# Community Incentive Grant Program (CIG)

Application Instructions and Application
Justice Reinvestment Initiative
Louisiana Department of Public Safety and Corrections

| | |
|---|---|
| **Funding Opportunity Title:** | FY 22 Community Incentive Grant Program |
| **NOFA Number:** | 2021-12 |
| **Estimated Total Program Funding** | $2,300,000 |
| **Posted Date:** | December 30, 2021 |
| **Closing Date for Applications** | January 28, 2021, 3:00 PM CT |

504 Mayflower Street
Baton Rouge, LA  70802

jriprograms@la.gov
www.doc.la.gov

# Application Instructions

Eligible community organizations who are interested in providing services requested under the FY2022 Community Incentive Grant Program NOFA must submit the following application and related appendixes for consideration.

The application must be submitted electronically via the DOC – JRI Grant Application Portal (Wizehive) on or before the date and time specified in the Schedule of Events (NOFA Section 3.2 Schedule of Events).
FAX, mail e-mail submissions shall not be accepted.

To apply electronically via the DOC – JRI Grant Application Portal (Wizehive), please follow the instructions below. All questions regarding Wizehive (e.g. logging in, uploading documents, submitting application) can be directed to the JRI Office via email at jriprograms@la.gov.

## Submitting Applications via Wizehive

### *Creating A Wizehive Login and Wizehive Profile*

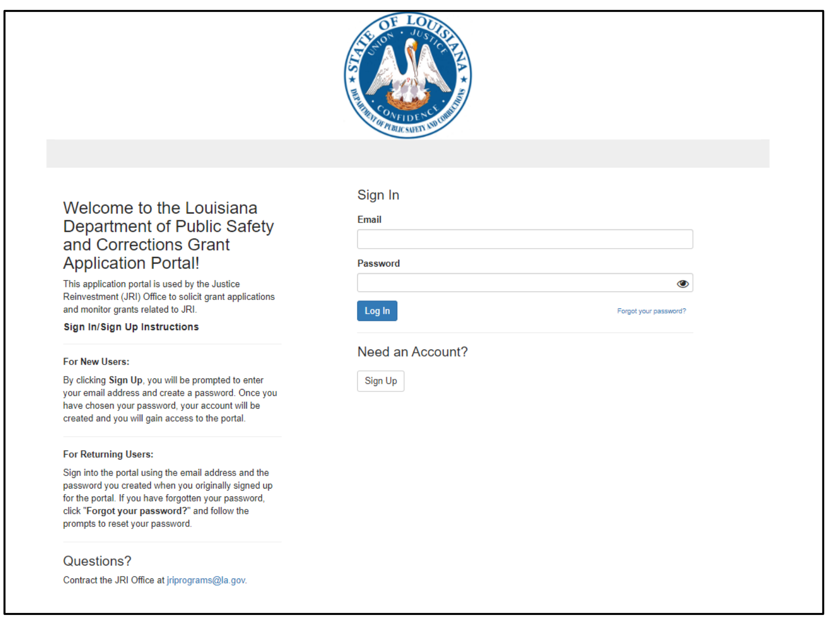
**Step 1:** Navigate to the DOC – JRI Grant Application Portal (Wizehive) by going to:

https://webportalapp.com/sp/login/state_of_louisiana_dept_of_public_safety_and_corrections

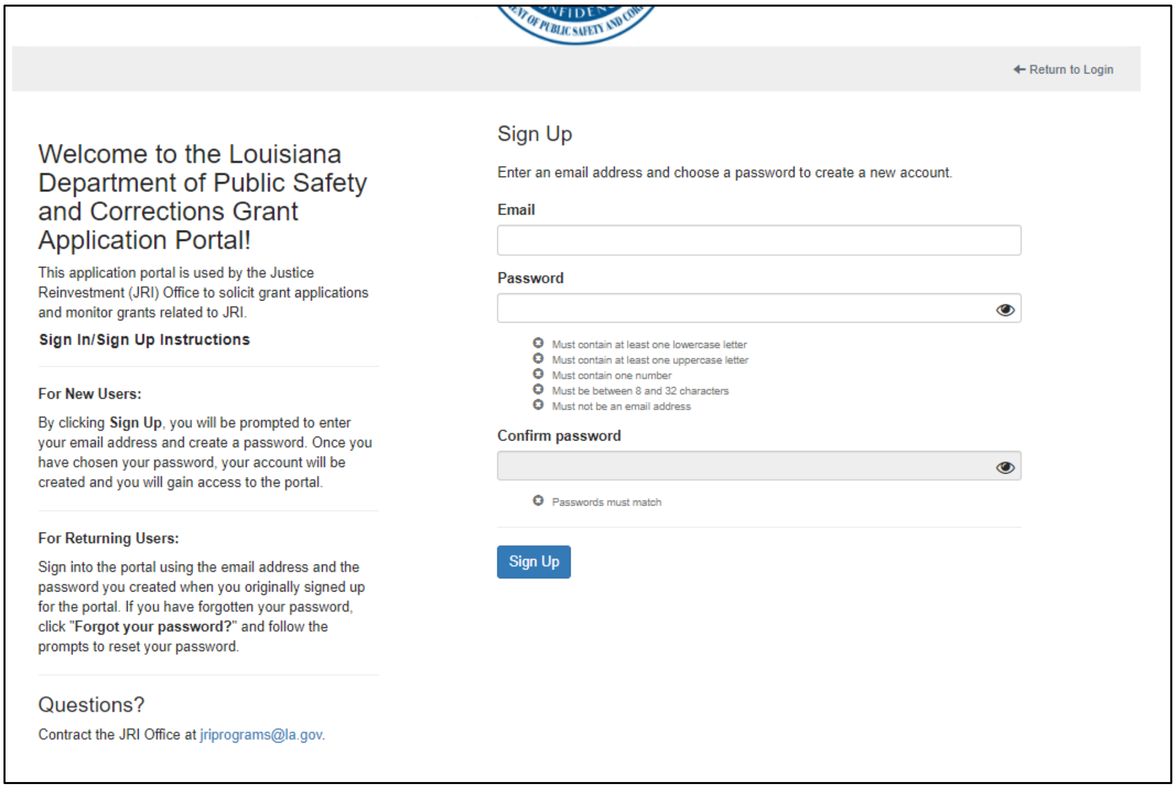
Bookmark this link for future use. This hyperlink is also available on the DOC – JRI website.

