Program Information

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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 be required to submit a letter of approval from your CJCC before you may accept a Crime Reduction Grant award.

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

Acknowledgement of Data-Sharing Requirement *

The Crime Reduction Grant Act requires that all grant award recipients collect and report data that can be used to evaluate the effectiveness of their grant project (see Section 31-28-4 NMSA 1978). Although the data collected may vary depending on the nature of the grant project, this typically means that grantees must collect and report personally identifying information about grant beneficiaries to the New Mexico Sentencing Commission as a condition of grant funding.

O I understand and acknowledge that my grant project will be required to submit data regarding grant effectiveness, including personally identifying information abou grant beneficiaries, to the New Mexico Sentencing Commission. Agency or Organization Name* The project name should reflect the primary objective(s) of the project. Short program summary* 60 words or fewer Funding requested* Please round up to the next whole ten-dollar increment. (Ex: \$48,763.85 would be rounded to \$48,770.00.) \$ Is your organization a Not-for-Profit?* O Yes

The Crime Reduction Grant Act requires that each grant-funded project fits within one or more of the following categories (see Section 3 28-4 NMSA 1978). Select the option(s) that best describes your project:*

Check all that apply

O No

| 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 above | | |
| Pleas | se briefly describe how your project fits within the category or categories selected above.* | | |
| | | | |
| | | | |
| Have | you previously applied for, but not received, Crime Reduction Grant Act funding for this project?* | | |
| 0 | Yes | | |
| 0 | No | | |
| Whic | ch best describes your project?* | | |
| 0 | A continuation or expansion of an existing program that is not a Crime Reduction Grant-funded program | | |
| 0 | An entirely new program | | |
| 0 | A continuation of a current or previous Crime Reduction Grant ary Contact Information* | | |
| Prim | ary Contact Information* | | |
| Pleas | e provide the contact information for the lead person who is or will be in charge of your project. | | |
| Name | | | |
| Title | | | |
| Email | | | |
| Phon | e e | | |

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

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CJCC Information

* Required

| Pleas | e select your judicial district/CJCC:* | | |
|---------|--|----------------------|--|
| \circ | 1st | O 6th | |
| 0 | 2nd | ○ 7th | |
| \circ | 3rd | O 8th | |
| \circ | 4th | O 9th | |
| 0 | 5th | O 10th | |
| | |) 11th | |
| | | O 12th | |
| | | Ó 13th | |
| Pleas | e attach a list of the CJCC membership | and minutes from y | your two most recent meetings, if |
| possi | ble. | C | |
| J | Upload a file | | |
| If you | u have already obtained CJCC approval | of your project, ple | ease attach proof of CJCC approval here. |
| Į | Jpload a file | | |
| | | | |
| | | | |
| | | | |

Outside Assistance

POWERED BY Apply®

| * Rec | uired |
|---------------|---|
| Will distr | your project require assistance or cooperation by criminal justice entities external to you ct?* |
| 0 | Yes |
| 0 | No |
| | the program require assistance or work from an external vendor or subcontractor from myou will be purchasing services?* |
| \circ | Yes |
| 0 | No |
| | SAVE & CONTINUE EDITING MARK AS COMPLETE |

Program Description

| * Required |
|---|
| 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.* |
| 500 words or fewer. Please write out all acronyms. |
| Describe the target population for the project, including the size (actual or estimated) of that population.* |
| Describe the target population for the project, including the size (actual or estimated) of that population.* 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

 $700\ words\ or\ fewer$

| solve other needs, or combine with oth | e potential and expected benefits after year one. Is there a long term vision for how the project could be expand projects to provide other benefits?* |
|---|--|
| 700 words or fewer | |
| Does this project build on existing evid 700 words or fewer | nce-based practices? Cite any relevant research or existing programs.* |
| Attach any supporting data/documents Upload a file | s needed. |
| POWERED BY Apply | SAVE & CONTINUE EDITING MARK AS COMPLETE |

| Finances | |
|--|---|
| * Required | |
| | be acting as fiscal contact for this project? The fiscal contact invoices the Sentencing Commission for reimbursement receives and disburses the reimbursement.* |
| Name | |
| Title | |
| Email | |
| Phone | |
| Provide a spending made.* | plan of expected or estimated costs to the extent they are known, along with a timeline of when expenditures would |
| | 500 to purchase bus passes, \$100 to stock hygiene pantry; August 2025: \$250 for training materials; September 2025: \$500 to purchase for each month of your project's intended duration. |
| | |
| You may attach a su | pporting document if needed. |
| Upload a file | |
| Will the project leve project? List, if so.* | erage other sources of funds from internal budgets, stakeholder contributions, or other grant sources for all or part of |
| | r you have applied for other funding sources for all or part of this project. |
| | |
| | |

You may attach a supporting document if needed.

Upload a file