CY 2021 Grant Application Instructions – Jail Treatment, CRRP, & Prosecutor Diversion

IntelliGrants Website http://intelligrants.in.gov

>   Note: Internet Explorer works best with the IntelliGrants system.

To move between forms in the application, use the "Save/Next" button at the top of the page.

When you save the form, it is automatically checked for errors. If errors are found, an Error Message will appear and list the items that need to be fixed before submitting your application. You may proceed to the next form without addressing the errors if you wish to return to it at a later time.

Begin on the "My Home" tab (#1 below) of IntelliGrants. Under the "View Available Proposals" section of the page, click the "View Opportunities" button (#2 below).

Under "My Opportunities", click the drop down button and select "Indiana Department of Correction" (#3 below). Once this has been selected, click the "Filter" button (#4 below).

Confirm that "CY 2021 IDOC: Community Corrections Grant Application" appears on the screen. Select "Apply Now" (#5 below).

The document snapshot will appear. Please note, this section will be blank until you complete the "Application Initiation" Form.

At the top of the screen, hover your mouse cursor over "Forms Menu" (#6 below). Then click "Application Initiation" (#7 below) on the resulting drop down menu.
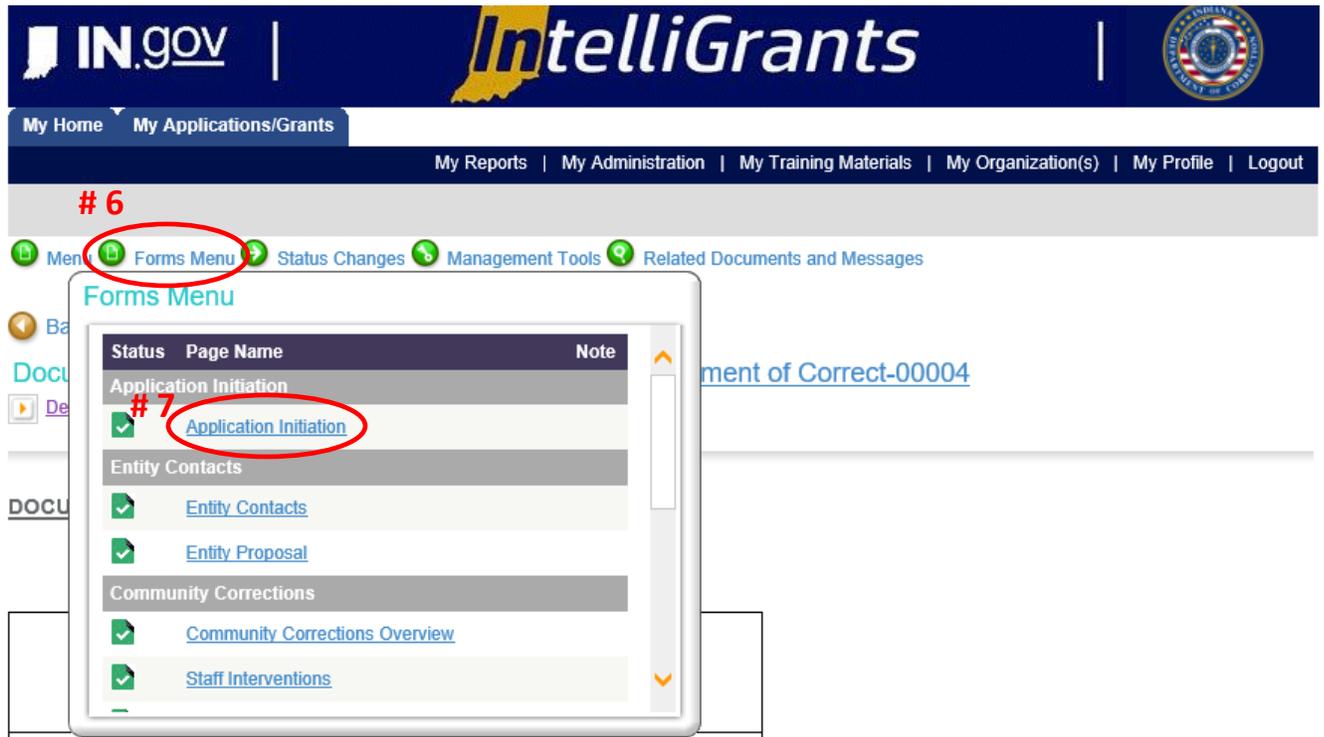
Select the Entity Type for which you are applying (#8 below). Each entity requesting money will need its own application document.
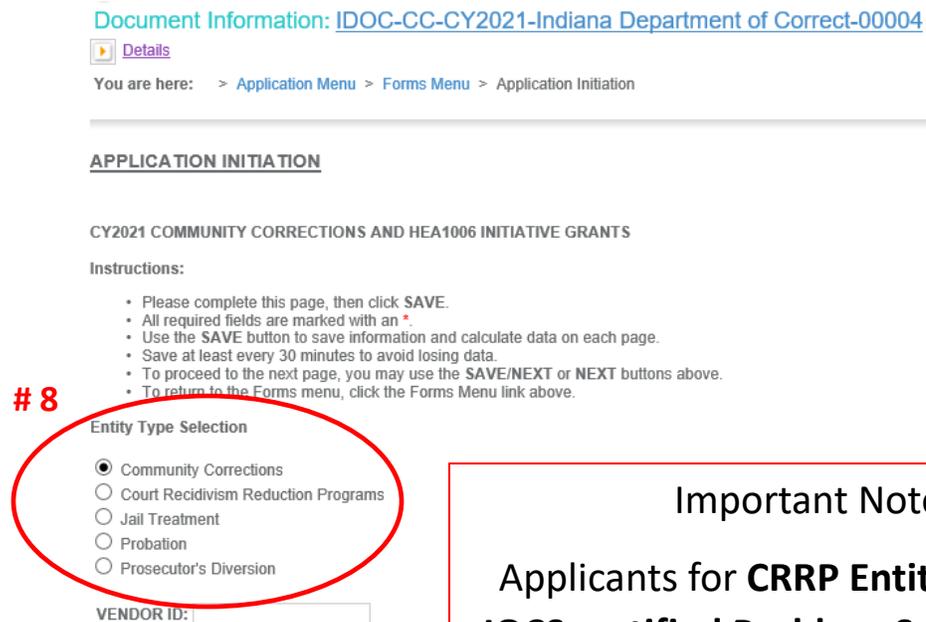
Enter your entity's "Vendor ID" in the provided box (#9 below). This number should be available from your county auditor.

