

# Appendix B

## FY 2020 West Virginia Community Corrections Grant Program Application Forms



**West Virginia Community Corrections  
Grant Program Application**

**General Administrative Information  
Page 1**

<p><b><u>Applicant Agency:</u></b> Address:</p> <p>Phone:</p> <p>Fax Number:</p>	<p><b><u>Type of Agency:</u></b>  <input type="checkbox"/> Municipality  <input type="checkbox"/> County</p> <p><b><u>Type of Application:</u></b>  <input type="checkbox"/> For State Funds  <input type="checkbox"/> No State Funds</p>
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<p><b><u>Project Director:</u></b> PD Title: Address:</p> <p>Phone: Fax: Email:</p>	<p><b><u>Fiscal Officer:</u></b> FO Title: Address:</p> <p>Phone: Fax: Email:</p>
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State Funds Requested: \_\_\_\_\_ Amount Awarded: \_\_\_\_\_  
 Local Funds Committed: \_\_\_\_\_  
 Project Period: July 1, 2019 – June 30, 2020

*(for DJCS use only)*

Number of years previously funded: \_\_\_\_\_ Previous Year Number Admitted: \_\_\_\_\_  
 Geographic Area(s) Served:  
 Total Population: \_\_\_\_\_  
 Project Title: \_\_\_\_\_

**Project Description:**

*Certification: To the best of my knowledge, the information contained in this application is true and correct. The submission thereof has been duly authorized by the governing body and the applicant will comply with the attached special conditions and assurances if funding is provided.*

<b><u>Authorized Official:</u></b>	<b><u>AO Title:</u></b>
Address:	Phone: Fax: E-Mail:
Signature:	Date:

Applicant:	FEIN Number:
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Budget Category	WV Community Corrections Requested Funds (A)	Local (Match) Funds (B)	Total Budget (A + B)
Personnel/Contractual			
Travel/Training			
Equipment			
Other			
<b>Totals</b>			

*\*All funds must be rounded to the nearest whole dollar amount*

#### Funding Strategy

Funding Source(s)	Amount	Status
<b>Total</b>		

Funding Source - Separately list each source of funds that will be used in the program.

Amount - Enter the amount received or anticipated for each

Status - Indicate the status of each funding source as follows:

P – Projected grant, loan or donation

A – Application submitted (**apart from this CC Grant Application**) and under review

C – Funds Committed

R – Funds received, appropriated or on hand

<b>West Virginia Community Corrections Grant Program Application</b>	<b>Budget Detail Page 3</b>
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Detailed Project Cost by Budget Category	Requested Community Corrections Funds	Local Funds Utilized	Grant Funds Approved
<b><u>Personnel / Contractual:</u></b>			(DJCS Use Only)
<b><u>Travel / Training:</u></b>			
<b><u>Equipment (\$1,000/unit):</u></b>			
<b><u>Other:</u></b>			
Total Requested WVCC Funds			
Total Local Matching Funds			
Total Funds APPROVED for Project			(For DJCS Only)

Provide specific information that explains each proposed expense for the project. State clearly and in concise detail the breakdown and justification of need for each item requested for funding in the Budget Detail pages. Also, provide an identified breakdown of matching funds. Be sure to label the breakdown of matching funds as such. Attach additional pages if necessary.

Please provide information that describes the proposed project. State clearly and in concise detail the purpose and direction of the project, including all components described in the project narrative section of the application instructions. All components must be addressed in the order listed in the instructions. Attach additional pages if necessary and label additional pages as 5a, 5b, 5c, etc.

- Goal - Broad statement about what the program intends to accomplish. This statement should state the long-term desired impact of the program, set scope or foundation, state long-range target or purpose, identify target population, and state the condition to be changed.
- Objective - A specific statement of the desired short-term, immediate outcome of the program which will show accomplishment of the goal. Each objective must be **S.M.A.R.T.** (Specific, Measurable, Attainable, Results oriented and Time bound).
- Outcome Measure - The data or tool used to measure achievement of the objective. How will data be collected, analyzed, and results shared.
- Activities - What will be done and who will accomplish it. **You must have at least one (1) activity per objective.**
- Timeline - When will the activity begin and end. **You must have a timeline for each activity.**

Goal Number:	<u>1</u>	<b>To reduce recidivism of program participants within the grant funded counties during the current grant period.</b>
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Objective Number: 1 To operate programs that are specifically designed to meet treatment needs of offenders.