**Step 2:** You will need to sign-up and Create an Account, even if you have been awarded a CIG grant during the FY2020 NOFA, or the FY2019 RFP for the Community Incentive Grant.

To Create an Account, select "Sign-Up" on the login screen.



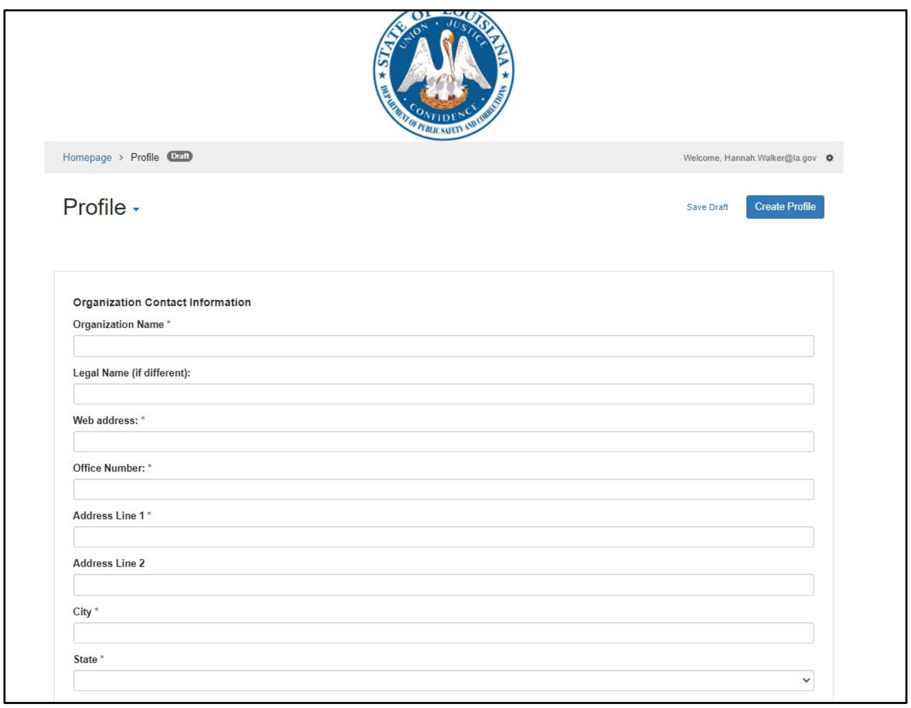

**Step 3:** You will be asked to enter an email address and choose a password to create a new account.




Once you’ve entered in your email and password, select “Sign Up.” You’ve now created a Wizehive Account. You will be taken to the Homepage, where you will be asked to Complete Profile Information.

**Step 4:** Complete the Profile Information by clicking “Create a Profile to Get Started.” You MUST create a Profile in order to get access to the DOC CIG Grant Application.

