the minority overrepresentation issues you described above. Is a model program being used? If so indicate why this program was selected.) (Limit 2 pages)

Federal Performance Measures

Describe understanding of the mandatory performance measures and data collection methods on how you plan to collect the data. (Limit 1 page)

Activities and Timetables

Complete the following chart by identifying major program activities by quarter and identify by position and who will be responsible for each listed activity. Add to the chart as needed. (Limit 2 pages)

ACTIVITY	POSITION RESPONSIBLE	1 ST Quarter	2 nd Quarter	3 rd Quarter	4 th Quarter
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EVALUATION

The following table asks you to think about and plan for evaluating how well your program is doing. In the Activity Column, identify the key activities under each sub-category. Then indicate how you will document each activity. Finally, identify key indicators that you want to know about under each activity that will help measure the success of your program. Some of the points in the program may not apply to your program; only provide information on the ones that apply to your program. If there are different points in your program that are more appropriate you may substitute them. Be thorough. (Limit 2 pages)

ACTIVITY	DOCUMENTATION	KEY INDICATORS
Entry Point		
Examples: arrest/referrals	Examples: paper citations/ computer referrals	Examples: # of arrests; # of referrals; # referrals accepted
Intake		
Examples: intake meeting	Examples: paper intake forms/ computer intake log	Examples: # intakes completed; # not completed
Assessment		
Examples: Tools such as YLSI/ SSI/ MAYSI-2	Examples: paper or computerized case management system	Examples: Average scores, scores by age or other demographics
Service Provision		
Examples: community service, counseling, sanctions, supervision	Examples: log book, session notes, travel logs	Examples: # service hours completed; # of supervision hours
Exit from the Program		
Examples: new law violation, program completed	Examples: case management system	Examples: # completing program; # not completing

CONTINUATION INFORMATION

(Limit 2 pages)

1. For the past grant year, please provide the following information (preferably in table format):
 - Number of youth referred, accepted, served, & completed the program (unduplicated) Also explain why youth did not complete the program
 - Number of males and females
 - Racial/ethnic breakdown of youth served
 - Age breakdown of youth served
 - Explain any significant increases/decreases in numbers served.
2. Discuss (not list) a minimum of three major accomplishments of the program over the past grant year.
3. Discuss changes, improvements or any other relevant information to the program as a result of the evaluation information being collected on a quarterly basis. (Those programs with outside evaluators/evaluations should discuss them as well.)
4. Discuss (do not list) any challenges/issues the project faced, how they were addressed and the results.
5. Have all quarterly activity and cash reports been submitted in a timely manner? If there have been difficulties, explain why.

Letters of Commitment and Support

Letters of Commitment and Support: All letters of commitment and support are to be submitted as part of this application. Letters submitted separately from the application will not be considered. Letters of support should be from relevant community leaders and agencies that will be affected by the proposed project. Letters of commitment should be from individuals or organizations committing staff, in-kind, or cash support, time, etc. to the project.

A letter from the DMC sub-committee chair is required, documenting the sub-committee had the opportunity to provide input and review the application prior to submission. If the applicant does not have a DMC sub-committee in place, a letter from the chair of the community coalition indicating commitment to start a DMC sub-committee is required.

CERTIFICATIONS REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTER; AND DRUG-FREE WORPLACE 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 (Nonprocurement) and Government-wide Requirements for Drug-Free Workplace (Grants)." The certifications shall be treated as a material representation of fact upon which reliance will be placed when the Department of Justice 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 of Lobbying Activities," in accordance with its instructions;
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subgrants, contracts under grants and cooperative agreements, and subcontracts) and that all subrecipients shall certify and disclose accordingly.

2. DEBARTMENT, 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 transaction, 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, sentenced to a denial of Federal benefits by a State of Federal court, or voluntarily excluded from covered transactions by any Federal department of 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 for or otherwise criminally or civilly charged by a governmental 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) terminated 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 INDIVIUALS)

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—
 - (a) The dangers of drug abuse in the workplace;
 - (b) The grantee's policy of maintaining a drug-free workplace;
 - (c) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (d) The penalties that may be imposed upon employees for drug abuse violation occurring in the workplace;

C. Notifying the employee in the statement that the employee will:

- (a) Abide by the terms of the statement; and
- (b) Notify the employer in writing of his or her conviction of a criminal drug statute occurring in the workplace no later than five calendar days after such convictions;

The subgrantee shall notify the Crime Commission in writing of any conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

The subgrantee certifies that it will take one or more of the following actions within 30 calendar days of receiving notice of the conviction:

- A. 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
- B. Requiring such employee to participate satisfactorily in a drug abuse assistance of rehabilitation program approved for such purpose by a Federal, State or local health, law enforcement, or other appropriate agency;

The subgrantee certifies that it will make a good faith effort to continue to maintain a drug-free workplace.

