



**APPLICATION FOR PARTICIPATION**

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## MARYLAND DEPARTMENT OF JUVENILE SERVICES

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### Instructions

Program applicants should complete the application electronically by typing directly into the fillable fields and charts. Do not alter or remove sections. When finished, save the application document as a PDF to your computer and obtain appropriate signatures. The completed application should be saved as a PDF and emailed to:

[dis.innovationteams@maryland.gov](mailto:dis.innovationteams@maryland.gov)

## Proposal Cover Page

Program applicants must complete the Proposal Cover Page including all contact information and requested funding amount. The Cover Page must be signed by the Program's Authorized Official.

### Project Lead:

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

### Fiscal Officer:

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

### Authorized Official (if different from Project Lead):

Name: Click or tap here to enter text. Title: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email: Click or tap here to enter text. Phone: Click or tap here to enter text.

**Funding Amount:** Enter amount.

**Authorized Official Signature:** Click or tap here to enter text. **Date** Click or tap here to enter text.

## Program Details

Are you interested in serving one, two, or three Innovation Sites? Please specify which ones you are applying for. Note: if you are applying for more than one site, please submit separate budgets for each site.

Type response here.

## Program Narrative

Please describe your ability to provide restorative justice training and facilitation inside a residential setting.

Type response here.

Describe your experience working with youth, in residential settings, and with youth or criminal justice populations. If you do not have experience working in these settings, please explain why your program is well-positioned to do so.

Type response here.

How do you plan to incorporate the principles listed in the NOFA (principles of cultural healing, restorative justice, positive youth development, and racial justice and equity) into your work?

Type response here.

Describe the staffing plan for your program including all leadership, direct services and support roles.

Type response here.

What processes and systems does your program have in place to collect and report data for program evaluation, program quality, and fiscal accounting?

Type response here.

## Key Staff and Personnel

Please provide a list of key program staff.

Job Title	Responsibilities	Qualifications	FTE
Type response here			Part time or full time

**Budget Narrative**

Please provide a justification for salaries.

Type response here.

Please provide a justification for benefits.

Type response here.

Please provide a justification for program supplies and equipment.

Type response here.

Please provide a justification for activity funds.

Type response here.

Please provide a justification for travel and transportation.

Type response here.

Please provide a justification for staff cell phones.

Type response here.

Please provide a justification for indirect costs.

Type response here.

## Data Reporting

Each quarter, program grantees are required to submit a monthly data report (a data reporting template will be provided by DJS) to [djs.innovationteams@maryland.gov](mailto:djs.innovationteams@maryland.gov) that includes the following information.

- Number of facilitated restorative circles in each facility
- Number and kind of staff trainings conducted
- Number of “On the Job” coaching sessions to trained facilitators
- Number of meetings with families
- Number of case management meetings
- Updates on policy development
- Stories (de identified) of individual cases and “successes”
- Any special events or activities coordinated

## Appendix

The following Appendices must be included in the proposal for funding:

- A signed C-1-25 DJS Budget Form
- A signed recipient assurances page

- SAM UEI Registration
- Audit Findings
- Proof of 501(c)(3) status (if applicable)
- Registered with the State of Maryland (screenshot)