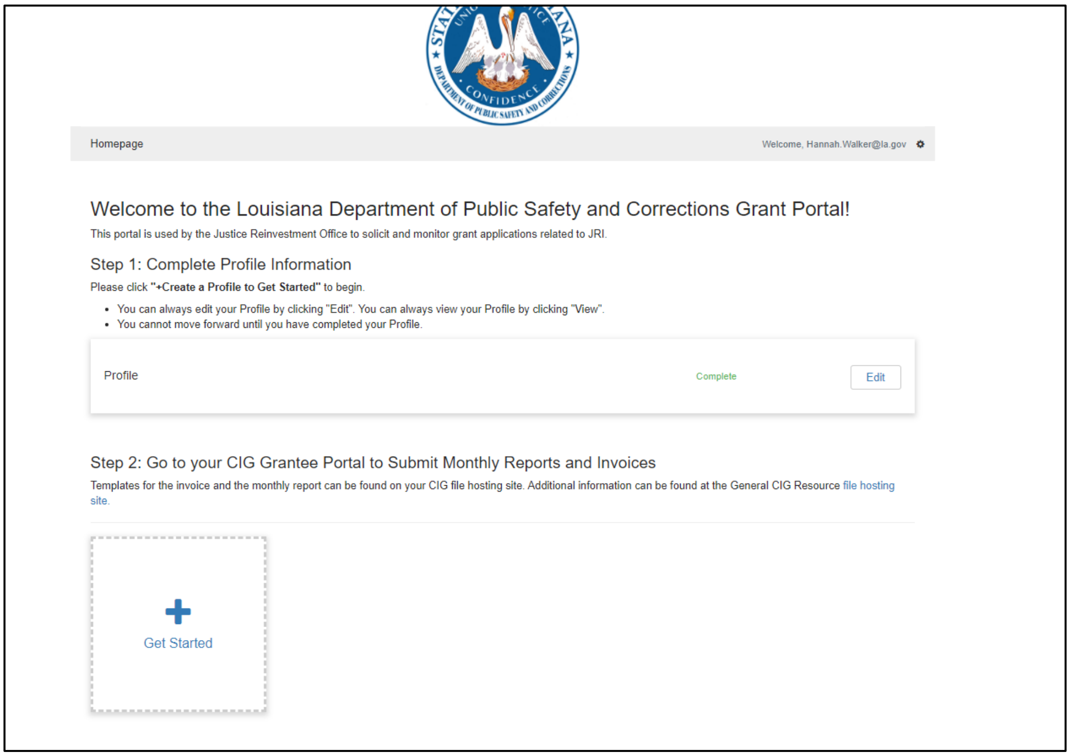

The profile information will ask you for basic contact information. Complete all the information, especially the required fields marked with an asterisk (*). Once you’ve entered in all your information, select the “Create Profile” button.



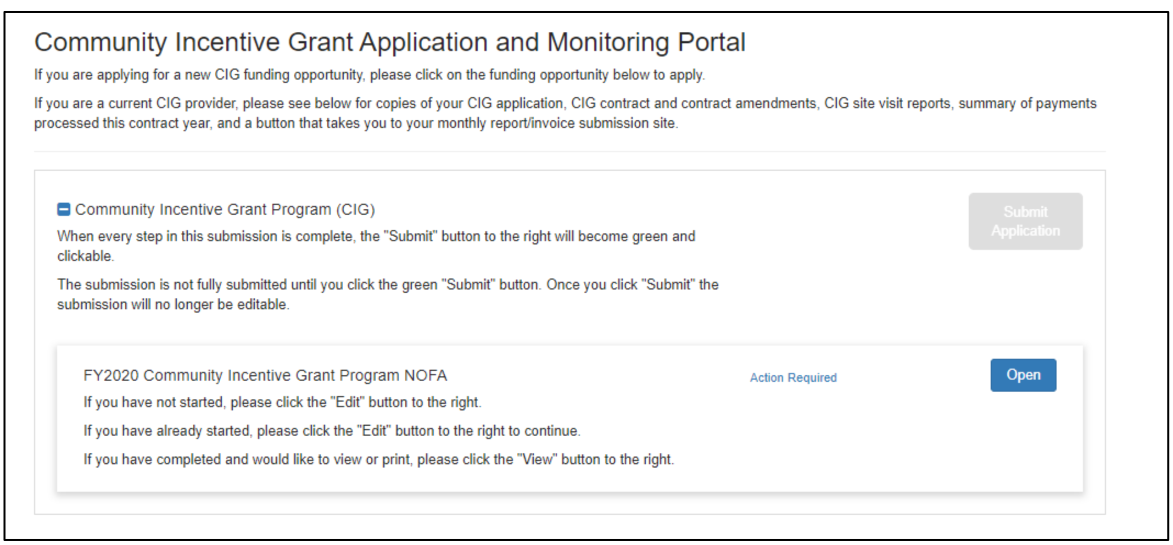

When you click “Create Profile” you will be taken back to the homepage to begin your CIG application.

