

**FORMULA GRANT
APPLICATION NARRATIVE
GOALS, OBJECTIVES, and ACTIVITIES**

1. Clearly state the goals, objectives, and activities of the grant project. The grant problem statement and the goals and objectives of a proposal must be related.
2. Objectives must be reasonable, achievable, measurable and sufficient to determine the effectiveness of the project.
3. Identify the action steps required to complete the goals and objectives.
 - ☐ Do **not** delete these directions. If more space is necessary, use additional pages.
 - ☐ **Each column will expand to fit your narrative.**
 - ☐ **PLEASE REVIEW THE EXAMPLE PROVIDED AT THE BOTTOM. COMPLETE INFORMATION IS REQUIRED IN ORDER TO SUBMIT THE FEDERAL APPLICATION.**

GOAL: Maintain ISO/IEC 17025:2005 accreditation through ANAB.	
<u>Measurable</u> Project Objective	Complete necessary requirements to maintain accreditation and pass yearly assessments.
Expected Results and Outcomes/ Demonstrated Improvement Over Current Operations	Maintaining accreditation will allow our examiners to continue reporting their findings immediately to aid in investigations.
<u>Justify</u> How The Project Will Improve Quality or Timeliness or Reduce Backlog	Without accreditation, our examiners cannot testify to their findings. This would mean that all services would have to be sent to the state lab, adding months to our turnaround time for each case and contributing even more to the state lab's existing backlog.
GOAL:	
<u>Measurable</u> Project Objective	
Expected Results and Outcomes/ Demonstrated Improvement Over Current Operations	

<u>Justify</u> How The Project Will Improve Quality or Timeliness or Reduce Backlog	
GOAL:	
<u>Measurable</u> Project Objective	
Expected Results and Outcomes/ Demonstrated Improvement Over Current Operations	
<u>Justify</u> How The Project Will Improve Quality or Timeliness or Reduce Backlog	
GOAL:	
<u>Measurable</u> Project Objective	
Expected Results and Outcomes/ Demonstrated Improvement Over Current Operations	
<u>Justify</u> How The Project Will Improve Quality or Timeliness or Reduce Backlog	

FORMULA GRANT
APPLICATION NARRATIVE
CERTIFICATION

Each applicant must be able to certify that a government entity exists and an appropriate process is in place to conduct independent external investigations into allegations of serious negligence or misconduct by employees or contractors substantially affecting the integrity of forensic results.

In the space below, describe the process that the applicant agency **has in place** to address the above concerns, including the specific governmental entity that would conduct such an investigation.

NOTE: The applicant must attach a current Memorandum of Understanding (MOU) with the agency that has been selected to conduct independent external investigations into allegations of serious negligence or misconduct by employees or contractors substantially affecting the integrity of forensic results. A current MOU is considered to be dated within the last two years. A sample MOU is available in Appendix B.

The Norman Police Department has a Memorandum of Understanding (MOU) with the Oklahoma State Bureau of Investigations. Please see the attached MOU for more detailed information.

**FORMULA GRANT
APPLICATION NARRATIVE
RESULTS and OUTCOMES**

The results of NFSIA/Coverdell grants to applicants should be a demonstrated improvement over current operations in quality and/or timeliness of forensic science or medical examiner services provided by laboratories operated by the State and services provided by laboratories operated by units of local government.

Program Objective	Performance Measures	Data to Be Provided by Subgrantee
To improve operations in quality and timeliness of forensic and medical examiner services and to reduce the number of backlogged cases in forensic labs.	<p>Outcome Measure Percent reduction in the number of days from sample submission to delivery of results.</p> <p>Output Measures Change in the number of days between submission of a sample to a forensic science laboratory and delivery of test results to a requesting office or agency.</p> <p>The number of backlogged forensic cases analyzed with Coverdell funds (if applicable to the grant.)</p> <p>The number of forensic science or medical examiner personnel who completed appropriate training or educational opportunities with Coverdell funds (if applicable to the grant).</p>	<p>Number of days at the beginning of the grant period.</p> <p>Number of the days at the end of the grant period.</p> <p>Number of backlogged cases at the beginning of the grant period.</p> <p>Number of backlogged cases at the end of the grant period.</p> <p>Number of forensic science personnel attending training.</p> <p>Number of medical examiner personnel attending training programs.</p>

**2016 COVERDELL FORENSIC SCIENCE IMPROVEMENT
FORMULA GRANT
OVERALL BUDGET SUMMARY**

CATEGORY	FEDERAL FUNDS REQUEST
A. Personnel	
B. Benefits	
C. Equipment	
D. Travel	
E. Supplies and Operating Expenses	
F. Facilities/Rental Expenses	
G. Contractor/Consultant Expenses	
H. Other	\$3,000.00
TOTAL	\$3,000.00

