



# Office of the Sheriff

Jesse Jahner, Sheriff

July 25, 2023

Cass County Commission  
Cass County Courthouse  
Fargo, ND

Ref: Edward Byrne Memorial Justice Assistance Grant (JAG) Program  
Consent Agenda

Chad Peterson, Chairman

The application for the 2023 Edward Byrne Memorial Justice Assistance Grant fund is being prepared for submission to the US Department of Justice. Cass County and the City of Fargo must agree to the sharing of these funds as our entities are considered disparate jurisdictions under federal guidelines. Our office is asking that you agree to the sharing of these funds and in doing so, will enter into an Inter-Local agreement which is attached.

This grant does not require a local match and the parties have agreed to collaboratively utilize the funds for the benefit of both parties. The total award is \$ 83,654 of this amount Cass County will retain \$ 10,000 for administration and fiscal reporting to the Department of Justice for this grant.

I ask that the Inter-Local Agreement be placed on your consent agenda and that the Board of Commissioners authorize the chairman to sign the agreement.

**Suggested Motion:** *Move to authorize the chairman to sign the Inter-Local Agreement with the City of Fargo for sharing of these funds. Authorize Michele Harmon, Grant Manager with the Cass County Sheriff's Office to act as our agent in applying electronically for and completing any subsequent electronic documentation required during the lifetime of this grant.*

Respectfully,

Michele D. Harmon  
Grant Manager  
Cass County Sheriff's Office

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Cass County Sheriff  
Law Enforcement Center  
1612 23rd Avenue North  
P.O. Box 488  
Fargo, North Dakota 58107-0488  
Phone: 701-241-5800  
Fax: 701-241-5806

Cass County Sheriff  
Courthouse  
211 9th Street South  
P.O. Box 488  
Fargo, North Dakota 58107-0488  
Phone: 701-241-5800  
Fax: 701-241-5805

Cass County Jail  
450 34th Street South  
Fargo, North Dakota 58103  
Phone: 701-271-2900  
Fax: 701-271-2967



**CONTRACT APPROVAL**

**REQUIRED BY DEPARTMENT:**

DEPARTMENT: Sheriff's Office DATE OF REQUEST: 08-01-2023

COMPANY REQUESTING CONTRACT: Cit of Fargo

BRIEF PROJECT DESCRIPTION: Edward Byrne Memorial Justice Grant

NEW CONTRACT OR  CONTRACT RENEWAL

**REQUIRED BY STATE'S ATTORNEY OFFICE:**

STATE'S ATTORNEY SIGNATURE: *Markus Nauman*

STATE'S ATTORNEY COMMENTS:

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**2023 North Dakota Local JAG Allocations**

Listed below are all jurisdictions in the state that are eligible for FY 2023 JAG funding, as determined by the JAG formula. For additional details regarding the JAG formula and award calculation process, with examples, please refer to the JAG Technical report here: <https://bjs.ojp.gov/library/publications/justice-assistance-grant-jag-program-2021> and current JAG Frequently Asked Questions here: <https://bja.ojp.gov/program/jag/frequently-asked-questions>.

**Finding your jurisdiction:**

(1) Disparate jurisdictions are listed in shaded groups below, in alphabetic order by county.

(2) Direct allocations are listed alphabetically below the shaded, disparate groupings.

(3) Counties that have an asterisk (\*) under the "Direct Allocation" column did not submit the level of violent crime data to qualify for a direct award from BJA, but are in the disparate grouping indicated by the shaded area. The JAG legislation requires these counties to remain a partner with the local jurisdictions receiving funds and must be a signatory on the required Memorandum of Understanding (MOU). A sample MOU is provided online at: <https://www.bja.gov/Funding/JAGMOU.pdf>. Disparate jurisdictions do not need to abide by the listed individual allocations, which are provided for information only. Jurisdictions in a funding disparity are responsible for determining individual amounts within the Eligible Joint Allocation and for documenting individual allocations in the MOU.

| State | Jurisdiction Name  | Government Type | Direct Allocation | Joint Allocation |
|-------|--|-----------------|-------------------|------------------|
| ND    | BURLEIGH COUNTY  | County          | *                 |                  |
| ND    | BISMARCK CITY  | Municipal       | \$32,768          | \$32,768         |
| ND    | CASS COUNTY  | County          | *                 |                  |
| ND    | FARGO CITY   | Municipal       | \$83,654          | \$83,654         |
| ND    | GRAND FORKS COUNTY                                       | County          | *                 |                  |
| ND    | GRAND FORKS CITY   | Municipal       | \$23,093          | \$23,093         |
| ND    | MORTON COUNTY  | County          | *                 |                  |
| ND    | MANDAN CITY  | Municipal       | \$11,683          | \$11,683         |
| ND    | WARD COUNTY  | County          | *                 |                  |
| ND    | MINOT CITY   | Municipal       | \$19,213          | \$19,213         |
| ND    | WILLIAMS COUNTY  | County          | *                 |                  |
| ND    | WILLISTON CITY   | Municipal       | \$15,563          | \$15,563         |
| ND    | FORT TOTTEN TRIBE  | Tribal          | \$12,596          |                  |
|       | STANDING ROCK SIOUX TRIBE                                | Tribal          | \$10,086          |                  |
| ND    | THREE AFFILIATED TRIBES OF THE FORT BERTHOLD RESERVATION | Tribal          | \$10,634          |                  |
| ND    | TURTLE MOUNTAIN BAND OF CHIPPEWA INDIANS                 | Tribal          | \$24,234          |                  |
|       | <b>Local total</b>                                       |                 | <b>\$243,524</b>  |                  |





APPROVED BY THE BOARD  
OF CITY COMMISSIONERS

7/24/23

**FARGO POLICE DEPARTMENT**  
CHIEF DAVID B. ZIBOLSKI  
105 25th Street North  
Fargo, ND 58102-4002  
Main Line: 701.235.4493 | Fax: 701.297.7789  
[FargoPolice.com](http://FargoPolice.com)

(29)

July 12, 2023

Board of City Commissioners  
City Hall  
Fargo, ND 58102

RE: Inter-Local Agreement between the City of Fargo and Cass County relative to the 2023 Edward Byrne Memorial Justice Assistance Grant (JAG) Funding – CFDA # 16.738

Dear Commissioners:

The US Department of Justice has tentatively awarded the Fargo Police Department and Cass County Sheriff's Department \$83,654.00 in grant funding through the 2023 Edward Byrne Memorial Justice Assistance Grant (JAG). In order to receive the funding, both the City of Fargo and Cass County governmental subdivisions must agree on how the funds are allocated between the two entities.