## *Starting a CIG Application*

**Step 5.** To start an application, click the "Get Started" in the box




**Step 6.** You will see the Community Incentive Grant funding opportunity listed. Click "Open" to start an application.

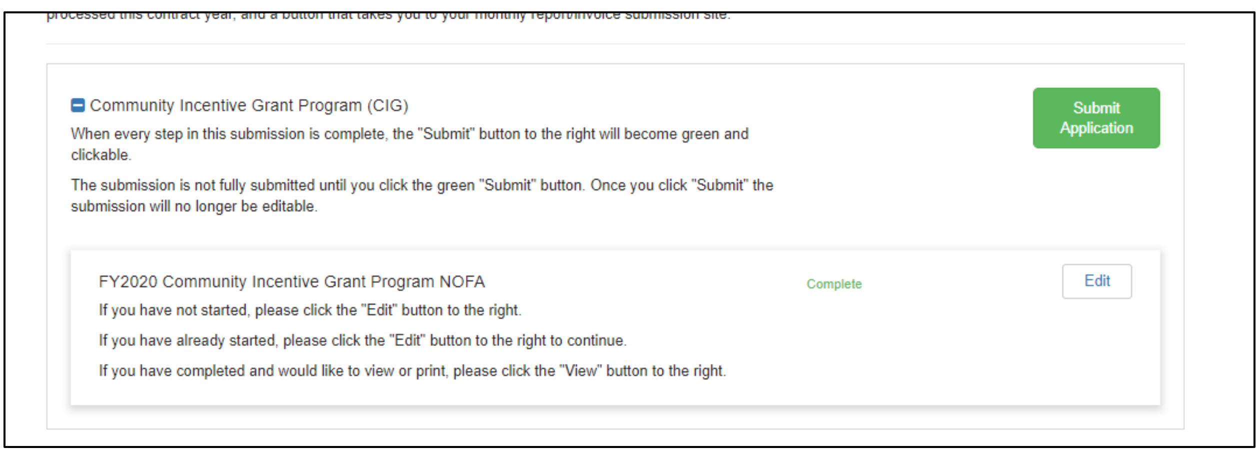


**Step 7.** Complete all the fields in the application. You must complete all required fields (*) in the application. All templates needed to complete the application can be found on the [DOC website](), or within the body of the application on Wizehive.

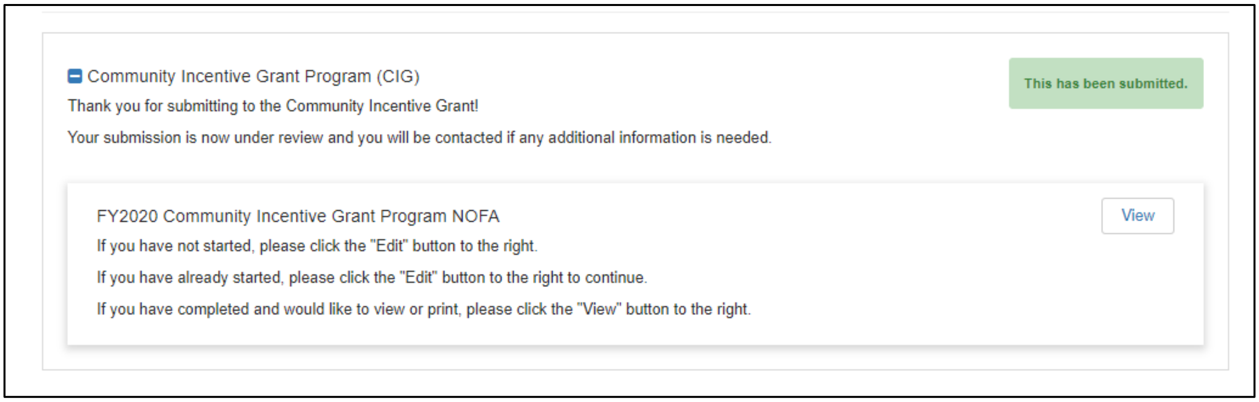

You can save a draft of your application by clicking “Save Draft”

Once you’ve completed all the required fields, and uploaded all required attachments, you can click the button “Mark Complete”

**Step 8.** When you select “Mark Complete,” you will be taken back to the homepage, and you willl see a green “Submit Application” button. **YOU MUST CLICK THIS BUTTON IN ORDER TO SUBMIT YOUR APPLICATION.** Please make sure that your application is complete and final before submitting. You will not be able to make changes once you hit the Submit Application button.

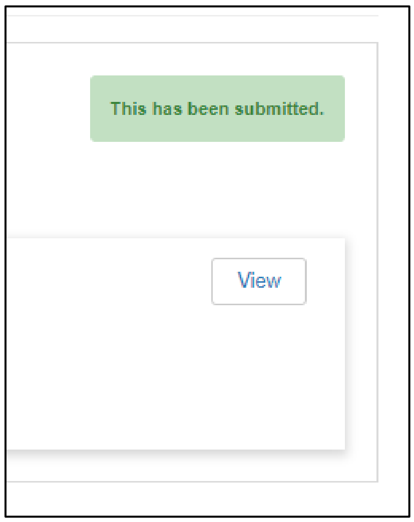



**Step 9.** To confirm that you have successfully submitted your application, ensure that your “Submit Application” green button now reads “This has been submitted”




**Step 10.** You will receive an auto-email from the Wizehive team indicating that you've successfully submitted your application.

You can always see and print what you submitted by clicking the "View" button.




### *Other Application Instructions*

Any application submitted incomplete or missing required information will be subject to disqualification.

