

**Youth Programs and Facilities Grant Program
(YPFG)**

**Part B All County Distribution Application
Package Coversheet**

Submitted by:

HUMBOLDT COUNTY

Date Submitted:

INSERT DATE

Part B All County Distribution Application Checklist

A complete application package for funding under the Youth Programs and Facilities Grant (YPFG) Program must contain the following items:

	Required Items:	✓
1	Cover Sheet (previous page) <ul style="list-style-type: none"> • Insert Applicant Name and Date of Submission 	<input checked="" type="checkbox"/>
2	YPFG Proposal Checklist <ul style="list-style-type: none"> • Signed by the authorized signatory with a digital signature OR a wet signature in blue ink. 	<input checked="" type="checkbox"/>
3	Applicant Information Form <ul style="list-style-type: none"> • Signed by the authorized signatory with a digital signature OR a wet signature in blue ink. 	<input checked="" type="checkbox"/>
4	Application Narrative <ul style="list-style-type: none"> • 2 pages or fewer 	<input checked="" type="checkbox"/>
5	Budget Attachment	<input checked="" type="checkbox"/>
6	Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement (Appendix D) <ul style="list-style-type: none"> • Signed by the authorized signatory with a digital signature OR a wet signature in blue ink. 	<input checked="" type="checkbox"/>
	Optional:	
7	Governing Board Resolution (Appendix E) <i>Note: The Governing Board Resolution is due prior to contract execution but is not required at the time of proposal submission.</i>	<input checked="" type="checkbox"/>

I have reviewed this checklist and verified that all required items are included in this proposal packet.

X

Applicant Authorized Signature (see Applicant Information Form, Part L, next page)

Part B All County Distribution Application Information Form: Instructions

- A. Applicant:** Complete the required information for the local government submitting the application (i.e. <NAME> County).
- B. Tax Identification Number:** Provide the tax identification number of the Applicant.
- C. Project Title:** Provide the title of the project.
- D. Project Summary:** Provide a summary (100-150 words) of the project. Note: this information will be posted to the BSCC's website for informational purposes.
- E. Grant Funds Requested:** Provide dollar amount of grant funds requested.
- F. Deferred Spending:** Indicate whether the county is electing to use the deferred spending option. This would defer payment until a modified application with more complete information is submitted no later than six months from the award date.
- G. Lead Public Agency (LPA):** Indicate which local public agency will be the Lead for the YPFG Program. The county probation department can be the LPA.
- H. Project Director:** Provide the name, title and contact information for the individual responsible for oversight and management of the project. This person must be an employee of the Grantee.
- I. Financial Officer:** Provide the name, title and contact information for the individual responsible for fiscal oversight and management of the project. Typically, this is the individual that will certify and submit invoices. This person must be an employee of the Grantee.
- J. Day-to-Day Project Contact:** Provide the name, title and contact information for the individual who serves as the primary contact person for the grant. Typically, this individual has day-to-day oversight for the project. This person must be an employee of the Grantee.
- K. Day-to-Day Fiscal Contact:** Provide the name, title and contact information for the individual who serves as the primary contact person for fiscal matters related to the grant. This may be the individual who prepares the invoices for approval by the Financial Officer. This person must be an employee of the Grantee.
- L. Authorized Signature:** Complete the required information for the person authorized to sign for the Applicant. This individual must read the assurances under this section, then sign and date in the appropriate fields.

Part B All County Distribution Applicant Information Form

A. APPLICANT < Name> County				B. TAX IDENTIFICATION NUMBER			
NAME OF APPLICANT HUMBOLDT COUNTY				TAX IDENTIFICATION #: 94-6000513			
STREET ADDRESS 825 5th STREET		CITY EUREKA		STATE CA		ZIP CODE 95501	
MAILING ADDRESS (if different)		CITY		STATE		ZIP CODE	
C. PROJECT TITLE:				Juvenile Hall Redundant Touch Screen Station			
D. PROJECT SUMMARY (100-150 words):							
Installation of a touch screen security panel in juvenile hall to operate adjacent secure facility where the secure youth treatment program will provide services.							
E. GRANT FUNDS REQUESTED: (See Appendix F: County Juvenile Population Index)							
\$ 47,086							
F. DEFERRED SPENDING: Is the application for a deferred spending award?				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
G. LEAD PUBLIC AGENCY:			HUMBOLDT COUNTY PROBATION DEPARTMENT				
H. PROJECT DIRECTOR:							
NAME SHAUN BRENNEMAN		TITLE CHIEF PROBATION OFFICER		TELEPHONE NUMBER 707-445-7401			
STREET ADDRESS 2002 HARRISON AVENUE				FAX NUMBER 707-443-7139			
CITY EUREKA		STATE CA		ZIP CODE 95501		EMAIL ADDRESS sbrenneman@co.humboldt.ca.us	
I. FINANCIAL OFFICER:							
NAME ELLISHA HARDISON		TITLE BUSINESS MANAGER		TELEPHONE NUMBER 707-268-3304			
STREET ADDRESS 2002 HARRISON AVENUE				FAX NUMBER 707-443-7139			
CITY EUREKA		STATE CA		ZIP CODE 95501		EMAIL ADDRESS ehardison@co.humboldt.ca.us	
PAYMENT MAILING ADDRESS (if different)		CITY		STATE		ZIP CODE	
J. DAY-TO-DAY PROGRAM CONTACT:							
NAME RAY WATSON		TITLE DIVISION DIRECTOR		TELEPHONE NUMBER 707-268-3314			
STREET ADDRESS 2002 HARRISON AVENUE				FAX NUMBER 707-443-7139			
CITY EUREKA		STATE CA		ZIP CODE 95501		EMAIL ADDRESS rwatson@co.humboldt.ca.us	