In addition to acting as the fiscal agent and grant manager of the funding, the Cass County Sheriff's Department is agreeable to allocating \$73,654.00 of the available funding to the Fargo Police Department and retaining \$10,000.00 of the funding for their use. I concur with distributing the grant funding in this manner.

Attached for your review and approval is the inter-local agreement that will need to be signed by both governmental subdivisions in order for the funds to be allocated. There is no local match funding required to accept the grant.

**Recommended Motion:**

*I recommend acceptance of the inter-local agreement with Cass County and the allocation of the 2023 Edward Byrne Memorial Justice Assistance Grant (JAG) as described within the agreement.*

Please contact me if you have any questions or concerns relative to this issue.

Sincerely,

David B. Zibolski  
Chief of Police

THE STATE OF NORTH DAKOTA

County of Cass

INTERLOCAL AGREEMENT

BETWEEN THE COUNTY OF CASS AND THE CITY OF FARGO, ND OF CASS COUNTY  
ND

EDWARD BYRNE MEMORIAL JUSTICE ASSISTANCE  
GRANT (JAG) PROGRAM

This Agreement is made and entered into this by and between the COUNTY of CASS, acting by and through its governing body, the County Commission, hereinafter referred to as COUNTY, and the CITY OF FARGO, acting by and through its governing body, the City Commission, hereinafter referred to as FARGO all of Cass County, State of North Dakota, witnessed:

WHEREAS, this Agreement is made under the authority of NDCC 11-9.1 Home Rule Counties and NDCC 40-05.1 Home Rule in Cities: and

WHEREAS, each governing body, in performing governmental functions or in paying for the performance of governmental functions hereunder, shall make the performance or those payments from current revenues legally available to that party: and

WHEREAS, each governing body finds that the performance of this Agreement is in the best interests of each party, that the undertaking will benefit the public, and that the division of costs fairly compensates the performing party for the services or functions under this Agreement: and

WHEREAS, CASS agrees to provide FARGO \$ 73,654.00 from the JAG award for the Program:  
and

WHEREAS, CASS will retain \$10,000.00 from the JAG award for the Program:

WHEREAS, COUNTY, FARGO, believe it is in their best interests to allocate the JAG funds as stipulated and to utilize said funds in a collaborative program benefiting both parties.

WHEREAS, COUNTY, FARGO agrees that COUNTY will serve as the applicant/fiscal agent for the joint funds, paying for the performance of governmental functions hereunder shall make the performance or those payments from current revenues legally available to that party.



WHEREAS, each governing body finds that the performance of this Agreement is in the best interests of each party, that the undertaking will benefit the public, and that the division of costs fairly compensates the performing party for the services or functions under this Agreement: and

NOW, THEREFORE, the COUNTY and FARGO, agree as follows:

Section 1.

CASS agrees to transfer to FARGO the sum of \$ 73,654.00 or purchase on their behalf \$ 73,654.00 for the Program on or before 30 September 2026.

CASS will expend the sum of \$10,000.00 for the Program on or before 30 September 2026.

Section 2.

Nothing in the performance of this Agreement shall impose any liability for claims against COUNTY, FARGO other than claims for which liability may be imposed by the North Dakota State Tort Claims Act NDCC 32-12.2.

Section 3.

Each party to this Agreement will be responsible for its own actions in providing services under this Agreement and shall not be liable for any civil liability that may arise from the furnishing of the service by the other parties.

Section 4.

The parties to this Agreement do not intend for any third party to obtain a right by virtue of this Agreement.

Section 5.

By entering into this Agreement, the parties do not intend to create any obligations express or implied other than those set out herein. This Agreement shall not create any rights in any party, not a signatory hereto.

CITY OF FARGO



Tim Mahoney, Mayor

ATTEST



Witness

APPROVED AS TO FORM

Fargo City Attorney



CASS COUNTY

Chad Peterson, Chairman

\_\_\_\_\_

Brandy Madrigga, Finance Director

ATTEST:

\_\_\_\_\_ Witness

APPROVED AS TO FORM

\_\_\_\_\_

Cass County State's Attorney

**U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS**

**Edward Byrne Memorial Justice Assistance Grant Program FY 2023 Local Solicitation**

**Certifications and Assurances by the Chief Executive of the Applicant Government**

On behalf of the applicant unit of local government named below, in support of that locality's application for an award under the FY 2023 Edward Byrne Memorial Justice Assistance Grant ("JAG") Program, and further to 34 U.S.C. § 10153(a), I certify to the Office of Justice Programs ("OJP"), U.S. Department of Justice ("USDOJ"), that all of the following are true and correct:

1. I am the chief executive of the applicant unit of local government named below, and I have the authority to make the following representations on my own behalf as chief executive and on behalf of the applicant unit of local government. I understand that these representations will be relied upon as material in any OJP decision to make an award, under the application described above, to the applicant unit of local government.
2. I certify that no federal funds made available by the award (if any) that OJP makes based on the application described above will be used to supplant local funds, but will be used to increase the amounts of such funds that would, in the absence of federal funds, be made available for law enforcement activities.
3. I assure that the application described above (and any amendment to that application) was submitted for review to the governing body of the unit of local government (*e.g.*, city council or county commission), or to an organization designated by that governing body, not less than 30 days before the date of this certification.
4. I assure that, before the date of this certification— (a) the application described above (and any amendment to that application) was made public; and (b) an opportunity to comment on that application (or amendment) was provided to citizens and to neighborhood or community-based organizations, to the extent applicable law or established procedure made such an opportunity available.
5. I assure that, for each fiscal year of the award (if any) that OJP makes based on the application described above, the applicant unit of local government will maintain and report such data, records, and information (programmatic and financial), as OJP may reasonably require.
6. I have carefully reviewed 34 U.S.C. § 10153(a)(5), and, with respect to the programs to be funded by the award (if any), I hereby make the certification required by section 10153(a)(5), as to each of the items specified therein.

\_\_\_\_\_  
Signature of Chief Executive of the Applicant Unit of  
Local Government

Chad Peterson

\_\_\_\_\_  
Printed Name of Chief Executive

Cass County Government

\_\_\_\_\_  
Name of Applicant Unit of Local Government

\_\_\_\_\_  
Date of Certification

Cass County Commission, Chairman

\_\_\_\_\_  
Title of Chief Executive



EDWARD BYRNE JUSTICE ASSISTANT GRANT APPLICATION  
FOR RED RIVER CHILDREN'S ADVOCACY

**SUGGESTED MOTION:** Move to authorize the Chair to sign the application for Red River Children's Advocacy for the Edward Byrne Justice Assistant grant.