Document Information: IDOC-CC-CY2021-Indiana Department of Correct-00004
▶ Details

You are here: > Application Menu > Forms Menu > Application Initiation

APPLICATION INITIATION

CY2021 COMMUNITY CORRECTIONS AND HEA1006 INITIATIVE GRANTS

Instructions:

- Please complete this page, then click **SAVE**.
- All required fields are marked with an *.
- Use the **SAVE** button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Entity Type Selection

- ◉ Community Corrections
- ○ Court Recidivism Reduction Programs
- ○ Jail Treatment
- ○ Probation
- ○ Prosecutor's Diversion

 # 9

VENDOR ID: [   ]

County Auditor contact information will be requested (#10 below). You will also fill out the Signatory Authority (#11 below) and Advisory Board President (#12 below) portions on this page. Your county should have a designated Signatory Authority. This is typically the county's elected auditor. If your County Council and Advisory Board approve a different Signatory Authority, an official Letter of Approval must be on file with IDOC. **Please note, all fields with an asterisk must be completed to avoid receiving an error message.**

 # 10

VENDOR ID:

County Auditor	County or Regional Name: Benton County ⌄ *	
	Name: John Doe *	Title: Auditor *
	Street Address: 123 Easy Street *	
	City: Indianapolis *	State: Indiana ⌄ *	Zip: 46204 *
	Phone: (111) 111-1111 *	Fax:	Email: sample@address.com *

 # 11

Signatory Authority	Name: Mark Smith *	Title: Commissioner *
	Street Address: 444 Sample Road *	
	City: Indianapolis *	State: Indiana ⌄ *	Zip: 46204 *
	Phone: (222) 222-2222 *	Fax:	Email: commissioner@address.com *

 # 12

Advisory Board President	Name: Mitchell West *	Title: Community Corrections Director *
	Street Address: 789 Alligator Road *	
	City: Indianapolis *	State: Indiana ⌄ *	Zip: 46204 *
	Phone: (777) 777-7777 *	Fax:	Email: Mwest@address.com x *

At the bottom of the "Application Initiation" page, you will upload the required documents (#13 below):

1. Advisory Board Member List
2. Letter of Support from County Commissioners
3. Advisory Board Letter of Prioritization and Approval
4. County Collaboration Plan.