K. DAY-TO-DAY FISCAL CONTACT:			
NAME MITZI WHITLEY	TITLE ADMINISTRATIVE SERVICES OFFICER	TELEPHONE NUMBER 707-268-3347	
STREET ADDRESS 2002 Harrison Ave		FAX NUMBER 707-443-7139	
CITY EUREKA	STATE CA	ZIP CODE 95501	EMAIL ADDRESS mwhitley@co.humboldt.ca.us

L. AUTHORIZED SIGNATURE			
By signing this application, I hereby certify that I am vested by the Applicant with the authority to enter into contract with the BSCC, and that the grantee and any subcontractors will abide by the laws, policies and procedures governing this funding.			
NAME OF AUTHORIZED OFFICER SHAUN BRENNEMAN	TITLE CHIEF PROBATION OFFICER	TELEPHONE NUMBER 707-268-3308	EMAIL ADDRESS sbrenneman@co.humboldt.ca.us
STREET ADDRESS 2002 HARRISON AVE	CITY EUREKA	STATE CA	ZIP CODE 95501
EMAIL ADDRESS sbrenneman@co.humboldt.ca.us			
APPLICANT'S SIGNATURE (Signed by the authorized signatory with a digital signature OR a wet signature in blue ink.) X			DATE

Authorized Signature: Must be a representative with the authority to sign documents and obligate the applicant

CONFIDENTIALITY NOTICE

All documents submitted as a part of the Youth Programs and Facilities Grant (YPFG) Program are public documents and may be subject to a request pursuant to the California Public Records Act. The BSCC, as a state agency, may have to disclose these documents to the public. The BSCC cannot ensure the confidentiality of any information submitted in or with this proposal. (Gov. Code, §§ 6250 et seq.)

Instructions for Application Narrative and Budget for Part B All County Distribution

A minimum of \$4.12 million in YPFG Program funds will be allocated to all counties based on juvenile population (ages 12 – 17) to support infrastructure and improvements for local programs and facilities for realigned youth. These Part B funds must be spent on allowable infrastructure or improvement expenses for programs, services, or facilities serving youth who are realigned to counties as a result of the closure of the Division of Juvenile Justice. In the narrative, applicant counties should describe the need and the proposed expenditures as they relate to programs, services, or facilities the county will create or utilize to house or serve the realignment population.

For information about eligible costs, see the Budget Considerations section (page 9). Note that a maximum of 25 percent of the proposed expenditures may be allocated for one-time county personnel, costs necessary to plan or implement the proposed infrastructure program or project.

Deferred Spending Approval Process

For Part B funding, counties that have not yet finalized how these funds will be spent may apply based on available information, describing the infrastructure and improvements for the realignment population that are contemplated including a timeline for submitting a modified application with more complete information no later than six months from the award date. The county should submit a place holder budget requesting the full amount available depending on the county size designation.

Instructions: The Application Narrative must be submitted in Arial 12-point font with one-inch margins on all four sides. The narrative must be 1.5-line spaced and cannot exceed **2 numbered pages** in length. For the Application Narrative, address each of the four (3) sections below.

Section 1: Project Need

Section 2: Project Description

Each section should be titled according to its section header as provided (e.g., Juvenile Project Need). Within each section, address the numbered criteria in a cohesive, comprehensive narrative format. Do not include website links.

Instructions: The Budget and Budget Narrative must be completed using the Budget Attachment (an Excel workbook, a link and instructions are provided on page 32). For the Budget and Budget Narrative address the numbered criteria provided below.

Section 3: Budget

The 2-page limit does not include the Cover Sheet, Application Checklist, Applicant Information Form, Budget Table or other required attachments (see YPFG (Part B) Program Proposal Checklist).

It is up to the applicant to determine how to use the total page limit in addressing each section.

Section 1: Project Need

For the Project Need section, address the information requested below in narrative form.

- 1.1. Describe the project need as it relates to programs, services or facilities the county will create or utilize to house or serve youth who are realigned to counties as a result of the closure of DJJ. Include a description of the service population by age, gender, offense, offense history, and treatment or program need and by any other factors you plan to utilize.
- 1.2. Describe the number of youth to be served (maximum capacity at any time), and proposed length of stay.

Section 2: Project Description

For the Project Description section, address the information requested below in narrative form.

- 2.1. Describe the infrastructure and improvements for which funds are sought, including the facility (e.g., juvenile hall, probation camp, other) and location where the improvements or infrastructure will be added.
- 2.2. Explain why the infrastructure and improvements are needed in relation to existing resources and how this will generate program enhancements which will serve the realigned population.

Section 3: Budget

For the Budget section, provide the information below when completing the Budget Attachment.

- 3.1. Provide a complete and detailed budget information in each section of the Budget Attachment (link below) that includes:
- language supporting each expense.
 - expenses that are allowable within the definitions or parameters of the RFA.
 - expenses that are appropriate for the described program or project.

Budget Attachment Instructions:

As part of the application process, applicants are required to submit the **Budget Attachment**, which is an Excel Workbook that can be accessed at: <https://www.bscc.ca.gov/wp-content/uploads/RFA-Budget-Table.Final.xlsx>

Upon submission, the Budget Attachment will become Section 3 of the Application.

Applicants should be aware that budget of a funded application will still be subject to review and approval by the BSCC staff to ensure all proposed costs listed within the budget narrative are allowable and eligible. Regardless of any ineligible costs that may need to be addressed post award, the starting budget and the total amount requested will be the figures used for the Standard Grant Agreement.

Applicants are solely responsible for the accuracy and completeness of the information entered in the Budget Table and Budget Narrative Table. Detailed instructions for completing the Budget Attachment are listed on the Instructions tab of the Excel workbook.

Required Attachment for Part B All County Distribution

Please see Appendix D for the **Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement.**