**INSTRUCTIONS FOR**

**COMPLETION OF**

**THE**



**APPLICATION**

The grant application should be completed using the South Carolina Department of Public Safety’s (SCDPS) Office of Highway Safety and Justice Programs’ (OHSJP) web-based grants management system, *SCDPS Grants*. *SCDPS Grants* can be accessed at <https://www.scdpsgrants.com/>, as well as through the South Carolina Department of Public Safety website at <http://www.scdps.sc.gov/ohsjp>.

Please fully read the JAG Application Guidelines and Procedures document prior to beginning an application, which lists all deadlines and application requirements. The application must be fully complete and submitted via *SCDPS Grants*. Applications with incomplete information and/or blank pages received at the time of submission will not be considered for funding. **Please note: all text fields shown with a red bar are mandatory.**  *SCDPS Grants* will not allow an application submission without completion of all mandatory fields.

This document provides general information and instructions for the programmatic and financial-related tabs of the JAG application. Please refer to the most applicable Application Tool ([www.scdps.sc.gov/ohsjp/cjgp/jag](http://www.scdps.sc.gov/ohsjp/cjgp/jag)) for guidance or information needed for a specific grant application. You may contact the OHSJP regarding any programmatic questions at (803) 896-8707, or contact Accounting-Grants for any financial questions at (803) 896-8412.

**PROJECT DETAILS TAB**

All items should be completed by the Project Director (the person in the applicant's agency who will be responsible for administering project activities).

 Project Title: The name given to the project should be short and descriptive of the task to be accomplished; including agency name and requested item or personnel, e.g., "ABC County - School Resource Officer" or “ABC County - Law Enforcement Radios”.

 Project Summary: Provide a brief, concise description of the project (one to two sentences) not to exceed 300 characters.

 Type of Application: Indicate if the application is a New project (project has not been previously funded), or if the application is a continuation (continuation of a project funded previously).

 Year of Funds: All New applications would select one; Continuation applications would be either second, third, fourth or fifth year of funding, etc. If more than third year of funding, reflect the actual year of funding in the “Other” block.

 Appropriation of Non-Grantor Matching Funds: Select State, County, City, or Other. If Other, explain in the next field.

 Program Area: Please enter the letter or letters that correspond to the Program Area(s) under which you are applying.

1. Law enforcement programs
2. Prosecution and court programs
3. Prevention and education programs
4. Corrections and community corrections programs
5. Drug treatment programs
6. Planning, evaluation, and technology improvement programs
7. Crime victim and witness programs (other than compensation)
8. Mental health programs and related law enforcement and corrections programs, including behavioral programs and crisis intervention teams

**AGENCY DETAILS TAB**

Type the name of the Agency implementing the project, Address fields, Phone, and Fax.

Use the drop-down to insert the County Name in which the subgrantee is located. State agencies will select State Agency at the top of the drop-down list. Solicitor’s Offices will select Solicitor, which is second in the drop-down list. If the subgrantee serves more than one county, please include the names of the counties which are served by this specific grant in the next text field.

 Indicate if the applicant organization is state, city, county, private non-profit or other organization. If "Other" is indicated, specify type.

 Indicate the U. S. Congressional District (First through Sixth) which will be served by this grant; e.g., Third Congressional District. If administered through a state agency or a statewide program, enter "0".

 Indicate whether your agency has registered in the System for Award Management (SAM).

**BUDGET TAB**

The purpose of the Budget is to assist the applicant in developing a financial plan for their project and to provide the OHSJP with the projected costs required to implement the project. Cost projections must be reasonable. Budget projections should be for the period covered by the application. Costs are subject to review and approval by the OHSJP and must meet applicable federal regulations as outlined in the Grant Terms and Conditions. Some budget line items are reduced or removed during the award process.

The budget is broken down into five major categories (Personnel, Contractual Services, Travel, Equipment, and Other) with the Grantor Amount, Cash Matching Funds, and Total amounts itemized by category. Budget costs should be reflected in the appropriate categories. *SCDPS Grants* will calculate the 90% (federal) Grantor and 10% (non-federal) Cash Matching funds for each line item based on the costs/rates/quantities provided in the first two number columns. Please use **whole dollars** only. The Totals for each category, as well as Total Project Costs are auto-calculated by the system as well.

BUDGET CATEGORY DEFINITIONS AND INSTRUCTIONS

* PERSONNEL: The personnel budget category is a summary of salary and employer contributions (fringe benefits). Personnel costs (salary and fringe) must be consistent with the agency's policies and procedures and must be applied uniformly to both federally financed and other activities of the agency.
* SALARIES: List each position by title, show the annual salary/rate and the percent of time worked on the project (should be 100%).
* EMPLOYER CONTRIBUTIONS (Fringe Benefits): Provide the estimated cost for each applicable fringe benefit for all positions listed under Salaries. If multiple personnel are on the grant at different fringe rates, enter the number 1 in the Rate column and provide the sum/total for each fringe line item to be charged to the grant in the X Base column. You may breakout individual costs/rates in the Budget Narrative tab or upload an attachment with the grant application.
* CONTRACTUAL SERVICES: For individuals other than professionals to be reimbursed for personal services on a fee basis, list each type of consultant or service. Fees charged by doctors, dentists, psychologists must be listed under the Other Budget Category as professional services.
* TRAVEL: Unless specifically approved otherwise, travel reimbursement will be limited to project personnel funded under the grant. Itemize travel items (examples include mileage, airfare, per diem or meals, parking, lodging, car rental, etc.). **Training registration costs should be placed in the Budget Category of “Other”.**

\*Travel costs must be consistent with the agency's policies and procedures and must be applied uniformly to both federally financed and other activities of the agency. At no time can the agency's travel rates exceed the federal rate established by the Internal Revenue Service.

