

# GRANT ASSISTANCE PROGRAM (GAP)

## GRANT FORMS



**ARNOLD SCHWARZENEGGER, *Governor***  
**State of California**

**DALE E. BONNER, *Secretary***  
**Business, Transportation and Housing Agency**

**STEVE HARDY, *Director***  
**Department of Alcoholic Beverage Control**

# GRANT FORMS

**Includes:**

1. Proposal Cover Sheet
2. Scope of Work
3. Budget Detail
4. Other Funding Sources
5. Resolution of Governing Body (Sample)

Resolution not needed with RFP package. This will be requested from agencies awarded a grant.

6. Rating Form (ABC Use Only)



**State of California**  
**Department of Alcoholic Beverage Control**  
*Grant Assistance Program*

**PROPOSAL COVER SHEET**  
 (TO BE COMPLETED BY APPLICANT AGENCY)

<b>1. Name of Applicant Agency:</b>	
<b>2. Description of Applicant Agency:</b> Provide a brief summary including department size, staffing, and structure.	
<b>3. City or County Served:</b>	<b>4. Population of Service Area:</b>
<b>5. Project Description:</b> Summarize the proposed project covering the objectives, method of procedure, evaluation, and end product.	
<b>6. Funds Requested:</b>	<b>7. Project Period: July 1, 2010 - June 30, 2011</b>
<b>8. Acceptance of Conditions:</b> By submitting this proposal, the applicant signifies acceptance of the responsibility to comply with all requirements stated in the Request for Proposals. The applicant understands that ABC is not obligated to fund the project until the applicant submits correctly completed documents required for the contract.	
<b>A. Project Director (person having day-to-day responsibility for the project)</b>	<b>B. Chief of Police or Sheriff (authorizing official)</b>
Name: Address:  Phone: Fax: E. Mail Address: Signature:	Name: Address:  Phone: Fax: E. Mail Address: Signature:
Title:	Title:
<b>C. Fiscal or Accounting Official</b>	<b>D. ABC USE ONLY</b>
Name: Address:  Phone: Fax: E. Mail Address: Signature:	
Title:	

# **SCOPE OF WORK**

**Maximum of 4 pages for scope of work**

**Font size no smaller than 12 pitch, standard format**

1. Summary (15 points)
  - a. Agency Description (Including size, staffing, and structure)
  - b. Funding Requested
  - c. Goals and Objectives (Should be measurable)
  
2. Problem Statement – Describe the issues or problems to be addressed with grant funds. (25 points)
  
3. Project Description – What are the goals and objectives of the proposed project? (25 points)
  
4. Project Personnel – Describe the staffing required to carry out the grant objectives as supported by the proposed budget. (25 points)
  
5. Budget Detail attachment. (5 points)
  
6. Other Funding Sources attachment. (5 points)

**SCOPE OF WORK**

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**BUDGET DETAIL****Exhibit B**

<b>BUDGET CATEGORY AND LINE-ITEM DETAIL</b>	<b>COST</b>
<b>A. Personnel Services (straight time salaries, overtime, and benefits)</b>	(Round budget amounts to nearest dollar)
<b>A.1 Straight Time</b>  <b>A.2 Overtime</b>  <b>A.3 Benefits</b>	
<b>TOTAL PERSONNEL SERVICES</b>	
<b>B. Operating Expenses (maximum \$2,500)</b>	
<b>TOTAL OPERATING EXPENSES</b>	
<b>C. Equipment (maximum \$2,500)</b>	
(Attach receipts for all equipment purchases to monthly billing invoice)	
<b>TOTAL EQUIPMENT</b>	
<b>D. Travel Expense/Registration Fees (maximum \$2,000)</b>	
(Registration fee for July 2010 GAP Conference attendees is \$200 each)	
<b>TOTAL TRAVEL EXPENSE</b>	
<b>TOTAL BUDGET ESTIMATE, ALL CATEGORIES</b>	

### **OTHER FUNDING SOURCES**

Complete the following to report the total funds available to support the activities related to accomplishing the goals and objectives of the contract. In the "Grant Funds" column, report the ABC funds requested by category. In the "Other Funds" column, report all other funds available to support the project by category (if none, leave blank). Then calculate the totals by category in the "Program Total" column. Total each column down to arrive at the total program funds available. **(Round all budget amounts to the nearest dollar.)**

