

**FY 2020 Paul Coverdell Forensic Science  
Improvement  
Subaward Applications and Required Forms  
CFDA 16.742**

**All Assurances and Certifications (listed on the Subaward Application Checklist) that require signatures are attached at the end of the Subaward Application forms.**

**FY 2020 Paul Coverdell Forensic Science Improvement Grant Program  
Subaward Program Application Overview**

Name of Applicant Agency: \_\_\_\_\_

Title of Proposal: \_\_\_\_\_

Proposal Abstract (limit 100 words or less):

## Applicant Information

Official Name of Applicant Agency: \_\_\_\_\_

Type of Agency: \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_ Municipality \_\_\_\_\_ Nonprofit

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Implementing Agency (if different than applicant) \_\_\_\_\_

Federal ID Number: \_\_\_\_\_

Agency DUNS Number : \_\_\_\_\_

Is Applicant Agency registered with the System for Award Management? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain \_\_\_\_\_

Name of Project: \_\_\_\_\_

Type of Application: \_\_\_\_\_ New \_\_\_\_\_ Continuation CFDA# \_\_\_\_\_

Name of Project Contact: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Congressional District: \_\_\_\_\_

Areas affected by the Project (Statewide, county, city): \_\_\_\_\_

Proposed Project start and end dates: \_\_\_\_\_

Name of Chief Financial Officer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name/Title of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

## **Project Narrative**

*The program narrative must specifically describe the manner in which Coverdell grant funds will be used to carry out the State plan to improve the quality and/or timeliness of forensic science or medical examiner/coroner's office services cover current operations. (Reduction of forensic analysis backlogs is considered an improvement in timeliness of services.) If grant funds are requested for projects to address the challenges to the State's forensic science laboratories posed by the opioid abuse crisis, the program narrative should describe the challenges posed and how the requested funds would help to address them.*

*Include Agency Background and Mission; Problem Statement/Needs Assessment; Goals, Objectives and Activities; Partnership/Collaboration/Coordination of Services; Project Management and Staff; Program Evaluation. If agency received prior funding under the Paul Coverdell Subaward Program, please describe activities completed. Use as many pages as necessary to describe your proposal in detail.*

**Project Work Plan**

**Project Name:** \_\_\_\_\_

<b>Objective</b>	<b>Activity</b>	<b>Person Responsible</b>	<b>Project Start and Completion Dates</b>

## Subaward Application Checklist Paul Coverdell Forensic Science Improvement Grants Program

### What an Application Should Include:

<input type="checkbox"/>	Application Authorization
<input type="checkbox"/>	Subaward Program Application Overview
<input type="checkbox"/>	Applicant Information
<input type="checkbox"/>	Project Narrative
<input type="checkbox"/>	Project Work Plan
<input type="checkbox"/>	Budget Detail Worksheet
<input type="checkbox"/>	Budget Narrative (Budget should be annotated to delineate opioid-related and non-opioid items)
<input type="checkbox"/>	Federally Approved Indirect Cost Rate Agreement (if applicable)
<input type="checkbox"/>	Certification Regarding Lobbying; Debarment, Suspensions and Other Responsibility Matters; and Drug-Free Workplace Requirements
<input type="checkbox"/>	Federal Single Audit Requirements & Certification with proof of compliance if applicant is subject to audit requirements
<input type="checkbox"/>	New Jersey Single Audit Requirements & Certification
<input type="checkbox"/>	Department of Law and Public Safety Debarment and Suspension Certification with proof of eligibility for federal funds
<input type="checkbox"/>	Certified Standard Assurances
<input type="checkbox"/>	Forensic Laboratory Accreditation Documentation
	Coverdell Statutory Certifications
<input type="checkbox"/>	a. Certification as to Forensic Science Laboratory System Accreditation
<input type="checkbox"/>	b. Certification as to Use of Funds for New Facilities
<input type="checkbox"/>	c. Certification as to External Investigations
<input type="checkbox"/>	d. Certification as to Generally Accepted Laboratory Practices and Procedures
<input type="checkbox"/>	External Investigations Attachment
<input type="checkbox"/>	Statement Regarding Proposed Use of Funds to Address Challenges Posed by the Opioid Abuse Crisis (if applicable)
<input type="checkbox"/>	NIJ Programmatic Coversheet and Checklist