Office of Criminal Justice Assistance

 Request for Funding Application

Law Enforcement Activities Related to Off-Highway Vehicles

The Nevada Department of Public Safety, Office of Criminal Justice Assistance (OCJA) is accepting Request for Funding Applications (RFA) for law enforcement activities related to off-highway vehicle laws and regulations.

Law enforcement agencies conducting enforcement activities related to off-highway vehicle laws and regulations including Nevada Revised Statute (NRS) Chapter 490, may apply for Nevada Commission on Off-Highway Vehicles (NCOHV) project funding through application to OCJA. OCJA will review applications and make recommendations for law enforcement project awards to the NCOHV per Nevada Revised Statue (NRS) 490.069 3(b).

* Applications are due to OCJA no later than 5:00 p.m. April 10, 2015
* OCJA will provide recommendations of award to the NCOHV in early May.
* NCOHV intends to fund projects prior to July 1, 2015.

Submit original application forms and three paper copies to:

Office of Criminal Justice Assistance
1535 Old Hot Springs Road, #10
Carson City, NV 89706

AND an electronic version of application; title page, narrative and budget in PDF format must be sent to ocja@dps.state.nv.us.

Paper and electronic submittals are
due no later than 5:00 p.m. – April 10, 2015

Questions regarding the RFA may be directed to OCJA at (775) 687- 3700 or ocja@dps.state.nv.us.

Eligible Applicants

Law enforcement agencies conducting enforcement activities related to off-highway vehicle laws and regulations including Nevada Revised Statute (NRS) Chapter 490 may apply for funding.

Funding Available:

Approximately $ 200,000 is available for law enforcement projects through this RFA.

Forms to Obtain

An application package consists of title page, narrative section and budget sheets. RFA forms can be found at OCJA’s website: <http://ocj.nv.gov/programs/ALL/Grant_Applications/>. Download the following forms for completion and submission:

OHV Request for Funding Form (this form)

OHV Budget Sheet

RFA Timeline

* March 2, 2015 - Announcements mailed/applications available
* April 10, 2015 - 5:00 p.m. - Application deadline
* Early May, 2015 – OCJA will review and make recommendations of award to NCOHV.
* June, 2015 – NCOHV will make funding awards to law enforcement agencies.

Collaboration

Projects which demonstrate collaboration with other agencies and/or user groups are encouraged and scored. Details of collaboration plan should be listed under the statement of coordination section.

Review and Selection Process

Eligible applications are reviewed, evaluated, and competitively scored by an independent review committee of law enforcement personnel and the OCJA program management team.

Conflict of Interest

Measures will be taken to obtain peer reviewers with law enforcement background who do not have a conflict of interest with applying agencies. Reviewers are required to sign a non-conflict of interest form prior to reviewing applications and group discussions.

* The application must be stapled in the top left-hand corner.
* Do not bind applications in notebooks, plastic bindings or printed covers.
* Use 12 point- Times New Roman font when preparing the application.
* Do not alter the order of the sections.
* Applications may be print double sided in order to save paper.

**Title Page**

1. ***Applicant Agency***: enter the official name of the agency submitting the application. The address refers to the physical and mailing address of the applicant agency.
2. ***Contact Person:*** refers to the person with direct responsibility for the administration of the proposed project.
3. ***Project Title:*** Use descriptive title for project.
4. ***Funding Amount Requested:*** Enter the total funding amount requested for law enforcement activities.
5. ***Project Summary: S***ummary of project (1/2 page limit).
6. ***Certification by Authorized Official***; The sheriff, police chief, division chief, agency head or other official ultimately responsible for this project/program and budgetary obligations. Signature must be in BLUE ink.

**Narrative Section** - Each field is assigned different value in points.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Field Name*** | ***Scoring Points*** | ***Page Limit*** | ***Narrative provides:*** |
| 1. Title Page
 | 2 | Complete sections | Complete sections (summary ½ page only). |
| 1. General Overview
 | 5 | 1  | Establish who, what the applicant agency is and does. What the proposed project is and how funding will be utilized. |
| 1. Problem Statement
 | 10 | 1 | What issue/s will the funding awarded solve? Describe the need, urgency and what the effects will be if the project is not funded.  |
| 1. Goals and Objectives
 | 15 | 1 ½ | How, who, where and when the project (solution to problem stated above) will be accomplished (scope of work). Be sure to use measurable objectives. |
| 1. Methods of Accomplishment
 | 20 | 2  | State the plan/steps to succeed in completing the proposed project. Include timeline of benchmarks. |
| 1. Project Evaluation
 | 15 | 1  | Who will document, what and when accomplishments are made to meet goals. |
| 1. Sustainment of the Project
 | 10 | 1  | How will maintenance of project, including costs be accomplished? |
| 1. Statement of Coordination
 | 8 | 1  | Partnerships, coordination, resources that will support the applicant agency in the completion of this project. How are tasks distributed among partners? |
| 1. Budget Section
 | 15 | Complete section | Excel format downloaded separately. **Justification** fields must be completed as well as line item listings.  |

Title Section

**A. Applicant Agency**

| Agency Name: |       |
| --- | --- |
| Mailing Address |       |
| Physical Address |       |
| City |       | NV |
| Zip  |      -     |
| County |       |
| Federal Tax ID #: |   -      (xx-xxxxxxx) |

**B. Contact Person**

| Name: |       |
| --- | --- |
| Telephone (Daytime, Cell, Fax) |                   |
| E-mail Address |       |
| Mailing Address |       |
| City |       | NV |
| Zip  |      -     |

**C. Project Title**

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**D. Funding Amount Requested**

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| **$** |

**E. Project Summary – (½ page limit)**

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1. **Certification by Agency Authorized Official**

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| --- |
| As the authorized official for the applying agency, I certify that all the information contained in the application is correct; that this agency agrees to comply with all provisions of the applicable funding program (NCOHV), including the reporting requirements; that the use of these funds will be for the purposes stated in this document. (Sign in BLUE ink) |
| Authorized Official’s |
| Name (type/print):      | Phone: (   )    -     |
| Title:      | eMail:     @      |
| Signature:  | Date:  |
|  |  |

Narrative Section

Begin typing below each field header. Be sure to download, complete and submit the Budget section in Excel as well.

GENERAL OVERVIEW

PROBLEM STATEMENT

GOALS AND OBJECTIVES

METHODS OF ACCOMPLISHMENT

PROJECT EVALUATION

SUSTAINMENT OF THE PROJECT

STATEMENT OF COORDINATION

Ohv/ohvprojectapplication.docs