Organization Name and Address:

Typed Name and Title of Authorized Representative

Signature

Date

CERTIFIED ASSURANCES

Juvenile Justice and Delinquency Prevention Act Grant Funds

1. **THE HATCH ACT:** Federal law prohibits certain partisan political activity by an officer or employee of the state or local agency if his or her principal employment is in connection with an activity which is financed in whole or part by loans or grants made by the United States or a federal agency. The law is enforced by the United States Civil Service Commission.
2. **UNIFORM RELOCATION:** Pursuant to the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970, P.L. 91-646, 84 Stat. 1984, and Guideline G 4061.1A, as amended any program which uses federal financial assistance to pay all or part of the cost of any program or project which will result in the displacement of any person shall provide that:
 1. Fair and reasonable relocation payments and assistance shall be provided to or for displaced persons as are required in such regulations as are issued by the U.S. Attorney General.
 2. Relocation or assistance programs shall be provided for such persons in accordance with such regulations issued by the U.S. Attorney General.
 3. Within a reasonable period of time prior to displacement, decent, safe and sanitary replacement must be available to the displaced person in accordance with such regulations as issued by the U.S. Attorney General.
3. **ENVIRONMENTAL POLICY ACT:** No portion of any grant which might have an affect on the environment will be approved until an environmental evaluation form has been submitted and a determination made that the project will not have an adverse affect on the environment. An environmental evaluation will be required with the grant application if the applicant=s project involves any of the following:
 1. New construction projects;
 2. The renovation or modification of a facility which leads to an occupancy of more than 25 persons;
 3. The implementation of programs involving the use of pesticides or other harmful chemicals.
 4. The implementation of programs involving the use of microwaves or radiation.
 5. Research and technology whose anticipated or intended future application could be expected to have a potential effect on the environment.
 6. Other actions which require the substantial commitment of resources or trigger such a substantial commitment by another as determined by the responsible federal official to possibly have a significant effect on the quality of the environment.
4. **PROCUREMENT OF SPECIAL EQUIPMENT:** The Juvenile Justice Advisory Group expects that the subgrantee will procure such special equipment being purchased in whole or in part with grant funds by that method, authorized by state law or local ordinance, which results in the lowest price for goods of the kinds or type required.
5. **NON-SUPPLANTING REQUIREMENT:** The Juvenile Justice and Delinquency Prevention Act contains a non-supplanting requirement. This requirement stipulates that federal funds under Title II may not be used to supplant state and local funds that would have been available in the absence of federal aid. In complying with this requirement, the Nebraska

Commission on Law Enforcement and Criminal Justice will rely on written certification by state agencies and local government units to the effect that federal funds have been used to increase state or local funds available for law enforcement.

6. **BUILDING ACCESSIBILITY AND USE BY PHYSICALLY HANDICAPPED:** Any construction, design or alteration of a building or facility which will be used by the public or which may result in the employment or residence of physically handicapped persons shall provide for accessibility and use to physically handicapped persons through appropriate items such as ramps, handrails, guardrails as required by 42 U.S.C. 4152 1970 and 34 Fed. Ref. 12828 1969.
7. **CONFLICT OF INTEREST:** Requests for proposals or invitations for bid issued by the grantee or subgrantee to implement the grant or subgrant project are to provide notice to prospective bidders that the Office of Juvenile Justice and Delinquency Prevention organizational conflict of interest provision is applicable in that contractors that develop or draft specifications, requirements, statements of work and/or RFP=s for a proposed procurement, shall be excluded from bidding or submitting a proposal to compete for the award of such procurement.
8. **ACCOUNTING:** The applicant assures that fund accounting, auditing, monitoring, and such evaluation procedures as may be necessary will be maintained to assure fiscal control, proper management, and efficient disbursement of received funds.
9. **RECORD KEEPING:** The applicant assures that it shall maintain required data and information and shall submit required reports deemed necessary by the Nebraska Commission on Law Enforcement and Criminal Justice.
10. **CERTIFICATION:** The applicant certifies that the programs contained in its application meet all the requirements, that all the information is correct, that there has been appropriate coordination with affected agencies, and that the applicant will comply with all provisions of applicable federal and state laws.
11. **COMPLIANCE:** The applicant assures that it will comply and all of its contractors will comply, with the non-discrimination requirements of the Juvenile Services Act; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973 as amended; Title IX of the Education Amendments of 1972; the Age Discrimination Act of 1975; and the Department of Justice Non-Discrimination Regulations 28 CFR Part 42, Subparts C, D, E, and G and the Americans with Disabilities Act.
12. **REPORTING OF LEGAL ACTION:** The applicant assures that in the event a federal or state court, or federal or state administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin or sex against a recipient of funds, the recipient will forward a copy of the finding to the Crime Commission and the Office of Civil Rights Compliance (OCRC) of the Office of Justice Programs.
13. **EQUAL EMPLOYMENT:** The applicant assures that, if required, it will formulate an equal employment opportunity program (EEOP) in accordance with 28 CFR 42.301 et.seq., and submit a certification to the state that it has a current EEOP on file which meets the requirements therein.
14. **SINGLE AUDIT REQUIREMENT:** Pursuant to Office of Management and Budget Circular A-128, Audits of state and Local Governments: and A-133, A Private Non-Profit@ agencies, each applicant must comply with the Single Audit Act. A copy of the audit is to be submitted to the Crime Commission.
15. **CONFIDENTIALITY OF INFORMATION:** No recipient of monies under the Juvenile Services Act shall use or reveal any research or statistical information or other type of information acquired or furnished under this program by any person/juvenile and identifiable to any specific private person/juvenile for any purpose other than the purpose for which such information was obtained in accordance with the Act.
16. **FINANCIAL REPORTING:** The applicant agrees to submit financial reports and progress reports