# Edward Byrne Justice Assistance Grant (JAG) Application

## LOTTERY GRANT APPLICATION OFFICE OF THE ATTORNEY GENERAL

Project Period 1/1/2024-12/31/2024

Application Deadline: Friday, August 11, 2023 11:59 PM

### I – APPLICATION OVERVIEW

Subrecipients are state agencies, units of local government (such as a city or county), or other general-purpose political subdivisions of a state or Indian Tribe.

Subrecipient Level of Government (Check One)

State

County

City/Town

Indian Tribe

|   |  |                    |          |
|---|--|--------------------|----------|
| Name of Subrecipient (City, County, State Agency) | Unique Entity Identifier - <b>required</b> | Subrecipient Phone |          |
| Cass County Government                            | JRNDKLLS2949                               | 701-241-5609       |          |
| Suprecipient Street Address                       | City                                       | State              | Zip Code |
| 211 9th St. S.                                    | Fargo                                      | ND                 | 58103    |
| Suprecipient Contact Name                         | Title                                      |                    |          |
| Chad Peterson                                     | Cass County Commission Chair               |                    |          |
| Email Address                                     |  |                    |          |
| petersonc@casscountynd.gov                        |  |                    |          |

The authorized official must have the legal authority to commit the subrecipient to a contract or other agreement. Overall responsibility for the administration of the project rests with this individual. Examples: mayor, city or county auditor, director of the state agency, or Tribal Chairperson.

|                             |                              |              |          |
|-----------------------------|------------------------------|--------------|----------|
| Name of Authorized Official | Title                        | Phone        |          |
| Chad Peterson               | Cass County Commission Chair | 701-241-5609 |          |
| Street Address              | City                         | State        | Zip Code |
| 211 9th St. S.              | Fargo                        | ND           | 58103    |
| Email Address               |                              |              |          |
| petersonc@casscountynd.gov  |                              |              |          |

The Project Director has the direct responsibility for implementation of the project activities. This person will prepare and submit all progress reports as required by the Office of Attorney General. Examples: task force coordinator or executive director.

|                          |                    |              |          |
|--------------------------|--------------------|--------------|----------|
| Name of Project Director | Title              | Phone        |          |
| Sarah Matthews           | Executive Director | 701-234-4409 |          |
| Street Address           | City               | State        | Zip Code |
| 100 4th ST. S. #302      | Fargo              | ND           | 58103    |
| Email Address            |                    |              |          |
| sarah@rrcac.com          |                    |              |          |

**The Implementing Agency has direct responsibility for carrying out the activities of the grant.**

Type of Implementing Agency (Check all that apply)

|  |                                    |                                      |  |  |
|--|------------------------------------|--------------------------------------|--|--|
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Treatment | <input type="checkbox"/> Prosecution | <input type="checkbox"/> Corrections               | <input type="checkbox"/> Domestic Violence |
|  |                                    | <input type="checkbox"/> Courts      | <input checked="" type="checkbox"/> Victim/Witness | <input type="checkbox"/> Other             |

**Name of Implementing Agency**  
**Red River Children's Advocacy Center**

**The Fiscal Officer has the responsibility of the financial administration of the project. This person prepares and submits all financial reports as required by the Office of Attorney General. Examples: city or county auditor, fiscal designee, or it can also be the project director.**

|   |                                    |                              |                          |
|---|------------------------------------|------------------------------|--------------------------|
| <b>Name of Fiscal Officer</b><br>Sarah Matthews | <b>Title</b><br>Executive Director | <b>Phone</b><br>701-234-4409 |                          |
| <b>Street Address</b><br>100 4th ST. S. #302    | <b>City</b><br>Fargo               | <b>State</b><br>ND           | <b>Zip Code</b><br>58103 |
| <b>Email Address</b><br>sarah@rrcac.com         |                                    |                              |                          |

**Authorized Program Area: (select all that apply)**

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Law Enforcement      | <input type="checkbox"/> Corrections/Community Corrections          | <input checked="" type="checkbox"/> Crime Victim and Witness Programs (other than compensation)   |
| <input type="checkbox"/> Prosecution/Courts   | <input type="checkbox"/> Drug Treatment/Enforcement                 |   |
| <input type="checkbox"/> Prevention/Education | <input type="checkbox"/> Planning/Evaluation/Technology Improvement | <input type="checkbox"/> Mental Health Programs and Related Law Enforcement and Corrections programs, including behavioral programs and crisis intervention teams |

|   |  |
|---|--|
| <p><b>Multi-agency Project (two or more)?</b></p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> | <p><b>Multijurisdictional Project (two or more)?</b></p> <p><input checked="" type="checkbox"/> Yes      <input type="checkbox"/> No</p> |
|---|--|



**II - BUDGET NARRATIVE & CALCULATIONS – All budget categories calculate the total cost in the column on the right. DO NOT USE SPECIAL CHARACTERS (example: \$, commas, letters, etc.) ONLY USE NUMBERS. Please round to the nearest dollar. Applicants should indicate the total cost for each category of the proposed project.**

**A. Personnel** - List each position by type. Compensation for employees engaged in grant activities must be consistent with that paid for similar work within the surrounding areas. Fringe benefits should be based on actual known costs or an established formula. Fringe benefits may include common items such as payroll taxes, health and life insurance, and retirement contributions. NOTE: Salary Cap (Wages and Fringe) \$52,000 for prosecutors and \$42,000 all other personnel. Attach a sheet using this format if you have additional items.

| Name/Position - Salary               | Salary per Hour, Month or Year | # of Hours, Months or Year | Total Personnel Cost |
|--------------------------------------|--------------------------------|----------------------------|----------------------|
| Kim Thompson/Victim Support Advocate | 23                             | 1040                       | \$ 23,920.00         |
| Jessica Marynik/Forensic Interviewer | 25                             | 2080                       | \$ 52,000.00         |
|                                      |                                |                            | \$ 0.00              |
|                                      |                                |                            | \$ 0.00              |
|                                      |                                |                            | \$ 0.00              |
| Name/Position - Fringe               | Fringe per Hour, Month or Year | # of Hours, Months or Year | Total Personnel Cost |
|                                      |                                |                            | \$ 0.00              |
|                                      |                                |                            | \$ 0.00              |
|                                      |                                |                            | \$ 0.00              |
|                                      |                                |                            | \$ 0.00              |
|                                      |                                |                            | \$ 0.00              |
| <b>Total Personnel:</b>              |                                |                            | <b>\$ 75,920.00</b>  |

**Narrative – Please provide a detailed description for all personnel expenses.**

Cass County in cooperation and partnership with the Red River Children’s Advocacy center (RRCAC), requests funding to pay for our Victim Support and Family Advocate (Advocate) salary and our Forensic Interviewer’s (FI’s) salary. The budget request is for one part time Advocate and one full time forensic interviewer and does not include expenses for fringe benefits. All children who attend our center for a forensic interview are in first contact with the Advocate position and includes the following service.