Word documents or PDF's are acceptable formats for uploading. After clicking "Save" at the top of the page (#14 below), additional documentation may be uploaded. All entities applying for IDOC grant funding are required to submit these documents. It is acceptable for each entity to upload the same Advisory Board Approval and Prioritization letter and Letter of Support from County Commissioners if all entities requesting grant funding are included from your county.

 # 14 | SAVE | | SAVE/NEXT | | NEXT | | PRINT VERSION | | CHECK GLOBAL ERRORS |

Street Address:

	City: Indianapolis	State: Indiana	Zip: 46204
	Phone: (222) 222-2222	Fax:	Email: commissioner@address.com
Advisory Board President	Name: Mitchell West		Title: Community Corrections Director
	Street Address: 789 Alligator Road		
	City: Indianapolis	State: Indiana	Zip: 46204
	Phone: (777) 777-7777	Fax:	Email: Mwest@address.com

ADVISORY BOARD

Click the Browse button to upload the following completed documents onto this page.

Advisory Board Member List

 # 13

| Browse... | ☐DELETE
12564_1105813-AdvisoryBoardMtgMinutesApril62018.docx

Letter(s) of Support from Commissioners and Entity Grantee

| Browse... | ☐DELETE
12564_1105814-CommishLetters.pdf
| Browse... |

Advisory Board Prioritization and Approval

| Browse... | ☐DELETE
12564_1105815-2019GrantApprovalAdvisoryBoard.pdf

Collaboration Plan

| Browse... | ☐DELETE
12564_1105816-CCCCSOP's(2).doc
| Browse... |

The next form is "Entity Contacts". Select your Entity Type and County Name (#15 below). Then select your County Name again or, if applicable, select your Regional Name (#16 below). Complete all fields on the "Entity Contacts" form. Please note, all fields with an asterisk must be completed to avoid receiving an error message.

ENTITY CONTACTS

Instructions:
- Please complete this page, then click SAVE.
- All required fields are marked with an *.
- Use the SAVE button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- To return to the Forms menu, click the Forms Menu link above.

 # 15 Entity Type: Community Corrections

County Name: Blackford County *

 # 16 County or Regional Name: Hoosier Hills *

Primary Entity Contact	Name of Entity Agency or Court Program: Acme Agency		*
	Name: Tim Jones *	Title: Master of Ceremonies	*
	Phone: (555) 555-5555 *	Fax:	Email: test@test.com *
	Street Address: 555 Test Way *		
	City: Indianapolis *	State: Indiana *	Zip: 46204 *
Program Location	☐ Same as above		
	County: Clark County		
	Street Address: 555 Test Way		
	City: Nowhere	State: Maine	Zip: 69482
Secondary Entity Contact	Name: Jimmy Jenkins *	Title: Manager	*
	Phone: (555) 555-5555 *	Fax:	Email: asdfasdf@asdfasd.com *
	☐ Same as above		
	Street Address: 555 Start Ln		
	City: Test	State: Louisiana	Zip: 44343

Next is the "Entity Proposal" form. Please read the instructions in the green boxes on this form. The problem statement should include relevant statistics to support the request's reasoning and the make-up of the target population. Please note text is limited in the answer boxes. For more information about writing a Problem Statement and identifying a Target Population, refer to the 2021 Grant Announcement. Grant Writing Tips are also available on the IDOC Community Corrections website.

