******Florida Department of Law Enforcement**

## Office of Criminal Justice Grants

Post Office Box 1489 Tallahassee, Florida 32302-1489 (850) 617-1250

**FY2019-2020**

**State Financial Assistance**

**Funding Application Instructions**

# Instructions

This information packet accompanies all notices of funding for non-competitively named recipients of State Financial Assistance (SFA) approved by the Florida Legislature and Executive Office of the Governor.

FDLE must receive detailed project and budget information prior to developing a contract for grant funding.

An application form is provided below describing contract requirements and information that must be submitted for incorporation into the SFA agreement.

# Eligibility

FDLE’s Office of Criminal Justice Grants (OCJG) is the coordinating unit for SFA pass-through funding to recipients for criminal justice projects and programs. SFA grants are awarded for projects identified in statute or legislative proviso and authorized in the Department’s budget as pass-through funding for local agencies or named recipients.

**Project Period**

Grants are awarded for a 12-month state fiscal year period, beginning July 1, 2019 and ending June 30, 2020. These awards cannot be extended, and any unused funds remaining after June 30, 2020 will be reverted.

# State Transparency

# SFA grants and information supplied to OCJG for grant management and payment purposes will be used to comply with state transparency reporting requirements.

Florida Accountability and Contract Tracking System (FACTS)

Section 215.985, F.S., makes the Department of Financial Services (DFS) responsible for the development and maintenance of a contract reporting system, the Florida Accountability Contract Tracking System (FACTS). State law requires all agreements (contracts, purchase orders and grants for state or federal financial assistance) to be placed in this transparency system and available for public access.

FDLE will provide all state financial assistance grant agreements to the FACTS system, including original contract and amendment document images and payment information.

Exemption from FACTS

Agreements containing information statutorily exempt from public records could qualify for partial or complete exemption from FACTS. Please contact OCJG for additional information, to determine whether an agreement would be exempt, and to obtain instructions on the requirements for requesting an exemption.

### Reporting Requirements

Performance

Programmatic or performance reports are to be submitted monthly and are due within **15 days** of the end of each reporting period. Receipt of funds is contingent on timely reporting. Legislative proviso language requires all appropriations specifically identified in Appropriations 1281, 1286A or 1324 to provide the current status of the project, indicating whether it is meeting the goals of funding.

Additionally, FDLE must provide quarterly reports to the Executive Office of the Governor on the status of contract deliverable performance and the recipient’s return on investment for the state of Florida. Performance reports will be used not only to verify and authorize payments, but also to monitor progress and develop reports on the project to the Florida Legislature.

Financial

Financial claim reports are due monthly within **30 days** after the end of each reporting period. The final financial claim report is due by Thursday **July 30, 2020**, which is 30 days after the end of the agreement period. Final reconciliation and closeout of the agreement must be completed by both parties within forty-five (45) days of the end of the grant period.

Grant funds are distributed on a cost-reimbursement, unit cost, or flat rate basis for satisfactory performance of eligible activities. Partial cash advances may be available for some grants under certain circumstances. Contact OCJG with questions or for additional information regarding the need for cash advance.

The final approved grant agreement will detail all invoicing and documentation requirements. The monthly financial claim reports serve as the recipient’s request for payment. Only costs for expenditures in the approved grant budget may be paid from the agreement. These expenditures must be allowable (pursuant to law) and directly related to the services being provided.

Receipt of funds is contingent on timely reporting. Payments will be processed in conjunction with receipt and review of programmatic performance reports and supporting documentation to determine successful completion of minimum performance deliverables and to verify cost elements as specified in the agreement. Additionally, the request and any corresponding supporting documentation must evidence the completion of all tasks required to be performed for the associated deliverable, including minimum performance standards established in the agreement.

Recipients of FDLE grant funds are required to establish and maintain effective internal control over the award that provides reasonable assurance that the recipient is managing the award in compliance with statutes, regulations, and the terms and conditions of the grant agreement. The recipient must maintain effective control over all funds, property, and assets, and assure they are used solely for authorized purposes.