The purpose of the Advocate is to be the liaison for the non-offending caregiver with the multi-disciplinary team (MDT), by connecting non-offending caregiver’s (caregiver) with a preinterview contact, provide support during interview and post interview through referrals, resources, education and moral support. The Advocate is to educate, inform and support the caregiver during the FI process and increase access to resources needed by the child and caregiver. The Advocate also provides information to the caregiver regarding the cycle of abuse, information on how to provide support, and security to the child. The Advocate often provides support to the caregiver as caregivers are often experiencing secondary trauma from finding out the child has been abused. The Advocate explores supports as necessary in each situation. An initial needs assessment is conducted to provide additional information to the MDT on crisis assessment, and completes the initial trauma screening with risk and safety planning. The Advocate participates in the formal case review process to discuss the individualized needs of the child and caregiver and help plan associated on-going support services.

The purpose of the Forensic Interviewer is to provide the interview in a safe, child-friendly environment by specially trained professional. A forensic interview is a neutral, fact-finding interview utilized when there is a concern for abuse. A forensic interview provides a comfortable, unbiased, child-friendly setting and uses non-suggestive, non-leading interview techniques. This allows a child to tell their story in a safe, child friendly facility by someone who is trained in developmentally appropriate questioning, as well as forensics, so the interview will be admissible in court. Through coordination of services with our community partner agencies, we are able to minimize the number of interviews a child receives and optimize the child’s comfort level. All investigative parties participate in the interview via closed circuit television so that the child only has to tell their story of abuse one time.

Funding would allow the RRCAC to continue to meet the initial needs of victimized children and the non-offending caregivers and for weeks after their visit to ensure they are receiving individualized resources and supports. Research has shown that the number one predictor of a child healing from an abusive situation is the initial supportive response from their primary caregiver and forensic team. The RRCAC offers a least restrictive, comfortable environment for victims and offers advocacy services to all families seen at the center to help them through the difficult time and learn how to support their child.

**B. Supplies** - List items by type (office supplies, investigative supplies postage, copy paper). Generally, supplies include any materials that are expendable or consumed during the course of the project (**includes equipment under \$5000**). Attach a sheet using this format if you have additional items.

| Supply Item            | Unit Cost | # of Items | Total Supplies Cost |
|------------------------|-----------|------------|---------------------|
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
|                        |           |            | \$ 0.00             |
| <b>Total Supplies:</b> |           |            | <b>\$ 0.00</b>      |

**Narrative** – Please provide a detailed description for all supply expenses.



**C. Rent** - List buildings or locations that require a rent payment.

| Rent Item          | Cost per Month/Year | # of Months/year | Total Rent Cost |
|--------------------|---------------------|------------------|-----------------|
|                    |                     |                  | \$ 0.00         |
|                    |                     |                  | \$ 0.00         |
|                    |                     |                  | \$ 0.00         |
|                    |                     |                  | \$ 0.00         |
| <b>Total Rent:</b> |                     |                  | <b>\$ 0.00</b>  |

**Narrative** – Please provide a detailed description for all rent expenses.

**D. Communications** - List items used for communications (telephone, cell phone charges, etc.) Attach a sheet using [this](#) format if you have additional items.

| Communication Items          | Estimated Cost Per Month | # of Months | Total Communication Cost |
|------------------------------|--------------------------|-------------|--------------------------|
|                              |                          |             | \$ 0.00                  |
|                              |                          |             | \$ 0.00                  |
|                              |                          |             | \$ 0.00                  |
|                              |                          |             | \$ 0.00                  |
|                              |                          |             | \$ 0.00                  |
|                              |                          |             | \$ 0.00                  |
|                              |                          |             | \$ 0.00                  |
|                              |                          |             | \$ 0.00                  |
|                              |                          |             | \$ 0.00                  |
| <b>Total Communications:</b> |                          |             | <b>\$ 0.00</b>           |

**Narrative** – Please provide a detailed description for all communication expenses.

**E. Fuel/Oil/Vehicle Maintenance** - List fuel usage, oil changes, vehicle maintenance for all vehicles, leased or owned. Attach a sheet using [this](#) format if you have additional items.

| Fuel/Oil/Vehicle Maintenance Items         | Estimated Cost Per Month | # of Months | Total Fuel Cost |
|--|--------------------------|-------------|-----------------|
|  |                          |             | \$ 0.00         |
|  |                          |             | \$ 0.00         |
|  |                          |             | \$ 0.00         |
|  |                          |             | \$ 0.00         |
|  |                          |             | \$ 0.00         |
|  |                          |             | \$ 0.00         |
|  |                          |             | \$ 0.00         |
|  |                          |             | \$ 0.00         |
|  |                          |             | \$ 0.00         |
| <b>Total Fuel/Oil/Vehicle Maintenance:</b> |                          |             | <b>\$ 0.00</b>  |

**Narrative** – Please provide a detailed description for all fuel/oil/vehicle maintenance expenses.

**F. Contractual Services** - List service to be provided, anticipated hourly, daily, or monthly rates. Also include expenses to be paid to the consultants in addition to their fees (i.e., travel, meals, lodging, etc.) The maximum rate for consultants is \$650 for an 8-hour day.

| Name of Contractor/Consultant<br>(if known) | Purpose of the contract | Total Contractual<br>Cost |
|---|-------------------------|---------------------------|
|   |                         |                           |
|   |                         |                           |
|   |                         |                           |
|   |                         |                           |
|   |                         |                           |
| <b>Total Contractual Services:</b>          |                         | <b>\$ 0.00</b>            |

**G. Equipment Rent/Lease** - List equipment items to be rented or leased.

| Item                               | Cost Per Item | # of Items | Total Equipment<br>Rent/Lease Cost |
|------------------------------------|---------------|------------|------------------------------------|
|                                    |               |            | \$ 0.00                            |
|                                    |               |            | \$ 0.00                            |
|                                    |               |            | \$ 0.00                            |
|                                    |               |            | \$ 0.00                            |
|                                    |               |            | \$ 0.00                            |
|                                    |               |            | \$ 0.00                            |
| <b>Total Equipment Rent/Lease:</b> |               |            | <b>\$ 0.00</b>                     |

**Narrative** – Please provide a detailed description for all equipment rent/lease expenses.

**H. Travel & Training** - List travel expenses for attending trainings, meetings, conference, and other work related travel. State rates will be used for in-state travel, GSA rates for out-of state travel.