ENTITY PROPOSAL

Name of Entity Agency or Court Program:

Instructions:

- Please complete this page, then click SAVE.
- All required fields are marked with an *.
- Use the SAVE button to save inf
- Save at least every 30 minutes t
- To proceed to the next page, yo
- To return to the Forms menu, cli
- Please include current practices

The problem statement matrix / TABLE 1

What is the problem?	Average number of complaints increased 10%.
Who is experiencing the problem?	All submitting departments.
Where is the problem occurring?	Work order processing department.
When does the problem occur?	Each month during the last three months.
Why does the problem occur (recent changes in the process?—5 Ms)	Introduced a new Excel 2013 tool for processing work orders.
5 Ms = man (personnel), machine, material, methods and Mother Nature (internal and external environmental factors)	

Problem Statement: Describe the curr... identified. The problem statement shoul... adequate statistics documenting the pro...

1. Describe the problem that will be a...

0 of 3000

2. Please indicate the target populati...

0 of 3000

...rget population must be clearly ...lem. The statement should also include

Quality Progress (2015). The Statement Problem – Address problems by first answering the five Ws by Max Kush. http://asq.org/quality-progress/2015/06/one-good-idea/the-statement-problem.html

The overview description of your proposal should include both previously funded programming and proposed programming for the entire entity, projected number of clients to be served, and case load descriptions. Also include descriptions of the uses of the 8 Principles of Effective Intervention and Evidence Based Practices. Please, refer to the 2021 Grant Announcement document for further information on Evidence Based Practices, best practices, and grant writing tips.

Proposed Solution: An overview description of the proposal. The description should include the evidence-based practices and policies of the program and how the entity will comply with the eligibility requirements for the grant. The grantee should also briefly describe how this grant will improve the situation described in the problem statement and explain how this improvement will be measured.

3. Please provide an overview description of your proposal: *

Please be specific.

4. How will th
Please be spe

Proposal Should Include (but not limited to):

Brief outline of previously funded programs

Explanation of new requests - if applicable

Projected number of clients to be served

Case load description/ Staff to Client Ratio

Description of use of 8 Principles of Effective Intervention/ Evidence Based Practices

5. How will th
Please be spe

19 of 3000

This begins the budget section of the application. As you make your way through the budget section, **please round all requested amounts to the nearest dollar**.

The "Current Personnel" form is next. This form should only include personnel information for CY 2020. Please note: contractual employee information should be entered into the Administrative Supervision 300 series section of the budget. If there are multiple staff working in the same position and making the same salary from the same funding source, you may document this in the "Number of Positions" column (#17 below) rather than entering the same information multiple times. The top section is for Full Time employee information (#18 below). The middle section is for Part Time employee information (#19 below). If a position is shared by multiple entities, request the position under only one entity. The bottom section is for fringe information for all staff combined (#20 below). **Overtime is included as a line item in the box with fringe information** (circled below).

FUNDING ALLOCATION OF FULL TIME POSITIONS FOR CURRENT OPERATIONS

| Position Title | Number of Positions | Annual Salary Per Position | Funding Source Allocation Per Position | | | | Total Funding Source Allocation | | | |
			Grant	Project Income/User Fees	County General	Other	Grant	Project Income/User Fees	County General	Other
Program Coordinat	3	$40,000.00	$35,000.00	$0	$0	$5,000.00	$105,000.00	$0	$0	$15,000.00
Caseworker	15	$32,000.00	$30,000.00	$2,000.00	$0	$0	$450,000.00	$30,000.00	$0	$0
Trainer/Facilitator	1	$34,000.00	$30,000.00	$0	$4,000.00	$0	$30,000.00	$0	$4,000.00	$0
QA Manager	1	$38,000.00	$30,000.00	$8,000.00	$0	$0	$30,000.00	$8,000.00	$0	$0
Field Officer	2	$28,000.00	$28,000.00	$0	$0	$0	$56,000.00	$0	$0	$0
Total:	22	$728,000.00	$153,000.00	$10,000.00	$4,000.00	$5,000.00	$671,000.00	$38,000.00	$4,000.00	$15,000.00