**FORMULA GRANT
DETAILED BUDGET and NARRATIVE
CATEGORY A and B – PERSONNEL and PERSONNEL BENEFITS**

Directions:

1. List each position in Column A by name and title/position and select whether the position is new or existing.
2. List the percent of the employee's time that will be funded by grant funds in Column B.
3. In Column C, list the total annual salary.
4. List the total amount of benefits in Column D.
5. To calculate the Total Federal Funds Requested for Salary in Column E, multiply (B) x (C) = (E).
6. To calculate the Total Federal Funds Requested for Benefits, multiply (B) x (D) = (F).
7. Total all columns in the Total row at the bottom of the chart.
8. **Narrative:** Provide a detailed explanation of the personnel that will be assigned to the project. The narrative should describe the responsibilities of each of the positions. Use additional pages if necessary. **ATTACH A JOB DESCRIPTION FOR EACH NEW POSITION THAT FUNDING IS REQUESTED.**

(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee and Position or Title and New or Existing	Percent of Time Funded By Grant Funds	Annual Salary	Total Amount of Benefits	Total Federal Funds Requested for Salary (Column B x Column C)	Total Federal Funds Requested for Benefits (Column B x Column D)
<input type="checkbox"/> New <input type="checkbox"/> Existing					
<input type="checkbox"/> New <input type="checkbox"/> Existing					
<input type="checkbox"/> New <input type="checkbox"/> Existing					
<input type="checkbox"/> New <input type="checkbox"/> Existing					
<input type="checkbox"/> New <input type="checkbox"/> Existing					
<input type="checkbox"/> New <input type="checkbox"/> Existing					
TOTAL					

BUDGET JUSTIFICATION NARRATIVE:

1. Travel must be project related. Specify travel expenses of project personnel by purpose, such as travel to training, interjurisdictional travel, etc. (See the Chart of Accounts in the Appendix for items to be included under travel).
2. **Narrative:** Provide an explanation of the travel being requested. Identify the personnel who will be using travel and the purpose of the travel. Explain how the travel is necessary to the success of the project.
3. Use additional pages if necessary.

BUDGET JUSTIFICATION NARRATIVE:

1. General supplies include any materials that are expended or consumed during the project period. List items by type, such as paper, folders, etc. Show the basis for computation. Operating costs are expenses that are required to implement the project, such as telephone, utilities, photocopying, printing, and maintenance (See the Chart of Accounts in the Appendix for items to be included under supplies and operating expenses).
2. **Narrative:** Provide an explanation of the supplies to be purchased. The narrative should serve as an explanation of the figures.
3. Use additional pages if necessary.

BUDGET JUSTIFICATION NARRATIVE:

**FORMULA GRANT
DETAILED BUDGET and NARRATIVE
CATEGORY F – FACILITIES / EQUIPMENT RENTAL**

Directions:

1. For this category, identify the facilities and/or equipment to be used and the annual rate for rental of facilities and/or equipment (See the Chart of Accounts in the Appendix for items to be included under rental).
2. **Narrative:** Provide a detailed explanation of the category. Explain how the rental of facilities and/or equipment is necessary to the success of the project. The narrative should serve as an explanation of the figures.
3. Use additional pages if necessary.

**Federal Funds
Request**

Annual Rate

Facilities

TOTAL

BUDGET JUSTIFICATION NARRATIVE:

1. For each consultant, enter the name, if known, the service to be provided, the hourly or daily fee or rate. Consultant fees in excess of \$650 per day require additional justification and prior approval from the Federal Grants Division Director, District Attorneys Council (See the Chart of Accounts in the Appendix for items to be included under consultants and contractors).
2. **Narrative:** Provide a detailed explanation of the category. Explain how the consultant is necessary to the success of the project. The narrative should serve as an explanation of the figures.
3. Use additional pages if necessary.

TOTAL

2016 Coverdale Forensic Science Improvement Grant Application

**FORMULA GRANT
DETAILED BUDGET and NARRATIVE
CATEGORY H – OTHER**

Directions:

1. Specifically identify the funds being requested in this category (See the Chart of Accounts in the Appendix for items to be included under other).
2. The narrative should serve as an explanation of the figures.
3. Use additional pages if necessary.

**Federal Funds
Request**

**Item
Description**
Accreditation Fees

\$3,000.00

\$3,000.00

TOTAL

BUDGET JUSTIFICATION NARRATIVE:

Maintaining accreditation requires a yearly fee of \$2500 and various maintenance, report preparation, and other processing fees. If a site visit is required for our yearly assessment, we must pay all travel costs associated with the visit.