| Purpose of Travel             | Type of Expense<br>(Lodging, Meals,<br>Flight, Registration,<br>Etc.) | Estimated<br>Cost | Number<br>of Days | Number of<br>Staff | Total Travel<br>Cost |
|-------------------------------|---|-------------------|-------------------|--------------------|----------------------|
|                               |   |                   |                   |                    | \$ 0.00              |
|                               |   |                   |                   |                    | \$ 0.00              |
|                               |   |                   |                   |                    | \$ 0.00              |
|                               |   |                   |                   |                    | \$ 0.00              |
|                               |   |                   |                   |                    | \$ 0.00              |
|                               |   |                   |                   |                    | \$ 0.00              |
|                               |   |                   |                   |                    | \$ 0.00              |
|                               |   |                   |                   |                    | \$ 0.00              |
|                               |   |                   |                   |                    | \$ 0.00              |
| <b>Total Travel/Training:</b> |   |                   |                   |                    | <b>\$ 0.00</b>       |

**Narrative** – Please provide a detailed description for all travel expenses.



**I. Equipment** - List non-expendable items that are to be purchased that are **\$5000** or more for each item. Items that do not meet these criteria should be considered Supplies. Rented or leased equipment should be listed in the Equipment Rent/Lease category. Attach a sheet using this format if you have additional items.

| Equipment Item          | Cost per Item | # of Items | Total Equipment Cost |
|-------------------------|---------------|------------|----------------------|
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
|                         |               |            | \$ 0.00              |
| <b>Total Equipment:</b> |               |            | \$ 0.00              |

**Narrative** – Please provide a detailed description for all equipment expenses. Please list which agency will maintain ownership of the equipment at the end of the grant.



**J. Other Costs** - List other items that do not fall into the other budget categories. Please list vehicle insurance costs here.

| Other Items         | Cost Per Item | # of Items | Total Cost |
|---------------------|---------------|------------|------------|
|                     |               |            | \$ 0.00    |
|                     |               |            | \$ 0.00    |
|                     |               |            | \$ 0.00    |
|                     |               |            | \$ 0.00    |
|                     |               |            | \$ 0.00    |
|                     |               |            | \$ 0.00    |
|                     |               |            | \$ 0.00    |
|                     |               |            | \$ 0.00    |
|                     |               |            | \$ 0.00    |
|                     |               |            | \$ 0.00    |
|                     |               |            | \$ 0.00    |
|                     |               |            | \$ 0.00    |
| <b>Total Other:</b> |               |            | \$ 0.00    |

**Narrative** – Please provide a detailed description for all other expenses.

**III – BUDGET SUMMARY**

| Category                        | Total Budget        |
|---------------------------------|---------------------|
| A. Personnel                    | \$ 75,920.00        |
| B. Supplies                     | \$ 0.00             |
| C. Rent                         | \$ 0.00             |
| D. Communications               | \$ 0.00             |
| E. Fuel/Oil/Vehicle Maintenance | \$ 0.00             |
| F. Contractual Services         | \$ 0.00             |
| G. Equipment Rent/Lease         | \$ 0.00             |
| H. Travel/Training              | \$ 0.00             |
| I. Equipment                    | \$ 0.00             |
| J. Other Costs                  | \$ 0.00             |
| <b>Total Budget Request</b>     | <b>\$ 75,920.00</b> |

Only JAG program applications require match. Lottery grant applicants, please disregard.

|                    |                 |                     |
|--------------------|-----------------|---------------------|
| <b>Grant Funds</b> | <b>\$ 49348</b> | 65% of Total Budget |
| <b>Match</b>       | <b>\$ 26572</b> | 35% of Total Budget |

**Source of Matching Funds (JAG only):**  
 The Red River Children's Advocacy Center will be providing the \$26,572 matching funds.

**IV. AGENCY FUNDING SOURCES**

Please list any direct **JAG grant awards** your agency received from the Bureau of Justice Assistance program and list the projects supported by these grant funds. This does not include JAG funds from the ND OAG.

| Direct Justice Assistance Grant (JAG) Program | Amount          |
|---|-----------------|
| <b>Projects Supported:</b>                    |                 |
| Victim Support and Family Advocate Salary     | \$ 23920        |
|   | \$              |
|   | \$              |
| <b>TOTAL FY <u>23</u> AWARD AMOUNT</b>        | <b>\$ 23920</b> |

Please list all other sources of grant funding that support this project's activities.

| Funding Sources      | Amount      |
|----------------------|-------------|
| Other (specify):     |             |
|                      | \$          |
|                      | \$          |
|                      | \$          |
|                      | \$          |
|                      | \$          |
|                      | \$          |
|                      | \$          |
|                      | \$          |
|                      | \$          |
| <b>TOTAL FUNDING</b> | <b>\$ 0</b> |

If the operations of this project are expected to generate income, please discuss possible sources and how it will be used (i.e. asset forfeiture, training fees collected as a result of grant-funded training):

Not expected to generate income.



## V. PROJECT NARRATIVE

**I. Project Description:** Briefly describe the project that is proposed. How will this project address specific problems? Include specifics about the services to be provided, how the services will be provided (how often and by whom), and the project accomplishments.

Cass County has a commitment to and involvement with RRCAC. Cass County government utilizes the RRCAC to coordinate a multi-disciplinary response to incidents of child abuse, neglect and exploitation. The multi-disciplinary team approach includes law enforcement agencies, social services, medical team involvement and mental health services. This approach promotes the healing and justice for children and their non-offending caregiver. Advocacy and Forensic Interviewing is a large part of this process. The advocate and interviewer are specially trained in best practices, protocols, techniques and strategies that are consistent with the National Children's Alliance (NCA) standards for accreditation.

Upon review of the victim referral form, if there is a non-offending caregiver, a pre-call is done by the Advocate assigned to the case. During the call, the Advocate will determine if the child or the caregiver has any special needs, or circumstances that will prompt further response. The Advocate will also answer any questions the caregiver or child may have and share appropriate information about the upcoming forensic interview process. After talking to the caregiver, the Advocate will inform the forensic interview specialist of information that will assist in best meeting the needs of the child or caregiver during their time at the RRCAC including during the forensic interview and the meeting with the caregiver after the interview.

The Advocate greets the child and caregiver upon entrance and escorts them to the family room. During the initial contact with the child the Advocate is assessing the child's individual needs regarding language, pace of conversation, potential response to the gender of the interviewer, emotional needs, and considerations relating to gender identity, sexual orientation, and other cultural considerations to assist the MDT to best meet the child's needs. Once in the family room, the Advocate learns about the child and explains what will happen next. The child is allowed to play and the advocate begins developing rapport with the caregiver.