* EQUIPMENT: Equipment is defined as an item which has a total cost (including tax) of $1,000.00 or more per unit and a useful life of at least one year. Equipment should be itemized by description and quantity per item.
* OTHER: All allowable costs not listed in the above categories should be shown in this category. Items to be included in this category are office supplies, equipment costs less than $1,000 per unit, cell phone, software, training registration fees, professional fees (e.g., doctors, dentists, psychologists), bulletproof vests, and indirect cost, etc. No “Miscellaneous” or “Etc.” will be funded.

**BUDGET NARRATIVE TAB**

Ensure adequate justification and descriptions of budget items are provided in the Budget Narrative. Both the Budget and Budget Narrative tabs should be used to tie the grant's budget with the grant's program to show why the item(s) is needed. Discuss and justify each line item within each Budget Category.

PERSONNEL CATEGORY:

Pay special attention to descriptions of personnel. *For continuation grants* - Personnel salaries and benefits will normally rise by no more than general salary increases in the work unit most closely associated with the grant. Any other cases (e.g., reclassification, additional supervisory responsibilities, etc.) must be fully justified. Provide additional documentation/justification for increases of more than three percent. Organizations must be prepared to bear the expense of any increases awarded prior to OHSJP approval.

CONTRACTUAL SERVICES CATEGORY:

List the contractual services in specific detail and provide adequate justification and description for these services.

TRAVEL CATEGORY:

Describe what the travel will be for (grant activities and/or training). Reflect what position(s) will be reimbursed under this grant for travel.

If travel costs are included in the grant application, a copy of the agency's travel policies and procedures will be required in the event of a grant award.

EQUIPMENT CATEGORY:

List each type of equipment requested and the quantity. Provide a complete description and justification for each item. However, any problems/deficiencies with your existing equipment should be discussed in the Program Narrative-Problem Statement rather than the Budget tab.

OTHER CATEGORY:

List each line item found in the Other category and provide a complete description and justification for each item.

The following items must have additional information as described below:

Office space may not exceed more than 150 square feet per person without prior written approval from the OHSJP; must be at the prevailing rates for the local area; and, may not exceed $10 per square foot annually without prior written approval from the OHSJP. Provide the total square footage covered by the lease agreement, total square footage being charged to the grant and the cost per square foot. A copy of the lease agreement will also be required before reimbursement is made for office space. Please note that the grant can only be charged for the grant's portion of rental costs. The grant cannot participate in mortgage payments, as this is unallowable.

Utilities, telephone and other costs normally billed on a monthly basis should be budgeted accordingly. (e.g., telephone: $50/month x 12 months = $600.) Only the grant’s portion of these expenses can be charged to the grant. This usually requires a pro-rated share of expenses. Provide how this pro-rated share was developed.

Indirect Cost: Only state agencies are allowed to charge for indirect cost. State agencies must claim Indirect Cost as required by state law. A copy of the currently approved indirect cost rate must be submitted with the grant application.

**ACCEPTANCE OF AUDIT REQUIREMENTS TAB**

NOTE: Not Applicable to State Agencies whose audit is covered by the State Auditor.

The required audit information lets the OHSJP know when to expect an organization-wide audit or audits covering the period of this proposed grant. The audit period and the date the audit will be submitted to Accounting - Grants must be provided. Please note that failure to properly complete this tab may result in your grant award being delayed and/or cancelled.

**CERTIFICATION TABS**

**The signatures of the grant officials (Project Director, Financial Officer and Official Authorized to Sign) are not required until an agency has received an award** (although, it is highly recommended that the applicant follow their local procedures in obtaining approval from their local officials before applying for a grant). All contact information for each grant official must be entered.

The PROJECT DIRECTOR should be a person within the implementing agency who has direct involvement with the project and who has knowledge of both programmatic and fiscal matters relating to the project. As the primary contact person for the project, the Project Director should be easily accessible to the OHSJP.

The FINANCIAL OFFICER should be a person who handles the jurisdiction's (city, county, state agency) fiscal matters (City/County Finance Director, state agency Chief Financial Officer). The Financial Officer should be sufficiently skilled in the area of fiscal matters to advise the agency regarding compliance with the grant's fiscal requirements.

The OFFICIAL AUTHORIZED TO SIGN should be the person who has the authority to commit agency funds and also to commit the agency to the special conditions and the general and fiscal terms and conditions of the grant (Mayor, City/County Administrator or Manager, state agency director).

 **NOTE: The Project Director, Financial Officer and Official Authorized to Sign CANNOT be the**

 **same person, but must be three separate individuals. Additionally, personnel being funded under this grant may not be any of the above officials.**