



## CRIMINAL JUSTICE PLANNING AGENCY Commonwealth of the Northern Mariana Islands

P.O. Box 501133, Chalan Kanoa • Saipan, MP 96950  
Telephone: (670) 664-4550~6 • Fax: (670) 664-4560  
Internet: <http://www.cjpa.gov.mp>



SUB-GRANT APPLICATION	<b>APPLICANT AGENCY/ORGANIZATION</b>			
	<b>GOVERNMENT</b> <input type="checkbox"/>	<b>NONPROFIT</b> <input type="checkbox"/>	<b>DUNNS NUMBER</b>	<b>FEDERAL TAX EXEMP STATUS OF NONPROFIT 501(c)(3)</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
	<b>TELEPHONE NUMBER</b>		<b>FAX NUMBER</b>	<b>E-MAIL ADDRESS</b>
	<b>MAILING ADDRESS</b>			<b>CITY, STATE AND ZIP CODE</b>
	<b>TITLE OF PROJECT (Your Programs Name)</b>			
	<b>GRANT APPLYING FOR (Refer to Fund Announcement-VAWA, JAG, JJDP, VOCA,SASP,RSAT)</b>			
	<b>AMOUNT REQUESTED</b>			<b>PROJECT DURATION</b>
	<b>EXPENDITURE AUTHORITY/DEPARTMENT HEAD</b>		<b>PROJECT COORDINATOR</b>	
	<b>TYPE OF APPLICATION: (please check one)</b>		<input type="checkbox"/> New/Initial Grant Request <input type="checkbox"/> Renewal/Continuation of an Existing Grant	

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 Director 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 at 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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Project Coordinator)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Department Head/Expenditure Authority)

CJPA STAFF ONLY	FOR OFFICIAL USE		
	DATE RECEIVED ▶	LOGGED IN FOR PROJECT NUMBER ▶	
	PROGRAM CATEGORY ▶	AMOUNT ▶	PROGRAM
	DATE OF ACTION (Youth Advisory Council) ▶	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> RETURN/RECALLED FOR CHANGES	
DATE OF ACTION (Supervisory Council) ▶	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> RETURN/RECALLED FOR CHANGES		

## PROBLEM STATEMENT

Briefly describe the situation that you perceive as a problem and by what criteria it should be considered a problem. Provide sufficient information so that the rest of the application can be seen to address this problem.

## PURPOSE/GOAL

In broad terms, what do you hope to accomplish with this project? In a paragraph, describe what the situation will be at the end of the project, in relation to the issues mentioned in the Problem Statement. Who will do what to/with whom, and etc.

## OBJECTIVES

Divide the overall goal described above into smaller units that can be measured and quantified during the implementation process to determine the extent of the progress made towards the achievement of the overall goal. Objectives should be specific, measurable, and quantifiable and set within a specific timeframe.

## ACTIVITIES

Each Objective listed earlier should have specific activities. List the steps and/or specific activities that must be taken during the implementation of the project in order to accomplish the objectives and thus realize the overall purpose/goal of the project.

## EVALUATION

Describe how you will obtain the information necessary to measure your progress toward the achievement of the project objectives. Are your activities sufficient enough to accomplish your objectives? Are your Objectives measurable and quantifiable to determine whether or not you have accomplished your goal? How would you go about measuring results of the projects? Specific data collection and reports may be required under certain grants.

## PROGRESS REPORT/STATISTICS

For continuation grants. (If this is a continuation grant request, describe what progress has been made toward the completion of existing objectives and the overall purpose of the project. Give a picture of the foundation this grant will build upon if approved. Also, please include any statistical data to this application that may be helpful to the program.

## 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 additional sheet if needed.

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

<b>TOTAL</b>	
--------------	--



## BUDGET DETAIL WORKSHEET AND NARRATIVE

Explain how the funds in each category will be utilized and how the figures were computed. Attach additional sheet if needed.

**OTHER SOURCES OF FUNDING**

The Criminal Justice Planning Agency administered programs are intended to supplement on-going efforts in reducing crimes and providing services to victims in the CNMI. Therefore, the Supervisory and Youth Advisory Councils are concern 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?

\_\_\_\_\_ Yes            \_\_\_\_\_ No

A requirement of the Office 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.

---

---

---

---

---

---

---

---