The Applicant will hold all contracting responsibilities and liabilities and if applicable, the organization officially submitting the application on behalf of parish-wide collaborative effort among several sub-contractors. The entity identified in the organization contact information section of this application will be considered the official applicant.

Applicants should include enough information to satisfy evaluators that the applicant has the appropriate experience, knowledge and qualifications to perform the services as proposed.

# Instructions for Appendix

Applicants should upload all appendixes as required to the application submission via Wizehive. The electronic version should be a PDF and labeled with the proper appendix name (i.e.  Appendix A – Applicant Checklist). The following are instructions for completing each appendix.

### *Appendix A- Application Checklist*

To ensure all components of the application is submitted, it is highly suggested to utilize the checklist attached, and provided within the Wizehive application.  This checklist is for information purposes only to ensure that all proper documentation has been uploaded. You do not need to submit Appendix A.

### *Appendix B- Budget Worksheet and Budget Narrative*

The applicant shall specify costs, including all anticipated costs for successful implementation of all deliverables outlined using the attached budget template. *Failure to submit a completed Appendix B may result in the application being disqualified.*

The budget shall remain the same with few revisions for the term of the grant agreement including any renewals. Monies may be moved between categories upon approval of DPS&C.

The budget should set forth the costs as follows:

- Allowable costs associated with staff, services, supplies, meetings, transportation, and other activities relative to achieving outlined goals
- A detailed budget describing each line item and purpose of funding said item.  Personnel costs must include job title, number of hours estimated, and hourly rate.
- Details on any additional funding outside of DPS&C being used to support this proposal; including source, amount and purpose of funds.

The proposed budget should be complete, cost effective, and allowable (i.e. reasonable, allocable, and necessary for project activities). Under each budget category, the budget narrative should thoroughly and clearly describe each line item stated within the budget and the purpose of said item.  The narrative should also explain how the applicant estimated and calculated all cost, and how those costs are necessary to the completion of the proposed project.

Leverage:

If applicable, identify additional funding leverage (cash or in-kind) including name of source, amount, purpose of funds, and ending date.  Verification of additional funding leverage (i.e. award letter, letter of commitment, etc.) is required and must be attached to this Appendix.

Applications with a blended funding stream (i.e. multiple sources of financial support) will be given strong consideration. Requested funds stipulated in Appendix B will be evaluated and scored during the evaluation process and will be tracked during the award period.

Any modification or loss of leverages sources shall not negate the responsibility to provide services as specified with the awarded contract.

***The majority of funding must be used for services provided to justice-involved individuals.***

### *Appendix C- Certification Statement*
The applicant must sign and submit Appendix C, the Certification Statement.

### *Appendix D- Financial Statements*
The applicant must ensure that its application contains sufficient information for DPS&C to make its determination by presenting acceptable evidence to perform the proposed services/programs.

The applicant shall include copies of audited financial statements, for each of the last three (3) years, including at least a balance sheet and profit and loss statement, or other appropriate documentation, which would demonstrate to DPS&C the Applicant's financial resources sufficient to conduct the project. The financial statements shall be reviewed and assessed by a staff member of DPS&C who is a Certified Public Accountant licensed in Louisiana.

### *Appendix E- Non-profit Status (if applicable)*
If applicant is considered a non-profit, the following must be attached to the application as Appendix E:

- Proof of non-profit status
- A certified copy of a board resolution granting such authority should be submitted if the applicant is a corporation. An example of a board resolution has been provided in Appendix E. Note: the application containing original signatures will be retained for incorporation into any contract resulting from this NOFA.

### *Appendix F-Organization Overview*
List of all personnel considered key to the success of the project. Detailed information should include:

- Job title and description, including the percentage of time allocated to the project (level of effort), anticipated duration of involvement, location of position and the number of personnel per job title.
- Resumes of all known key staff should be included. Resumes should illustrate staff's previous technical and functional experience in projects of similar scope and size; and educational background, certification, licenses, special skills, etc.

If collaborating with a project team, the following must be also be attached as Appendix F[1]:

- A list of all organizations on the project team including company name, physical and mailing address, contact name and phone number.
- If organization is considered a sub-contractor, a Memorandum of Understanding or a Letter of Partnership must be attached to this Appendix.
- If organization is providing financial leverage, include proof of leverage in Appendix B.
- An organizational chart may be added for illustration purposes (optional)
- A comprehensive plan to illustrate results from a community assessment conducted and its subsequent results (optional).
- Veteran and Hudson Initiative Program Verification Documents (if applicable)

This does not include organizations or individuals who are considered partners in a referral capacity.

[1] For the purpose of this application and related NOFA, a project team are a group of organizations/individuals that are essential to the implementation of the proposed program who would be considered a subcontractor.

### *Appendix G-Collaborative Partnerships (if applicable)*

List all community partnerships relevant to the implementation of the proposed project using the attached template. This does include organizations or individuals who are considered partners in a referral capacity. Sample template has been provided. Additional sheets can be added to continue listing partnerships as needed.