indicating activities undertaken, expenditures, and general progress of the project. A final report (using the same report forms) is required to be submitted at the end of the project period. The final report will include data necessary to verify the success or failure of the project.

17. **ADHERENCE TO LAWS, RULES AND REGULATIONS:** The applicant also understands and agrees: (1) that funds received are to be expended only for the purposes and activities covered by the applicant's approved application and budget, (2) that the grant may be terminated by the Nebraska Commission on Law Enforcement and Criminal Justice if the applicant fails to comply with the provisions of the Juvenile Justice and Delinquency Prevention Act and all amendments thereto, any of the certified assurances listed above, or any other requirements of the Crime Commission.
18. **OTHER CONDITIONS:** The applicant also understands and agrees: (1) that any grant received as a result of this application shall be subject to the grant conditions and other policies, regulations, and rules issued by the Nebraska Commission on Law Enforcement and Criminal Justice and the Office of Juvenile Justice and Delinquency Prevention for the administration of grant projects under the Juvenile Justice and Delinquency Prevention Act and any other applicable Federal Acts, Executive Orders, and Guidelines; (2) that funds awarded are to be expended only for the purposes and activities covered by the applicant's approved application and budget; (3) that the grant may be terminated in whole or in part by the Nebraska Commission on Law Enforcement and Criminal Justice at any time that the Commission finds a substantial failure to comply with the provisions of the Act or regulations promulgated there under including these grant conditions, or plan or application obligations but only after notice and hearing and pursuant to Juvenile Justice Advisory Group and Office of Juvenile Justice and Delinquency Prevention procedures; (4) that appropriate grant records and accounts will be maintained and made available for audit as prescribed by the Commission; and (5) that the appropriate share of the total costs of this project shall be contributed by the Applicant from non-federal funds which are not being used in connection with any other program which is receiving federal financial assistance.

CERTIFICATION

I certify that I have read and reviewed the above assurances and the applicant will comply with all provisions and requirements of the Crime Commission, the Juvenile Justice and Delinquency Prevention Act of 1974 (as amended) and all other applicable federal and state laws.

(SIGNATURE OF AUTHORIZED OFFICIAL)

(DATE)

(TYPED NAME)

(TITLE)

(TELEPHONE NUMBER)

EEOP SHORT FORM

STEP 1: INTRODUCTORY INFORMATION

Grant Title:

Grantee Name:

Address:

Contact Person:

Tel.:

Grant Number:

Award Amount:

Date and effective duration of EEOP:

Policy Statement:

CERTIFICATION (EEOP ON FILE)

A. I, _____ [agency executive officer], certify that the _____ [agency] has formulated an Equal Employment Opportunity Plan in accordance with 28 CFR 42.301, et. seq., subpart E, that it has been signed into effect by the proper agency authority and disseminated to all employees, and that it is on file in the Office of _____ [name], _____ [address], _____ [title], for review or audit by officials of the cognizant State planning agency or the Office for Civil Rights, Office of Justice Programs as required by relevant laws and regulations.

[signature]

[date]

=====

CERTIFICATION (NO EEOP REQUIRED)

B. I HEREBY CERTIFY THAT THE FUNDED AGENCY HAS **LESS THAN 50 EMPLOYEES** AND THEREFORE IS **NOT REQUIRED TO MAINTAIN AN EEOP**, PURSUANT TO 28 CFR 42.301, ET. SEQ.

[signature]

[date]

OMB Approval No. 1121-0140
Expiration Date: 12/31/98

Revised 9/20/95