**FY 2019 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 2019 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Objective** | **Activity** | **Person Responsible** | **Project Start and Completion Dates** |

**Subaward Application Checklist**

**Paul Coverdell Forensic Science Improvement Grants Program**

**What an Application Should Include:**

|  |  |
| --- | --- |
| ☐ | Application Authorization |
| ☐ | Subaward Program Application Overview |
| ☐ | Applicant Information |
| ☐ | Project Narrative |
| ☐ | Project Work Plan |
| ☐ | Budget Detail Worksheet |
| ☐ | Budget Narrative (Budget should be annotated to delineate opioid-related and non-opioid items) |
| ☐ | Federally Approved Indirect Cost Rate Agreement (if applicable) |
| ☐ | Certification Regarding Lobbying; Debarment, Suspensions and Other Responsibility Matters; and Drug-Free Workplace Requirements |
| ☐ | Single Audit Requirement & Certification with proof of compliance if applicant is subject to audit requirements |
| ☐ | Department of Law and Public Safety Debarment and Suspension Certification with proof of eligibility for federal funds |
| ☐ | Certified Standard Assurances |
| ☐ | Forensic Laboratory Accreditation Documentation |
|  | Coverdell Statutory Certifications |
| ☐ | 1. Certification as to Forensic Science Laboratory System Accreditation |
| ☐ | 1. Certification as to Use of Funds for New Facilities |
| ☐ | 1. Certification as to External Investigations |
| ☐ | 1. Certification as to Generally Accepted Laboratory Practices and Procedures |
| ☐ | External Investigations Attachment |
| ☐ | Statement Regarding Proposed Use of Funds to Address Challenges Posed by the Opioid Abuse Crisis (if applicable) |
| ☐ | NIJ Programmatic Coversheet and Checklist |