Outcome Measure:

Activities to meet objective:

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

- 1.
- 2.
- 3.
- 4.

Objective Number: \_\_\_\_\_

Outcome Measure:

Activities to meet objective:

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

- 1.
- 2.
- 3.
- 4.

Goal  
Number: \_\_\_\_\_

Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

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Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

Goal  
Number: \_\_\_\_\_

Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.



Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

Goal  
Number: \_\_\_\_\_

Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

Objective  
Number: \_\_\_\_\_

Outcome  
Measure:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

Provide a membership list of the LCCJB (as defined from §62-11C-6 in the WV State Code), including title, name, agency affiliation, mailing address, telephone number, fax number, email address, Board Position (i.e. – President, Vice-President, etc.), and amount of time on the board for each member. *Letters of commitment or MOU's from each board member, reflecting their understanding of the requirements of the Board will be required for Attachment C of this grant application.*

Title	Name & Agency Affiliation	Address	Phone/Fax/Email	Board Position (if applicable) & Time on Board
Sheriff			P: F: E:	
Chief of Police			P: F: E:	
Prosecutor			P: F: E:	
Public Defender			P: F: E:	
Board of Education			P: F: E:	
Mental Health Background			P: F: E:	
Victim Advocate			P: F: E:	
Domestic Violence Advocate			P: F: E:	
Substance Abuse Treatment Background			P: F: E:	
At-Large			P: F:	



Please use this page to provide (or attach a copy of) the program's organizational chart which includes the proposed funded positions for this project. Please list all staff members, position titles, salaries, and funding source for salaries. Additionally, provide an organizational chart of the applying agency. This chart should include members of the governing board of the applying agency, titles, and term length.

**Provide a brief statement outlining the program agency's procedures for hiring employees who are funded under this grant. Include with this application a job description and qualifications for the position(s) proposed under the grant. If position(s) are currently filled, then include a resume for each position filled.**

<b>West Virginia Community Corrections Grant Program Application</b>	<b>Operational Budget Attachment A</b>
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Attach the operational budget for the local community corrections program along with a brief 3-year strategic financial and programmatic plan of operation. An operational budget must be submitted for each county with a physical program site; however, only one 3-year plan is required as long as all counties included in the application is sufficiently covered in the plan. The operational budget should include ALL funds to support the program.

<b>West Virginia Community Corrections Grant Program Application</b>	<b>Commitment Letters/MOU Local Board Members Attachment B</b>
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Please attach in this section commitment letters received from all members of the Local Community Corrections Board which indicates their willingness and understanding of serving on the local board. A Memorandum of Understanding (MOU) that details member expectations and responsibilities signed by each board member will suffice for individual commitment letters.

<b>West Virginia Community Corrections Grant Program Application</b>	<b>Other Required Program Information Attachment C</b>
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A signed Memorandum of Understanding between the local criminal justice board and the county commission must be submitted. This MOU shall contain a cooperative agreement indicating the county's willingness to collaborate and describing in detail the role of the county as the fiscal agent and the role of the criminal justice board as the body responsible for the overall direction and operation of the program.



A copy of the following information **must be submitted** with this attachment in order for the application to be complete. Please refer to page xvii of the application instructions for more details:

1. Program Mission approved by local criminal justice board
2. Approved by-laws of local criminal justice board (including date of last revision)
3. Certification Letter regarding Program Policy/Procedure Manual
4. Schedule of services offered by the program
5. Brief description of each service provided by the program
6. List of referral sources and number of clients admitted from each source for the last fiscal year
7. General County Ledger and Revenue Transaction Register
8. Copy of most recent audit report
9. Detailed list of changes made to the program as a result of the recommendations made on the program's Correctional Program Checklist (CPC) assessment. Be advised that these changes will be verified during standard monitoring visits and CPC reassessments.