Once the child is in the forensic interview, the Advocate provides support to the caregiver and provides education regarding services. The interviewer starts with building rapport with the child and assesses the child's language development, pace of conversation, ability to recall and retain information etc. this ensures the child is able and ready to participate in the interview process effectively.

After the interview the MDT will discuss and create a safety plan for the child and non-offending caregiver to follow with best recommendations. Once the needs of the child are addressed and the non-offending caregiver are informed of the recommendations the family is brought back to the family room where the advocate will finish conducting risk assessments and provide the caregiver with any additional information discussed in the post-meeting. The Advocate will remain in contact with the caregiver for several weeks to ensure proper follow up and the forensic interviewer will maintain as a primary team member of the MDT at monthly case reviews.

**II. Current Efforts:** *Clearly define what efforts are currently underway in responding to the problem described in the Project Description.*

The RRCAC currently has one full time advocate on staff and is hiring for an additional part time advocate. With numbers of forensic interviews and advocacy services increasing it is apparent the RRCAC needs to continue to hire these trained professionals to continue timely services and quality services for our partners. These positions are not only a fundamental piece to our organization but are also an accreditation requirement so having funding for these positions is critical to maintain this certification and service to victims. This grant would allow us to expand our reach of forensic interviews and advocacy services to improve the timeliness, access and resources to protect children and educate families.



**III. Collaboration with Other Agencies:** *Describe coordination and cooperation between agencies during the past year.*

A multi-disciplinary approach is utilized in each case that is seen at the RRCAC. The RRCAC is a community-based, child-focused organization that work alongside a multi-disciplinary team to coordinate a communities' response to incidents of child abuse with the goal of promoting healing and justice for victims and their families. Agencies like law enforcement, child protective services, prosecutor's office, advocates, mental health and medical professionals work together with the RRCAC model as a team to address the needs of child victims.

**IV. Describe in detail what plans or steps are being taken to assure continuation of your agency's project after grant funding ends.**

This grant will allow the RRCAC to continue to pay for our forensic interviewing and advocacy services which allow us to provide the necessary services to victims and their families. The RRCAC will assure the continuation of interviews and advocacy with exploring additional fundraising efforts in the community as new donors are recognized.

## VI. PROJECT GOALS, OBJECTIVES, AND PERFORMANCE MEASURES

Stated goals, objectives, and performance measures will be used by the Office of Attorney General to monitor and assess the project's progress in achieving the intended results. Project goals, objectives, and performance measures should be listed in the format below and not referred to in a narrative format.

**Overall Project Goals:** State the project's goals, in general or broad terms. Goals should address the specific problem/need identified in the application. Goals should be stated in terms of the outcomes that the project wants to achieve. (Example: Reduce the amount of crime committed by persons under the influence of illicit drugs.)

- |    |  |
|----|--|
| 1. | Continue to provide support services to child victims and their non-offending caregivers   |
| 2. | Continue to contact non-offending caregivers to review need of on-going resources until contact with long-term services.                       |
| 3. | Continue to provide support and a voice to non-offending caregivers in their interaction with the MDT that are providing services to children. |
| 4. | Continue to provide highly trained professionals to conduct forensic interviews to child victims.  |

**Objectives** (Activities directed at achieving goals): State the project's objectives, in terms of specific steps or benchmarks that will eventually lead to accomplishing the goals. Objectives must be clearly expressed and in measurable terms. (Example: Increase the number of drug-related arrests by 10 percent.)

- |    |  |
|----|--|
| 1. | Increase amount of advocacy sessions by 5%   |
| 2. | Increase amount of follow up contacts by 5%  |
| 3. | Track the number of contacts with the caregiver and track service delivery for the child and caregiver when recommended by the MDT |
| 4. | Increase amount of forensic interviews by 5% in rural areas  |

**Performance Measures** (How you measure your project's success): (Example: Number of drug-related arrests)

- |    |  |
|----|--|
| 1. | Meeting program expectations of contacts                             |
| 2. | Number of follow up contacts completed                               |
| 3. | Track number of referrals for child and caregiver to Trauma services |
| 4. | Track number of forensic interviews completed                        |

**VII. ADDITIONAL REQUIRED INFORMATION (Please Attach)**

The Drug and Violent Crime Policy Board has adopted a policy stating that applicants failing to submit the following documents with the application will not be considered for funding.

**Non-government Agency Applicants (Domestic Violence and Victim Services):**

- A third party contract between the agency and the authorized official of the unit local government stating that the unit of local government will be the legal recipient of the federal funds granted to this agency.

**Multi-jurisdictional Drug Task Forces:**

- Memorandum of Understanding (MOU) between the participating agencies. A copy of the previous year's MOU may be submitted if the participating agencies have remained the same. If any agencies have been removed or added to the task force, a new MOU must be submitted.

**Continuation projects (Excludes non-governmental agencies and multijurisdictional drug task forces):**

- Letters of continued commitment and collaboration efforts (no more than three) outlining joint collaboration efforts between agencies, OR provide copies of formal agreements between agencies and jurisdictions.

**UCR Reporting Requirements:**

If the implementing agency is a local law enforcement agency, it:

1. must report crime statistics to the State's Uniform Crime Reporting system
2. must be current in its reporting
3. or must have a plan to become current by January 1, 2023.

In order to keep a JAG award, the implementing agency must maintain current UCR stats through the award period (January 1, 2023, through December 31, 2023). Failure to maintain current UCR statistics will result in award sanctions and/or deobligation.

Please indicate **most recent crime statistics** submitted: 02 2023  
month year

**AUTHORIZED SIGNATURES**

I certify that the project proposed in this application meets applicable requirements of the Justice Assistance Grant (JAG) Program and Lottery Program, if applicable, that all information presented is correct, and that the applicant will comply with the provisions of the subgrant program and all other applicable federal laws. By appropriate language incorporated in each grant, sub-grant, or other document under which funds are to be disbursed, the undersigned shall assure that the applicable conditions shown above apply to all recipients of these grant funds.

|  |         |
|--|---------|
| Signature of Authorized Official   | 8/7/23  |
| Sarah Matthews <small>Digitally signed by Sarah Matthews<br/>Date: 2023.07.13 15:18:53 -05'00'</small> | Date    |
| Signature of Project Director  | 7/13/23 |
| Sarah Matthews <small>Digitally signed by Sarah Matthews<br/>Date: 2023.07.13 15:19:18 -05'00'</small> | Date    |
| Signature of Fiscal Officer  | 7/13/23 |
|  | Date    |





## Finance Office

Telephone: 701-241-5600

Fax: 701-241-5728

SMB-FIN@casscountynd.gov

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August 1<sup>st</sup>, 2023

Cass County Board of Commissioners  
211 9<sup>th</sup> Street South  
Fargo, ND 58103

RE: Human Trafficking Pass Through Grants:  
Red River Child Advocacy Center

Dear Commissioners:

I am asking for formal approval of the Human Trafficking Grant Applications provided through the Office of Attorney General. The agencies are on a tight deadline for these funds and must submit for them by August 18<sup>th</sup>. There is no funding required from the county and no local match. The county would be the fiscal agent.