# Contact Information

Contact Operations Review Specialist (ORS) Patricia Stark with any questions or for additional assistance at (850) 617-1252 or at patricia stark@fdle.state.fl.us.

### ADMINISTRATION

Project Title:

Agency:

Date Final Agreement Needed for Council/Commission Meeting Approval:

|  |  |  |
| --- | --- | --- |
| **Chief Official** |   | **Programmatic Contact** |
| **Name** |   |   | **Name** |   |
| **Title** |   |   | **Title** |   |
| **Address** |   |   | **Address** |   |
| **Phone** |   |   | **Phone** |   |
| **Email** |   |   | **Email** |   |

|  |  |  |
| --- | --- | --- |
| **Grant/Contract Manager** |   | **Chief Financial Officer** |
| **Name** |   |   | **Name** |   |
| **Title** |   |   | **Title** |   |
| **Address** |   |   | **Address** |   |
| **Phone** |   |   | **Phone** |   |
| **Email** |   |   | **Email** |   |

|  |
| --- |
| **Official Payee** |
| **Name** |   |
| **Title** |   |
| **Address** |   |
| **Phone** |   |
| **Email** |   |
| **SAMAS #** |  |
| **FEID #** |  |

**Chief Official:** This individual is the agency head for the recipient entity named in proviso (County Commissioner, Sheriff, Mayor, Police Chief, President, Chief Executive Officer, etc.). **Note:** If using a Chief Official Designee, the application must include a copy of the written authorization of signature authority (official letter from the chief official, ordinance, charter, etc. approving the individual for signature authority).

**Programmatic Contact:** This individual is responsible for overall administration of the project.

**Grant/Contract Manager:** This individual serves as primary point of contact for the grant, project activities, responsible for all programmatic and financial reporting, and overall compliance with the grant agreement.

**Chief Financial Officer:** This individual is responsible for the entity’s accounting system, financial management and records management, and certifying the financial claim reports that are submitted for payment.

**Official payee:** This individual is the person to whom payments will be remitted on behalf of the Recipient.

### PROJECT OBJECTIVE

Write a detailed objective statement(s) describing the intent of the program or project to be completed. An objective should be narrow, action oriented, tangible, and measurable.

This section should also identify any anticipated improvements, outcomes, capabilities, etc. and include any relevant statistics.

### SCOPE OF WORK

The scope of work should identify and quantify all tasks and activities proposed for funding, including how they will be completed. List the tasks and activities to be performed and include responses to the questions below for *each* activity or service.

1. Who is going to complete the activity or provide the service?
2. How many people will be served, or the number of service units that will be delivered/received?
3. How often will the activity or service be delivered, provided or used?
4. What documentation will be provided to verify the activity or service was completed?
5. What is the intended result or benefit of each activity or service?
6. What data is going to be collected for performance measures? What is the source of this data?
7. What is the expected or anticipated budget cost for the activity or service?
8. What is the procurement method expected for each related purchase completed with grant funds? (e.g. quotes, competitive bids, sole source, etc.)
9. If this is a fixed capital outlay project please provide a project timeline.

### Budget Worksheet and Narrative

Each category should include a narrative explanation to identify how requested funds will be used to carry out the award. Additionally, each category should provide line item cost detail with calculations for how amounts were derived.

**A. Personnel (Salaries & Overtime)**

Narrative: Describe the position(s) requested and the function or responsibilities for each person to be paid with grant funds.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name/Title** | **Position/Description** | **Computation**(show salary rate and percentage of time devoted to the project) | **Cost** |
|  |  |  |  |
|  |  |  |  |
| **TOTAL - Personnel** | **$0** |

**B. Fringe Benefits**

Narrative: List each grant-funded position receiving fringe benefits and describe each type of benefit to be paid with grant funds.

