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Commonwealth of the Northern Mariana Islands

Criminal Justice Planning Agency

1314 Anatahan Dr, Capitol Hill Saipan, MP 96950 Tel: (670) 6644550/1/2/4/6



	APPLICANT AGENCY/ORGANIZA	TION			
	TYPE OF APPLICATION: (please check one) New/Initial Grant Request Renewal/Continuation of an Existing Grant				
SUB - GRA	GOVERNMENT NONPROFIT	UEI NUMBER		FEDERAL TAX EXEMPT STATUS OF NONPE 501(c)(3 YES NO FEDERAL EMPLOYER IDENTIFICATION NU	
N T A P	TELEPHONE NUMBER	MAILING AD		DDRESS - CITY, STATE, ZIPCODE	
P L	TITLE OF PROJECT (Your Program Name)				
C A	GRANT APPLYING FOR (VAWA, JAG, JJDP, VOCA, SASP, RSAT) - ONE AP			PPLICATION PER GRANT PROJECT	
T I O	AMOUNT REQUESTED			PROJECT DURATION	
N	EXPENDITURE AUTHORITY/DEPA CONTACT INFORMATION (Phone		PROJECT Co	OORDINATOR AND CONTACT INFORMATION	N (Phone/
I, the undersigned, do hereby certify that I am authorized under the relevant By-Laws or policies of the above listed Organization to submit this application for grant funds. To the best of my knowledge, all of the information contained in this application is true and correct. I realize that the submission of this application does not obligate the Criminal Justice Planning Agency (CJPA) or the CNMI Government and that the application must be reviewed and approved by bodies set by the Governor for that purpose. If the agency/organization I represent is awarded the grant, the project for which the funds were awarded will be carried out as stated in this application, unless specific written permission is received from the CJPA Directo or designee or the CJPA Supervisory Council to do otherwise. I will also comply with all federal and local regulations regarding these grants, particularly those regulations affording equal opportunity for employment and services, environmental protection, and reporting of grant finances and progress. I realize that the grant is subject to audit, monitoring, and evaluation, and will cooperate in this and maintain any grant records for a least three (3) years from the close of the grant. I will also comply with any special conditions that may be attached to the grant award, should it be approved.					
Print & \$	Sign:(PROJECT CO	OORDINATOR)		Date:	
Print & \$		IT HEAD/ EXPENDITURE A		Date:	
		FOR OFFICIAL US	SE - CJPA STAI	FF ONLY	

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UPLOADED ON:

PROBLEM STATEMENT			
Briefly describe the situation that you perceive as a problem and the criteria used for making this determination. The problem statement should describe the significance of the problem, its scope, and its relevance to addressing the needs of crime victims in the community. Provide sufficient information so that the rest of the application can be seen as addressing the problem identified.			

PURPOSE/GOAL
Specify the grant's purpose, the intended goal(s) a clear vision of what the grant funding will be used for and the expected outcome of the project. Consider adding an example goal.

OBJECTIVES List the objective for each goal. Objectives should be: → Specific - Clearly define what you aim to achieve with the grant funding. → Measurable - Establish criteria to measure your progress and success → Achievable - Ensure that your objectives are feasible within the scope of the grant and your capabilities. → Relevant - Align the objectives with the grant's purpose and intended goals. → Time-bound: Set deadlines or milestones to track progress and completion. → Consider adding an example for each.

ACTIVITIES				
Each previously outlined objective should be accompanied by specific activities. List the steps or tasks necessary for implementing the project to achieve the objectives and to fulfill the overarching purpose or goal of the project.				

EVALUATION				
Describe how your organization will obtain the necessary information to measure the project's progress toward goals and objectives (e.g., through data collection methods, regular monitoring and reporting, quantitative and qualitative analysis, comparison to baseline data, external evaluation, adherence to reporting requirements, measurable objectives, adjustment, and improvement).				

PROGRESS REPORT/STATISTICS

For a continuation grant request, detail the progress achieved towards fulfilling existing objectives and the overarching purpose of the project. Provide an overview of the groundwork laid thus far that this grant would further build upon if approved. Additionally, incorporate any pertinent statistical data into the application to enhance the program's success.		
Categories of victims to be served (DV, SA, Child Abuse, and Underserved), by percentage. IF APPLICABLE**		
Domestic Violence:		
Sexual Assualt:		
Child Abuse:		
Underserved:		

BUDGET SUMMARY

List the budget category/description and the amount requested for each category. Please follow the class code information according to the Department of Finance for your budget. Attach an additional sheet if needed.

	CODE	CATEGORY/DESCRIPTION	AMOUNT
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL

BUDGET DETAIL WORKSHEET AND NARRATIVE				
Explain how the funds in each category will be utilized and how the figures were computed. Attach an additional sheet if needed.				

OTHER SOURCES OF FUNDING

The Criminal Justice Planning Agency-administered programs are intended to supplement ongoing efforts in reducing crimes and providing services to victims in the CNMI. Therefore, the Supervisory and Youth Advisory Councils are concerned that new applications and continuing applications be for programs that merit funding.

The applicant must also show the ability to continue the program without the assistance of the federal grant if the grant is not awarded the following year.				
Does this program have the ability to continue on its own with or without federal grants?				
YesNo				
A requirement of the Office of Justice Programs is that applicants must also have an adequate system of accounting and internal control for managing the federal grant. Does this applicant have the ability to manage this federal grant?				
Yes No				
Other sources of funding/support Monetary / In-kind / Volunteer / etc.				
Does the organization recruit, manage, and train volunteers? Yes No				
If not, do you anticipate using volunteers if this grant request is awarded? Yes No				
How many volunteers Does the organization request a volunteer waiver? Yes No				
If yes, please attach to this application, written documentation of the organization's efforts to recruit and maintain volunteers or otherwise demonstrate why circumstances prohibit the use of volunteers. Volunteer waivers may only be approved by CJPA.				

ADDITIONAL QUESTIONS				
What is the service area?				
Is the agency a religiously affiliated organization? Yes	No			
If Yes, does the agency ensure that services are offered to all religious affiliation and that the receipt of services is not contingent activity or event?	•			
Is the organization currently involved in any administrative, civil, of from a complaint against the organization? If yes, please provide proceedings.				
Community Coordination – Describe how you will coordinate victim services with local courts, lofficials, and other victim service providers. New programs sho signed memoranda of understanding demonstrating local support for	ould attach letters of support or			