A local government must sponsor the grant. Cass County has sponsored these grants in previous years, and our involvement is to review their expenditures reports and make sure they comply with the grant application and the approved grant budget. We receive the funds, deposit them and forward on the reimbursements to corresponding agency.

Sincerely,

A handwritten signature in cursive script, appearing to read "Sarah Heinle".

Sarah Heinle, CPFO  
Cass County Accounting Manager

**SUGGESTED MOTION:**

Move to be the fiscal agent for Human Trafficking Grants for the Red River Child Advocacy Center through the North Dakota Attorney General's Office.



# HUMAN TRAFFICKING - VICTIM TREATMENT & SUPPORT SERVICES

ND OFFICE OF ATTORNEY GENERAL

## I – APPLICATION OVERVIEW

|   |  |   |              |                         |
|---|--|---|--------------|-------------------------|
| <b>Name of Subrecipient</b> - <i>Subrecipients are state agencies, units of local government (such as a city or county), or other general-purpose political subdivisions of a state or Indian Tribe.</i>  |  | <b>Unique Entity Identifier</b>             |              |                         |
| <b>Subrecipient Contact Name</b>  |  | <b>Email</b>                                |              | <b>Telephone Number</b> |
| <b>Subrecipient Street Address</b>  |  | <b>City</b>                                 | <b>State</b> | <b>Zip Code</b>         |
| <b>Subrecipient Level of Government (check one)</b>   |  |   |              |                         |
| State   |  | County                                      |              | City/Town               |
| Indian Tribe  |  | Park District                               |              | School District         |
| Local Government  |  |   |              |                         |
| <b>Authorized Official Name</b> - <i>The authorized official must have the legal authority to commit the subrecipient to a contract or other agreement. Overall responsibility for the administration of the project rests with this individual. Examples are the mayor, city or county auditor, director of the state agency, or Tribal Chairperson.</i> |  | <b>Authorized Official Title</b>            |              |                         |
| <b>Authorized Official Email Address</b>  |  | <b>Authorized Official Telephone Number</b> |              |                         |
| <b>Authorized Official Street Address</b>   |  | <b>City</b>                                 | <b>State</b> | <b>Zip Code</b>         |

|  |  |  |              |   |  |
|--|--|--|--------------|---|--|
| <b>Implementing Agency Name</b> - <i>Implementing agencies are the agencies performing the project activities (such as a non-profit).</i>  |  | <b>Multi Agency Project</b>                      |              | <b>Multi-Jurisdiction Project</b>                     |  |
|  |  | Yes No   |              | Yes No  |  |
| <b>Implementing Agency Street Address</b>  |  | <b>City</b>                                      | <b>State</b> | <b>Zip Code</b>                                       |  |
| <b>Project Director Name</b> - <i>The project director has direct responsibility for implementation of the project activities. This person will prepare and submit all progress reports as required by the Office of Attorney General.</i> |  | <b>Project Director Title</b>                    |              |   |  |
| <b>Project Director Email Address</b>  |  | <b>Project Director Telephone Number</b>         |              |   |  |
| <b>Project Director Mailing Address (if different)</b>   |  | <b>City</b>                                      | <b>State</b> | <b>Zip Code</b>                                       |  |
| <b>Fiscal Officer Name</b> - <i>The fiscal officer prepares and submits all financial reports as required by the Office of Attorney General and has responsibility for the financial administration of the project. .</i>                  |  | <b>Fiscal Officer Title</b>                      |              |   |  |
| <b>Fiscal Officer Email Address</b>  |  | <b>Fiscal Officer Telephone Number</b>           |              |   |  |
| <b>Fiscal Officer Mailing Address (if different)</b>   |  | <b>City</b>                                      | <b>State</b> | <b>Zip Code</b>                                       |  |
| <b>Authorized Program Area (select all that apply)</b>   |  |  |              |   |  |
| Emergency/Long Term Crisis Services  |  | Development and Implementation of Direct Care    |              | Support of Advocacy Services                          |  |
| Residential Care   |  | Programs Promoting Positive Outcomes for Victims |              | Training for Law Enforcement/victim Service Providers |  |

**II - BUDGET NARRATIVE & CALCULATIONS - Totals must equal budget summary total for each section. Applicants should indicate the total cost for each category of the proposed project and indicate what portion of that project will be funded by this award, and what portion will be funded through other means.**

**A. Personnel** - List each position by type. Compensation for employees engaged in grant activities must be consistent with that paid for similar work within the surrounding areas. Fringe benefits should be based on actual known costs or an established formula. Fringe benefits may include common items such as payroll taxes, health and life insurance, and retirement contributions. **FOR SALARY/MONTH AND TOTAL MONTHS – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, \$ signs, etc.) Total cost will not calculate correctly if characters are used.**

| SALARY        |                  |                       |            |
|---------------|------------------|-----------------------|------------|
| Name/Position | Salary/<br>Month | Total Months          | Total Cost |
|               |                  |                       |            |
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|               |                  |                       |            |
|               |                  | <b>Total Request:</b> |            |

**A. Personnel** - List each position by type. Compensation for employees engaged in grant activities must be consistent with that paid for similar work within the surrounding areas. Fringe benefits should be based on actual known costs or an established formula. Fringe benefits may include common items such as payroll taxes, health and life insurance, and retirement contributions. **FOR FRINGE/MONTH AND TOTAL MONTHS – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, \$ signs, etc.) Total cost will not calculate correctly if characters are used.**

**FRINGE**

| Name/Position | Fringe/<br>Month      | Total Months | Total Cost |
|---------------|-----------------------|--------------|------------|
|               |                       |              |            |
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|               | <b>Total Request:</b> |              |            |

**B. Travel & Training** - Itemize travel expenses of project personnel by purpose (i.e. training, meetings, mileage, etc.). State rates for in-state travel, or GSA rates for out-of state travel apply. **FOR UNIT COST AND QUANTITY – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, \$ signs, etc.)** Total cost will not calculate correctly if characters are used.