### *Appendix H- Project Timeline*

Schedule of planning and implementation for a period of one year including administrative set-up, time needed for full implementation, enrollment of unduplicated participants, deliverables to be accomplished in the first year. Sample template has been provided.

### *Appendix I- Logic Model*

Develop a logic model detailing how measurable objectives are related to project goals.

# Community Incentive Grant Program Application

## A. Cover Letter

A cover letter should accompany the grant application on the applicant's business letter head explaining the intent of the applicant.

At a minimum, the cover letter should include the following:

- Title of project or program;
- A one or two sentence description of the proposed initiative, including the number of criminal justice-involved citizens to be served on an annual basis;
- Annual amount of funding requested from the DPS&C;
- Name of person authorized to negotiate the contract and make decisions for the organization including telephone number and email address;
- Authorized person's original signature and submittal date.

## B. Applicant Information

**Note:** *The following questions are available on the Wizehive grant application portal. Please do not complete the application within Adobe PDF. This PDF is for planning and preparation purposes only.*

***Select one. The organization must fall under one of these categories in order to be eligible to receive funding:***

☐ A nonprofit community organizations*

☐ Local governmental entity

☐ Judicial District

**Applicants that select nonprofit community organization must submit Appendix E with the application.*

| **Organization Contact Information** | | | | | |
|---|---|---|---|---|---|
| Organization Name: | | Office Number: | | | |
| Legal Name (if different): | | Vendor Number: | | | |
| Federal Tax ID: | | LDR Number: | | | |
| Address: | | | | | |
| City: | | State: | | Zip: | |
| **Primary Contact** | | | | | |
| Name: | | Email Address: | | | |
| Title: | | Phone Number: | | | |
| **Person Authorized to Negotiate Contract (if different than primary contact)** | | | | | |
| Name: | | Email Address: | | | |
| Title: | | Phone Number: | | | |

| | | | | |
|---|---|---|---|---|
| **Fiscal Agent Information (if applicable)** | | | | |
| Organization Name: | | Web address: | | |
| Legal Name (if different): | | Office Number: | | |
| Federal Tax ID: | | | | |
| Address: | | | | |
| City: | | State: | | Zip: |
| **Primary Contact** | | | | |
| Name: | | Email Address: | | |
| Title: | | Phone Number: | | |

Is the applicant requesting advance payments and eligible in accordance to Section 3.1.2- Determination of Responsibility of the NOFA[2]? ____________

If yes, please submit a formal letter requesting advance payment under Appendix D- Financial Statements. The letter should include a narrative to why an advance is necessary in order to provide the services at the lowest total cost and that there is no other cost-effective source of such advance funding.

[2] If determined to be in best interest of the State, payments may be made to the Applicant for professional, personal, consulting, and social services contracts in advance of services being performed if certain conditions are met, in accordance with RS: 39.1613. Conditions include, but are not limited to, that the requester is a nonprofit, that an advance is necessary to provide services at the lowest total cost, and there is no other cost-effective source of such advance funding.

## C. Organization Overview and Capacity

Applicants should clearly describe their ability to implement the proposed project from the organizational structure level.

| Lead Organization |
|---|
| 1) **What agency or organization will serve as the project lead? Include a brief summary of relevant qualifications.** (Note-the organization serving as lead does not have to be the applicant, however the lead will be held accountable to the applicant as they hold the contracting responsibilities and liabilities) |
| |
| 2) **Give a short description of your organization's background as it relates to the proposed project.** |
| |

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| **3) Specifically, what characteristics makes the <u>lead organization</u> uniquely positioned to implement the proposed project?** Include relevant experience serving the target population and/or providing the services proposed in response to this NOFA. |
| |

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| **Organization (or Project Team) Background and Experience** |
| **4) Will you have collaborative partnerships that will be paid subcontractors?** |
| ☐ YES, *Answer questions 5 & 6*<br>☐ NO, *Skip to Section D- Project Design* |
| **5) If YES, Identify each organization and their role within the project team.** |
| |

| 6) Describe the project team’s years of relevant experience serving the target population and/or providing the services proposed in response to this NOFA. |
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## D. Project Design

The project narrative should include specific details the challenge the proposed project will address, how the project will be implemented and its impact in the community.

| **1) Select parish where post-release services will be provided (select all that apply)** | | |
|---|---|---|
| East Baton Rouge ☐ | St. Tammany ☐ | Jefferson ☐ |
| Caddo ☐ | Orleans ☐ | |
| **2) Proposed Project Activities: Describe the specific project being proposed.** | | |
| | | |

| 3) How will the proposed project address the goals of JRI and LA-PRI? |
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| |
| **4) Potential Challenges**<br>Address any likely challenges in carrying out the proposed project, how those challenges may affect the project in the short and long term, and the ways in which the applicant will address those challenges. |
| |

