**FY 2022 Connect and Protect: Law Enforcement Behavioral Health Response Program**

**Subaward Applications and Required Forms**

**CFDA 16.745**

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

**FY 2022 Connect and Protect: Law Enforcement Behavioral Health Response 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 Connect and Protect grant funds will be used to carry out the State plan to support law enforcement and behavioral health cross-system collaboration and to improve public health and safety responses and outcomes for individuals with MHDs or co-occurring MHSUDs who come into contact with the criminal justice system.*

 *Include: Problem Statement/Needs Assessment; Goals, Objectives, and Action Strategy; Planning, Management Structure, and Background; Performance Measures/Evaluation; and Program Budget.*

**Project Work Plan**

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

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

**Subaward Application Checklist**

**Connect and Protect: Law Enforcement Behavioral Health Response 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 |
| ☐ | Federal Single Audit Requirements & Certification with proof of compliance if applicant is subject to audit requirements |
| ☐ | New Jersey Single Audit Requirements & Certification |
| ☐ | Department of Law and Public Safety Debarment and Suspension Certification with proof of eligibility for federal funds |
| ☐ | Certified Standard Assurances |
| ☐ | Certification by a Credentialing Body |