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Name/Title** | **Description of Benefit** (FICA, Retirement, etc.) | **Computation**(show the basis for the computation) | **Cost** |
|  |  |  |  |
|  |  |  |  |
| **Total – Fringe Benefits**  | **$0** |

# C. Travel

Narrative: Indicate the purpose or type (e.g. training, advisory group meeting, etc.), and location for each trip. Information provided should show the basis of computation by computing the cost of each type of expense (airfare, mileage, lodging, etc.) with the number of persons traveling.All travel will be conducted and reimbursed in accordance with s. 112.061, F.S.

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose of Travel** | **Location / Destination** | **Computation** | **Cost** |
|  |  |  |  |
|  |  |  |  |
| **Total - Travel** | **$0** |

# D. Equipment (Operating/Fixed Capital Outlay)

Narrative: Describe how the equipment is necessary for the success of the project and the procurement method that will be used to purchase each type of equipment. If the Recipient does not have an established capital outlay policy, the State of Florida policy applies, defining capital outlay as any non-consumable expense item with a unit cost of $1,000 or more or a lifespan of more than 1 year.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Cost per unit** | **Computation** | **Cost** |
|  |  |  |  |
|  |  |  |  |
| **Total - Equipment**  | **$0** |

# E. Supplies

Narrative: Describe expenses by type and their specific use or relation to the project. Include the basis for computation. Supplies include any items or materials necessary for the project that are expendable or consumed during the course of the project.

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Cost Per Unit** | **Computation** | **Cost** |
|  |  |  |  |
|  |  |  |  |
| **Total - Supplies** | **$0** |

**F. Construction**

Narrative: List each construction item to be completed for the project. Describe the purpose of the construction and the description of work to be performed. Each activity should have an estimated cost. Include permits, surveys, etc. if applicable, and describe the procurement method to be used to complete or subcontract each construction activity, if known.

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose** | **Description of Work** | **Computation** | **Cost** |
|  |  |  |  |
|  |  |  |  |
| **Total - Construction**  | **$0** |

# G. Subawards / Subgrants

Narrative: Provide a description of the activities to be carried out by subrecipients. If the subaward is for a consultant, explain the services the consultant will perform or provide for the project. Explain how subawards will be determined and issued to subrecipients (e.g. competitive or non-competitive basis).

|  |  |  |
| --- | --- | --- |
| **Subrecipient or Consultant** | **Purpose of Subaward** | **Cost** |
|  |  |  |
|  |  |  |
| **Total - Subawards** | **$0** |

# H. Procurement Contracts

Narrative: Provide a description of the products or services to be procured by contract with an estimate of the costs and a description of the procurement method to be used. Recipients are encouraged to promote free and open competition in awarding contracts, and a separate justification is required for sole source procurements.

|  |  |  |
| --- | --- | --- |
| **Description**  | **Purpose** | **Cost** |
|  |  |  |
|  |  |  |
| **Total – Contracted Services** | **$0** |

**I. Other Costs**

Narrative: List and describe items that will be paid with grant funds that do not fall in any of the other categories (e.g. rent, production materials, telephone, janitorial, investigative or confidential funds, etc.).

|  |  |  |
| --- | --- | --- |
| **Description** | **Computation** | **Cost** |
|  |  |  |
|  |  |  |
| **Total – Other Costs** | **$0** |

### Budget Summary

Insert totals from the categories above to complete the budget summary. Please assure the budget amounts for each category are accurate and reflect the totals entered.

|  |  |
| --- | --- |
| **Budget Category** | **Total** |
| A.    Personnel (Salary/Overtime) | $0 |
| B. Fringe Benefits | $0 |
| C. Travel | $0 |
| D.    Equipment | $0 |
| E.    Supplies | $0 |
| F.    Construction | $0 |
| G. Subawards / Subgrants | $0 |
| H. Procurement Contracts | $0 |
| I.    Other Costs | $0  |
| **TOTAL** | **$0**  |