| Purpose of Travel     | Unit Cost | Quantity | Total Cost |
|-----------------------|-----------|----------|------------|
|                       |           |          |            |
|                       |           |          |            |
|                       |           |          |            |
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| <b>Total Request:</b> |           |          |            |

**C. Equipment** - List non-expendable items that are to be purchased that are \$5000 each or more. Items that do not meet these criteria should be considered Supplies. Rented or leased equipment should be listed in the Equipment Rent/Lease category. Attach a sheet using this format if you have additional items. **FOR UNIT COST AND QUANTITY – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, \$ signs, etc.)** Total cost will not calculate correctly if characters are used.

| Description           | Unit Cost | Quantity | Total Cost |
|-----------------------|-----------|----------|------------|
|                       |           |          |            |
|                       |           |          |            |
|                       |           |          |            |
|                       |           |          |            |
|                       |           |          |            |
| <b>Total Request:</b> |           |          |            |



**D. Consultants/Contracts** - State service to be provided, anticipated hourly or daily rates, and estimated time on the project. Also include expenses to be paid to the consultants in addition to their fees (i.e., travel, meals, lodging, etc.) **FOR RATE/MONTH AND TOTAL MONTHS – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, \$ signs, etc.)** Total cost will not calculate correctly if characters are used.

| Consultant/Contract & Service to be Provided | Rate/Month | Total Months | Total Cost |
|--|------------|--------------|------------|
|  |            |              |            |
|  |            |              |            |
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|  |            |              |            |
|  |            |              |            |
| <b>Total Request:</b>                        |            |              |            |

**E. Other Costs** - List items (i.e. direct victim support, facility rent, printing, telephone/cell phone, janitorial or security services, cost allocation plans, shelter supplies). **FOR UNIT COST AND QUANTITY – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, \$ signs, etc.)** Total cost will not calculate correctly if characters are used.

| Description           | Unit Cost | Quantity | Total Cost |
|-----------------------|-----------|----------|------------|
|                       |           |          |            |
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|                       |           |          |            |
| <b>Total Request:</b> |           |          |            |

**III - BUDGET SUMMARY**

| <b>Category</b>          | <b>Total Requests</b> |
|--------------------------|-----------------------|
| A. Personnel             |                       |
| B. Travel/Training       |                       |
| C. Equipment             |                       |
| D. Consultants/Contracts |                       |
| E. Other Costs           |                       |
| <b>Total Request:</b>    |                       |

**IV - IMPLEMENTING AGENCY BUDGET SUMMARY** - List the agency's entire budget for its current fiscal year, including all funding sources **AND** any pending or applied for awards and just note the status at the time of application. The total amount of the budget line items should equal the total amount of funding sources.

| Line Item   | Current Operating Budget Amounts |                                   |
|---|----------------------------------|-----------------------------------|
| Personnel   |                                  |                                   |
| Operating Expenses                                  |                                  |                                   |
| Equipment   |                                  |                                   |
| <b>Total Budget</b>                                 |                                  |                                   |
| Funding Sources                                     | Amount                           | Percentage of Total Agency Budget |
| Justice Assistance Grant-JAG (Federal Portion Only) |                                  |                                   |
| State General Fund                                  |                                  |                                   |
| Local Government General Fund                       |                                  |                                   |
| Community Development Block Grant                   |                                  |                                   |
| Victims of Crime Act (VOCA)                         |                                  |                                   |
| STOP Violence Against Women Act                     |                                  |                                   |
| Federal Family Violence                             |                                  |                                   |
| Domestic Violence Prevention Fund                   |                                  |                                   |
| Crime Victims Assistance (CVA)                      |                                  |                                   |
| United Way  |                                  |                                   |
| Foundations   |                                  |                                   |
| Donations   |                                  |                                   |
| Court Fees  |                                  |                                   |
| Other (specify)                                     |                                  |                                   |
|   |                                  |                                   |
|   |                                  |                                   |
| <b>Total Funding</b>                                |                                  | 100%                              |

**V - AGENCY FUNDING SOURCES AND PROGRAM INCOME**

**A: Funding Sources**

| <p style="text-align: center;"><b>Funding Sources</b></p> <p>List any <b>other sources</b> of grant funding supporting this project's activities INCLUDING any pending or applied for awards and just note the status at the time of application.</p> | <p style="text-align: center;">Amount</p> |
|---|---|
| <b>Other (specify):</b>   |   |
|   |   |
|   |   |
|   |   |
| <b>Total Funding</b>  |   |



**VI - PROJECT NARRATIVE**

**1. Project Description** - Describe the proposed project and how it addresses specific problems, include specifics about the services to be provided, how the services will be provided, and the project deliverables.

**2. Current Efforts** - Clearly define what efforts are currently underway in response to the problems identified in the project description. Explain how current efforts relate to the project proposed here, will they be continued, modified or expanded? Additionally, provide relevant supporting data in the form of victim service data that reflects the agency's current and past efforts.

**3. Collaboration with Other Agencies** - Describe in detail how your agency has collaborated or cooperated with other agencies in providing human trafficking services, or describe how your agency intends to collaborate with other agencies/patterns during the grant period.

**4. Continued Funding** - Describe in detail what plans or steps are in place to assure continuing of the project after the grant period.



## VII - PROJECT GOALS, OBJECTIVES, TIMELINE, AND PERFORMANCE MEASURES

**1. Overall Project Goals** - State the project's goals, in general or broad terms. Goals should address the specific problem/need identified in the application. Goals should be stated in terms of the outcomes that the project wants to achieve. (Example: Develop and sustain an effective mental health program.)

**2. Objectives** - (Activities directed at achieving goals): State the project's objectives, in terms of specific steps or benchmarks that will eventually lead to accomplishing the goals. Objectives must be clearly expressed and in measurable terms. (Example: Increase the number of mental health services available.)

**3. Timeline** - Provide a detailed timeline for expenditure of project funds and completion of project goals and objectives.

**4. Performance Measures** - Describe the measures by which you will determine your project's success. Provide a description of how data supporting these measures will be collected: (Example: Number of victims served.)

### VIII – AUTHORIZED SIGNATURES

I certify that the project proposed in this application meets applicable requirements, that all information presented is correct, and that the applicant will comply with the provisions of the grant and all other applicable federal laws. By appropriate language incorporated in each grant, sub-grant, or other document under which funds are to be disbursed, the undersigned shall assure that the applicable conditions shown above apply to all recipients of these grant funds.

---

Signature of Authorized Official (political subdivision)

---

Date

---

Signature of Project Director

---

Date

---

Signature of Fiscal Officer

---

Date