FUNDING ALLOCATION OF PART TIME POSITIONS FOR CURRENT OPERATIONS

| Position Title | Number of Positions | Annual Salary Per Position | Funding Source Allocation Per Position | | | | Total Funding Source Allocation | | | |
			Grant	Project Income/User Fees	County General	Other	Grant	Project Income/User Fees	County General	Other
Field Officer	2	$15,000.00	$15,000.00	$0	$0	$0	$30,000.00	$0	$0	$0
Admin Asst	2	$23,000.00	$0	$0	$8,000.00	$15,000.00	$0	$0	$16,000.00	$30,000.00
		$0	$0	$0	$0	$0	$0	$0	$0	$0
		$0	$0	$0	$0	$0	$0	$0	$0	$0
		$0	$0	$0	$0	$0	$0	$0	$0	$0
Total:	4	$76,000.00	$15,000.00	$0	$8,000.00	$15,000.00	$30,000.00	$0	$16,000.00	$30,000.00

TOTAL CURRENT PERSONNEL FUNDING ALLOCATION

	% Grant	Grant	Project Income/User Fees	County General	Other	Total	Recommended Grant Funding
Salaries	87.19%	$701,000.00	$38,000.00	$20,000.00	$45,000.00	$804,000.00	$0
Overtime	71.43%	$5,000.00	$1,500.00	$500.00	$0	$7,000.00	$0
Unemployment	0.00%	$0	$25,000.00	$500.00	$300.00	$25,800.00	$0
Social Security	100.00%	$27,000.00	$0	$0	$0	$27,000.00	$0
Health Insurance	100.00%	$18,800.00	$0	$0	$0	$18,800.00	$0
PERF	100.00%	$5,000.00	$0	$0	$0	$5,000.00	$0
Workers' Compensation	0.00%	$0	$0	$0	$15,000.00	$15,000.00	$0
Other	0.00%	$0	$40,000.00	$10,000.00	$5,000.00	$55,000.00	$0

18
17
19
20

Next is the "New Position Request" Form. If you are not applying for new positions, please check the box "This form is not applicable" (#21 below) and click the "Save/Next" button at the top of the page to proceed to the next form.

To request a new position, complete all applicable fields including uploading a job description (#22 below). The job description must be specific to the new position being requested. In order to be considered for funding, a justification is required (#23 below).

If a position is shared by multiple entities, request the position under only one entity and outline the sharing plan in the justification section.

NEW POSITION REQUEST

Name of Entity Agency or Court Program:

Instructions:

- Please complete this page, then click SAVE.
- All required fields are marked with an *.
- Use the SAVE button to save information and calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the SAVE/NEXT or NEXT buttons above.
- To return to the Forms Menu, click the Forms Menu link above.
- Please click the ADD button at the top of the page to create additional pages, if necessary.
- After you have SAVED the second page, a drop down box will appear at the top of your screen, on the right side with a list of the pages you have entered, ordering them numerically as the page name.
- Choose the correct page from the drop down list, then click the GO button to the right to access the selected page.
- If you need to delete this page, click the DELETE button at the top of the page. You do NOT need to save after deleting.
- If you are not requesting a new position, please leave the fields blank and select the "This form is not applicable" checkbox, then click SAVE.

 # 21

☐ This form is not applicable.

| Position Title | Employment Status | Salary | Funding Source Allocation Per Position | | | |
			Grant	Project Income/User Fees	County General	Other
	⌄	$0	$0	$0	$0	$0

 # 22

Upload Job Description: [   ] Browse...

	Total Cost	Grant	Project Income/User Fees	County General	Other
Workers' Compensation	$0	$0	$0	$0	$0
Unemployment	$0	$0	$0	$0	$0
Social Security	$0	$0	$0	$0	$0
Health Insurance	$0	$0	$0	$0	$0
PERF	$0	$0	$0	$0	$0
Overtime	$0	$0	$0	$0	$0
Other Benefits ⌄ If Other, please describe:					

Fringe Total: $0 *These values are automatically rounding to the nearest dollar.*

Total Salary (this page only): $0

Total: $0

Justification:

 # 23

[   ] ⌃ ⌄

0 of 500

If you are applying for more than one new position, save the page then click the "Add" button (#24 below) at the top of the page for an additional "New Position Request" form. All new positions require their own "New Position Request" form even if they have the same job description and salary/fringe information.

The "Personnel Summary" shows all of the information you have entered in the "Current Personnel" and "New Position Request" forms. Please review this page for accuracy and click "Save/Next".