| 5) List specific program goals and outcomes, including how services will be designed to assist justice-involved individuals to reduce the recidivism rate in selected parishes (establishing a law-abiding life, build self-sufficiency, reconnect with family and contribute to their communities |
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| **6) List of activities and services to be provided by either the organization and/or project team, including how delivery of those services will be implemented. If applicable, note any costs to participants.** |
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| **7)** | **The target population has been define as:**<br>• High/moderate risk for recidivism, and/or high need;<br>• Serving a hard labor (felony) sentence under the custody of DPS&C, or a state judicial district court or recently released from state incarceration and under Probation or Parole supervision; or<br>• Any other person with a pending felony charge who volunteers to participate in a recognized pre-trial diversion program.<br>**If your organization would like to further define the target population for the proposed program, please identify the participant requirements here (gender, age, offense history, point in the criminal justice system (i.e. awaiting trial, approaching reentry, etc.).** |
| | |
| **8)** | **How many participants your organization intends on providing services to on an annual basis? (The maximum allowed per parish is 100).** |
| | |
| **9)** | **What will be the intended ratio between case manager and participants?** |
| | |
| **10)** | **Length of program: Describe the following:**<br>▪ What is the proposed length of the program including number of sessions per participant and over what length of time? Program length shall not exceed one (1) year (pre-release and post-release). If a participant engagement overlaps between contract years, the participant is only counted once in the primary year and ineligible to be counted in two separate contract years.<br>▪ What constitutes program completion/exit? |
| | |

**11) Location of services: Describe the following:**

Where the program will operate;

What staff, services, and other resources relevant to the implementation of the proposed program will be on-site and which will be outsourced to the community;

**12) Participant Engagement**

Describe how justice-involved individuals will be engaged throughout the process (point of initial contact through closeout/program completion, including at what point does a participant considered "inactive" due to lack of engagement). It should be noted that participant engagement shall be limited to:

- For Pre-trial diversion programs: for the duration of the pre-trial program up to a maximum of three years or until the resolution of the pending charges.
- For other programs:
  - No more than six (6) months prior to release from a DOC facility with services limited to no more than 20% pre-release; or
  - If pre-sentenced, no more than one (1) month before sentencing date

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| **13) What accommodations will be made to ensure accessibility to participants with varying scheduling needs (i.e. would case management be offered after hours or relocated to a participant's home if necessary?)** |
| |
| **14) Performance Measurement Plan**<br>Detail how proposed outcomes identified in question 5 will be measured for effectiveness.<br>▪ What metrics will be used to track activities and results? Referencing the Logic Model (Appendix I)<br>▪ Project milestones the applicant proposes to achieve with each participant. |
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| **15) How will you measure the positive or negative changes in your participants? What type of instruments will you use to determine those changes? (i.e. Arizona Self Sufficiency Matrix)** |
| |
| **16) Approach to Project Management:**<br>Describe the intent on documenting services provided to participants and how participant progress will monitored and assessed. This section should also describe the approach and strategy for program oversight, training, management, and quality assurance. Include the plan to document activities performed by staff funded by this grant as well. |
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| **17) Describe how the project team will be organizationally structured for operation and program administration and how those structures will support service implementation. Components should include plans for supervision, distribution of work, and technical assistance/training.** |
| |
| **18) Participant Identification:**<br>It is the intent of DOC to identify participants for the Contractor (currently in state custody). In the event this information is not available from DOC, the Applicant should have a plan for identifying and selecting participants. Applicants should include a plan of access to the population: this may include collaborating with state prisons or local jails or Probation & Parole districts to do in reach and/or accept referrals. This could also include working with local reentry coalitions, community coordinators, or the courts to identify participants |
| |

# Appendix A- Applicant Checklist

| | Application Item | Required |
|---|---|---|
| | Cover Letter (signature required) | Yes |
| | Official Application | Yes |
| | Appendix A- Application Checklist | No |
| | Appendix B- Budget and Budget Narrative | Yes |
| | Appendix C- Certification Statements (signature required) | Yes |
| | Appendix D- Financial Statements | Yes |
| | Appendix E- Non-profit Status (signature required) | If applicable |
| | Appendix F-Organization Overview | If applicable |
| | Appendix G- Collaborative Partnerships | If applicable |
| | Appendix H- Project Timeline | Yes |
| | Appendix I- Logic Model | Yes |

# Appendix B- Budget Worksheet and Budget Narrative

The budget worksheet can be found within the Wizehive application.

# Appendix C- Certification Statements

The undersigned hereby acknowledges she/he has read and understands all requirements and specifications of the Notice of Funding Availability (NOFA), including attachments.

OFFICIAL CONTACT. The State requests that the Applicant designate one person to receive all documents and the method in which the documents are best delivered. The Applicant should identify the Contact name and fill in the information below: (Print Clearly)

A. Official Contact Name:
B. E-mail Address:
C. Facsimile Number with area code:
D. US Mail Address:

Applicant shall certify that the above information is true and shall grant permission to the State or Agencies to contact the above named person or otherwise verify the information provided.

