


Program Information

** Required*

Acknowledgement of CJCC Approval Requirement*

All projects are required to obtain approval from their district's CJCC. If you have not received CJCC approval yet, you may still apply for this grant but you will be required to submit a letter of approval from your CJCC post-award if your project is granted funding.

☐ I understand and acknowledge that CJCC approval will be required.

 Grant funds are only available for one year of funding for Fiscal Year 2025. Please confirm that you are applying for one year of funding, to be expended between July 1, 2024 and June 30, 2025:*

☐ Yes, I am applying for one year of funding (FY 2025).


 Project Name*

 Agency Name*

 Is your organization a Not-for-Profit?*

☐ Yes

☐ No

 Select the option(s) that best describes your project:*

Check all that apply

☐ Develop, expand and improve evidence-based treatment and supervision alternatives to incarceration

☐ Reduce barriers to participation by criminal offenders in preprosecution diversion or specialty court programs

☐ Develop or improve pretrial service programs

☐ Develop or improve coordination of services between law enforcement agencies and treatment programs

☐ Establish law enforcement crisis intervention teams

☐ Coordinate access to programs for transitional or reentry homes for individuals recently released from incarceration

☐ Recruit or retain law enforcement officers, prosecutors, public defenders, corrections officers and mental health workers


☐ Staff a Criminal Justice Coordinating Council

☐ Develop or expand digitized records

☐ Develop or expand the ability of a Criminal Justice Coordinating Council member to share data with, and access data on, the statewide criminal justice data integration platform

☐ Develop or expand data-driven policing programs

☐ Purchase equipment or provide training to support any of the purposes provided in this section

 Have you previously applied for, but not received, CRGA funding for this project?*

☐ Yes

☐ No

 Which best describes your project?*

☐ A continuation or expansion of an existing program

☐ An entirely new program

☐ A continuation of a previous Crime Reduction Grant

 Please provide the grant number and name of your previous Crime Reduction Grant:

 Short program summary*

60 words or fewer

Funding requested*

Please round up to the next whole dollar.

Primary Contact Information*

Please provide the contact information for the lead person in charge of your project.

| | |
|-------|-------|
| Name | <hr/> |
| Title | <hr/> |
| Email | <hr/> |
| Phone | <hr/> |

Please enter the name(s) and contact information for any relevant stakeholders or other primary/secondary contacts

CJCC Information

** Required*

Please select your judicial district/CJCC:*

- ☐ 1st
- ☐ 2nd
- ☐ 3rd
- ☐ 4th
- ☐ 5th
- ☐ 6th
- ☐ 7th
- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ 13th

Outside Assistance

** Require*


 Will your project require assistance or cooperation by criminal justice entities external to your district?*

- ☐ Yes
- ☐ No

Name the entity(ies) and describe the assistance or cooperation:

Will the program require assistance or work from an external vendor or subcontractor from whom you will be purchasing services?*

- ☐ Yes
☐ No

 Describe the assistance needed:



Program Description

* *Require*

Please explain the problem your proposal aims to alleviate and define your project's goals.*

250 words or fewer

Provide a bullet-pointed outline of the scope of work for your project.*

1200 words or fewer. Please write out all acronyms.

Describe the target population for the project.*

250 words or fewer

Please describe any benefits the project expects to achieve and how they might be evaluated in the first year.*

(NMSC staff can assist with evaluation after the project is awarded.) Some benefits might include improved efficiency, reduced incarceration, improved quality of life, etc. *700 words or fewer*

Building on your answer above, describe potential and expected benefits after year one. Is there a long term vision for how the project could be expanded to solve other needs, or combine with other projects to provide other benefits?*


700 words or fewer

Does this project build on existing evidence-based practices? Cite any relevant research or existing programs.*

700 words or fewer

Finances

** Required*


 If awarded, who will be acting as fiscal contact for this project? The fiscal contact invoices the Sentencing Commission for reimbursement from grant funds and receives and disburses the reimbursement.*

Name _____


Title _____

Email _____

Phone _____

 Provide a spending plan of expected or estimated costs to the extent they are known, along with a timeline of when expenditures would be made.*

Example: "July 2024: \$500 to purchase bus passes, \$100 to stock hygiene pantry; August 2024: \$250 for training materials; September 2024: \$500 to purchase bus passes". Include expenses for each month of your project's intended duration.

 Will the project leverage other sources of funds from internal budgets, stakeholder contributions, or other grant sources for all or part of the project? List, if so.*

Please include whether you have applied for other funding sources for all or part of this project.