PERSONNEL SUMMARY

Name of Entity Agency or Court Program: Benton County Community Corrections

Instructions:

- You must click the **SAVE** button to save information to calculate data on each page
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Current Personnel Total

	% Grant	Total Cost	Grant	Project Income/User Fees	County General	Other
Salaries	87.19%	$804,000.00	$701,000.00	$38,000.00	$20,000.00	$45,000.00
Workers' Compensation	0.00%	$15,000.00	$0	$0	$0	$15,000.00
Unemployment	0.00%	$25,800.00	$0	$25,000.00	$500.00	$300.00
Social Security	100.00%	$27,000.00	$27,000.00	$0	$0	$0
Health Insurance	100.00%	$18,800.00	$18,800.00	$0	$0	$0
PERS	100.00%	$5,000.00	$5,000.00	$0	$0	$0
Overtime	71.43%	$7,000.00	$5,000.00	$1,500.00	$500.00	$0
Other Benefits	0.00%	$55,000.00	$0	$40,000.00	$10,000.00	$5,000.00

Number of New Full Time: 1

Number of New Part Time: 0

New Positions Total

	Total Cost	Grant	Project Income/User Fees	County General	Other
Salaries	$23,000.00	$15,000.00	$0	$0	$5,000.00
Workers' Compensation	$3,000.00	$2,000.00	$0	$1,000.00	$0
Unemployment	$2,000.00	$1,200.00	$800.00	$0	$0
Social Security	$6,600.00	$6,000.00	$500.00	$0	$100.00
Health Insurance	$0	$0	$0	$0	$0
PERS	$0	$0	$0	$0	$0
Overtime	$1,100.00	$1,000.00	$0	$100.00	$0
Other Benefits	$200.00	$200.00	$0	$0	$0

Personnel Total

	Total Cost	Grant	Project Income/User Fees	County General	Other
Salaries	$827,000.00	$716,000.00	$38,000.00	$20,000.00	$53,000.00
Workers' Compensation	$18,000.00	$2,000.00	$0	$1,000.00	$15,000.00
Unemployment	$27,800.00	$1,200.00	$25,800.00	$500.00	$300.00
Social Security	$33,600.00	$33,000.00	$500.00	$0	$100.00
Health Insurance	$18,800.00	$18,800.00	$0	$0	$0
PERS	$5,000.00	$5,000.00	$0	$0	$0
Overtime	$8,100.00	$6,000.00	$1,500.00	$600.00	$0
Other Benefits	$55,200.00	$200.00	$40,000.00	$10,000.00	$5,000.00

The remainder of the budget is split into two parts: General Operating Expenses and Administrative Supervision Expenses. General Operating expenses encompass overhead and operational costs – ask yourself "what keeps the doors open?" Administrative Supervision expenses are associated with providing services – ask yourself "will this benefit my clients?"

Series 200 is supplies. These are items that need to be replenished on a regular basis such as paper, drug testing supplies, and cleaning supplies. Tactical gear is considered equipment and should be budgeted in the 400 series.

Series 300 is services. This includes all staff training and travel, conference fees, and memberships in addition to contractual services.

Series 400 is capital or equipment. General Operating equipment includes computers, copiers, and office furniture. Administrative supervision equipment includes electronic monitoring equipment that is purchased by the entity without contractual services. Please note, grant funds may not be used for 400 series expenses.

Expense Categories	General Operating	Administrative Supervision
Series 200 – Supplies	• General Administrative Supplies • Cleaning, Maintenance, and Repair Supplies • Motor Vehicle • Maintenance Supplies • Miscellaneous Operating Supplies	• Supervision Supplies • Drug Testing Supplies • Educational and Facilitator Supplies
Series 300 – Services	• Professional Services • Communication • Printing and Advertising • Insurance • Utilities) • Maintenance and Repair Agreements • Rentals (payment for use)	• Staff Training and Development • Contractual Supervision • Professional Services • Participant Contractual Services and Providers
Series 400 - Capital	• Office Equipment •Electronic Equipment • Vehicles	• Supervision Equipment (not contractual)

Please enter your requested grant amounts, project income budget, county general budget, and other funding source budget for each applicable line item (#25 below).