By its submission of this application and authorized signature below, Applicant shall certify that:

1. The information contained in its response to this NOFA is accurate;
2. Applicant shall comply with each of the mandatory requirements listed in the NOFA and will meet or exceed the functional and technical requirements specified therein;
3. Applicant shall accept the procedures, evaluation criteria, mandatory contract terms and conditions, and all other administrative requirements set forth in this NOFA.
4. Applicant's quote shall be valid for at least 90 calendar days from the date of application's signature below;
5. Applicant understands that if selected as the successful Applicant, he/she will have ten (10) business days from the date of delivery of final contract in which to complete contract negotiations, if any, and execute the final contract document.
6. Applicant shall certify, by signing and submitting an application for $25,000 or more, that their company, any subcontractors, or principals are not suspended or debarred by the General Services Administration (GSA) in accordance with the requirements in OMB Circular A-133. (A list of parties who have been suspended or debarred can be viewed via the internet at https://www.sam.gov.)
7. Applicant understands that, if selected as a contractor, the Louisiana Department of Revenue must determine that it is current in the filing of all applicable tax returns and reports and in payment of all taxes, interest, penalties, and fees owed to the state and collected by the LDR. Applicant shall comply with R.S. 39:1624(A) (10) by providing its seven-digit LDR account number in order for tax payment compliance status to be verified.
8. Applicant further acknowledges its understanding that issuance of a tax clearance certificate by LDR is a necessary precondition to the approval of any contract by the Office of State Procurement. The contracting agency reserves the right to withdraw its consent to any contract without penalty and proceed with alternate arrangements, should a prospective contractor fail to resolve any identified outstanding tax compliance discrepancies with the LDR within seven (7) days of such notification.
9. Applicant certifies and agrees that the following information is correct: In preparing its response, the Applicant has considered all applications submitted from qualified, potential subcontractors and

suppliers, and has not, in the solicitation, selection, or commercial treatment of any subcontractor or supplier, refused to transact or terminated business activities, or taken other actions intended to limit commercial relations, with a person or entity that is engaging in commercial transactions in Israel or Israeli-controlled territories, with the specific intent to accomplish a boycott or divestment of Israel. Applicant also has not retaliated against any person or other entity for reporting such refusal, termination, or commercially limiting actions. The State reserves the right to reject the response of the applicant if this certification is subsequently determined to be false, and to terminate any contract awarded based on such a false response.

10. The Applicant must comply with the contract terms, see NOFA Appendix A-Sample Grant Agreement. If the Applicant cannot comply with any of the contract terms, an explanation of each exception should be supplied. The Applicant should address the specific language in the Sample Grant Agreement and submit whatever exceptions or exact contract modifications that its firm may seek. While final wording will be resolved during contract negotiations, the intent of the provisions will not be substantially altered.
11. By signing below, the Applicant (and its project team) is stating they are not currently involved or previously involved in litigation or arbitration concerning their performance as it relates to the same or similar services proposed and that no judgments or awards have been made against the Applicant (or its Project team). If Applicant (or its project team) have been involved in litigation and/or arbitration as it relates to the same or similar services proposed, this information must be disclosed and added to Appendix C of the submitted application. Disclosure of litigation will not automatically disqualify the Applicant, however, DPS&C reserves the right to evaluate applications based on facts surrounding such litigation or arbitration.

Signature of Applicant or Authorized Representative ______________________________

Typed or Printed Name: ______________________________

Date: ______________________________

Title: ______________________________

Company Name: ______________________________

Address: ______________________________

City: ____________________ State: ______________ Zip: ____________

# Appendix E- Non-Profit Status (Board Resolution Example)

**MEETING OF THE BOARD OF DIRECTORS**

**OF**

**(CORPORATION'S NAME)**

At a meeting of the Board of Directors for (CORPORATION'S NAME) held this _______ day of ___________________, 20____, there being a quorum present, the following resolution was adopted, to wit:

BE IT RESOLVED, that (NAME AND TITLE OF THE INDIVIDUAL AUTHORIZED TO SIGN ON BEHALF OF THE CORPORATION) is (are) hereby authorized and empowered for and on behalf of said Corporation, to sign contracts, amendments, and related matters between the said Corporation and the Louisiana Department of Public Safety and Corrections.

_____________________________________________

Secretary and/or Chairman of the Board of Directors

# Appendix G- Collaborative Partnerships

| Organization Name | Organization Type (non-profit, for-profit, etc) | Providing Financial Leverage? (Yes / No) |
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Note: Add a separate sheet and attach to Appendix F to continue collaborative partnerships as needed.

# Appendix H- Project Timeline

| Timeline<br>(i.e. Month 1-2) | Activity<br><br>(i.e planning, implementation, closeout) |
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# Appendix I: Logic Model

Develop a logic model detailing how measurable objectives are related to project goals.

Good resources with logic model guidance, examples, and templates:

- AACU: W.K. Kellogg Foundation Logic Model Development Guide
- BJA: Center for Research Partnerships and Program Evaluation - Logic Models
- OJJDP: Data Collection Methods and Logic Models
- NIC: Building Logic Models
- CDC: Evaluation Guide: Developing and Using a Logic Model