Specific justifications are required for contractual services requests, program supply requests, and any time you enter an item into the "Other" line (#26 below)**.**

GENERAL OPERATING EXPENSES

Name of Entity Agency or Court Program: Benton County Community Corrections

Instructions:

- Please complete this page, then click **SAVE**. All applicants should budget for the upcoming fiscal year.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms Menu, click the Forms Menu link above.
- If you have no General Operating Expenses, please leave the fields blank and click **SAVE**.

General Operating & Overhead Budget

 # 25

General Operating Supplies

Series 200	Grant	Project Income/User Fees	County General	Other	Total	Recommended Grant Funding
General Administrative Supplies						
Office Supplies	$1,644.00	$114,220.00	$108,000.00	$0	$223,864.00	$0
Copier Supplies	$500.00	$200.00	$8,000.00	$0	$8,700.00	$0
Wearing Apparel	$0	$8,000.00	$1,000.00	$0	$9,000.00	$0
Other:						
Total:	$2,144.00	$122,420.00	$117,000.00	$0	$241,564.00	$0

 # 26

Justification:

Be specific.|

12 of 500

CONTRACT Descriptions must include:

Contractor/ Company Name

Services to be Provided

Levels of Supervision to be served

If other entities will be served

The "Entity Budget Summary" outlines all information entered into all forms in the budget section of the application. Please review this page for accuracy and click "Save/Next".

ENTITY BUDGET SUMMARY

Name of Entity Agency or Court Program:

Instructions:

- You must click the **SAVE** button to save information to calculate data on each page.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Total Budget by Category

Series Category	Grant	Project Income/User Fees	County General	Other	Total	2020 Grant Funding	Notes
Personnel	$125,000.00	$45,000.00	$27,010.00	$84,990.00	$282,000.00	$0	
Fringe	$21,300.00	$26,300.00	$16,800.00	$7,600.00	$72,000.00	$0	
Total 100 Series	$146,300.00	$71,300.00	$43,810.00	$92,590.00	$354,000.00	$0	
General Operating 200	$2,600.00	$900.00	$800.00	$2,000.00	$6,300.00	$0	
General Operating 300	$1,000.00	$500.00	$500.00	$400.00	$2,400.00	$0	
General Operating 400	$300.00	$400.00	$400.00	$300.00	$1,400.00	$0	
General Operating Total	$3,900.00	$1,800.00	$1,700.00	$2,700.00	$10,100.00	$0	
Administrative Supervision 200	$0	$0	$0	$0	$0	$0	
Administrative Supervision 300	$0	$0	$0	$0	$0	$0	
Administrative Supervision 400	$0	$0	$0	$0	$0	$0	
Administrative Supervision Total	$0	$0	$0	$0	$0	$0	
Total	$150,200.00	$73,100.00	$45,510.00	$95,290.00	$364,100.00	$0	

Total Budget by Fund Source

Fund Source	Amount	Percent
Grant	$150,200.00	41.25%
Project Income/User Fees	$73,100.00	20.08%
County General	$45,510.00	12.50%
Other	$95,290.00	26.17%
Total:	$364,100.00	100.00%

After clicking the "Save/Next" button at the end of the last form of the application, the Entity Budget Summary, you will be taken back to the Document Snapshot page. This page will now have information from the forms you filled out at the beginning of the application.

To check your application for errors, click on "Forms Menu" (#27 below) at the top of the page.

On the Forms Menu, you will see an icon like (#28 below) this next to any form that has errors. These need to be addressed or the system will not allow you to submit the application.

At this point, we recommend that you review your application and ask other staff members to review them. Spelling and grammatical errors will be taken into consideration during the application review process. Ensure that all questions have been answered and all required documentation uploaded prior to submission.

After fully reviewing your application, you will go to the "Status Changes" page (#29 below) to officially submit your application.

If you are ready and all errors have been addressed, you may now click the "Submit Application" button (#30 below). Clicking the "Cancel Application" button (#31 below) deletes all information you have entered and uploaded. This action is not recommended unless you wish to completely restart the entire application.

Once you have successfully submitted your application, you will receive a confirmation message (below). Congratulations, you have completed the CY2021 IDOC Community Corrections Grant Application process!