<b>BUDGET CATEGORY</b>	<b>GRANT FUNDS</b>	<b>OTHER FUNDS</b>	<b>PROGRAM TOTAL</b>
<b>Personnel Services</b>			
<b>Operating Expenses</b>			
<b>Travel/Registration Fees</b>			
<b>Equipment</b>			
<b>TOTALS</b>			

**(This form does not become part of the contract.)**

S A M P L E

RESOLUTION OF THE GOVERNING BOARD

WHEREAS, THE (1) (applicant) desires to undertake a certain project designated as (2) (project title) to be funded in part from funds made available through the Grant Assistance Program (GAP) administered by the Department of Alcoholic Beverage Control (hereafter referred to as ABC);

NOW, THEREFORE, BE IT RESOLVED that the (3) (designated official by title only) of the (4) (County or City) is authorized to execute on behalf of (5) (Governing Board) the attached contract, including any extensions or amendments thereof and any subsequent contract with the State in relation thereto.

IT IS AGREED that any liability arising out of the performance of this contract, including civil court actions for damages, shall be the responsibility of the grant recipient and the authorizing agency. The State of California and ABC disclaim responsibility for any such liability.

BE IT FURTHER RESOLVED that grant funds received hereunder shall not be used to supplant expenditures controlled by this body.

IT IS ALSO AGREED that this award is not subject to local hiring freezes.

I hereby certify that the foregoing is a true copy of the resolution adopted by the (6) (governing body) of (7) (unit of local government or organization) in a meeting thereof held on (8) (date) by the following:

Vote: (9)

Ayes:

Nays:

Absent:

Signature: (10) \_\_\_\_\_ Date: (11) \_\_\_\_\_

Typed Name and Title: (12) \_\_\_\_\_

ATTEST: Signature: (13) \_\_\_\_\_ Date: (14) \_\_\_\_\_

Typed Name and Title: (15) \_\_\_\_\_

## RESOLUTION INSTRUCTIONS

**Note: The resolution must include all of the elements contained in the sample. Unless there is a compelling reason not to do so, ABC strongly suggests that the project follow the exact format and language provided in the sample Resolution. This will assure that the processing of the grant award is not seriously delayed because the language of the Resolution does not meet ABC's requirements.**

- (1) Enter the full name of the board or council making the resolution.
- (2) Enter the title of the proposed project. This should be the same as the title of the proposed project on the Proposal Cover Sheet.
- (3) Enter the full title of the administrator or executive who is authorized to submit the application.
- (4) Enter the full title of the organization that will submit the application.
- (5) Enter board or council, whichever is appropriate.
- (6) Enter the same as item (1).
- (7) Enter the same as item (5).
- (8) Enter the date of the meeting in which the resolution was adopted.
- (9) Enter the votes of the members in the appropriate category.
- (10) Enter the signature of the person signing on behalf of the board or council.
- (11) Enter the date of the certification.
- (12) Enter the typed name and title of the person making the certification.
- (13) Enter the signature of the person attesting that this is a true copy of the resolution. This must be a person other than the person who signed on behalf of the board or council (see item (10)).
- (14) Enter the date attested.
- (15) Enter the typed name and title of the person attesting.

# REQUEST FOR PROPOSALS RATING FORM

APPLICANT:

FUNDS REQUESTED:

INSTRUCTIONS TO RATER: The rating form is divided into six categories with a maximum point value assigned to each category. Rate each category based on the applicant's response in the request for proposal. You may use the comments line to give more detail. Once you have rated the request for proposal, total the points at the bottom. The maximum points an applicant agency can receive is 100 points.

## CATEGORY:

### SUMMARY – (15 POINTS MAXIMUM)

Does applicant describe the department's size, structure, staffing, number of ABC licenses, demographics of jurisdiction, and goals and objectives?

**Points Received** \_\_\_\_\_

Comments: \_\_\_\_\_

### PROBLEM STATEMENT – (25 POINTS MAXIMUM)

Does applicant clearly identify the area to be served, specific problematic ABC licensed locations, community concerns, and other factors that contribute to the problem?

**Points Received** \_\_\_\_\_

Comments: \_\_\_\_\_

### PROJECT DESCRIPTION – (25 POINTS MAXIMUM)

Does applicant clearly state the goals and objectives in full detail? Are objectives measurable, realistic, and related to a time frame? Are ABC enforcement strategies utilized (example, LEAD, IMPACT, Minor Decoy, Shoulder Tap, Trapdoor, etc.)

**Points Received** \_\_\_\_\_

Comments: \_\_\_\_\_

**PROJECT PERSONNEL** – (25 POINTS MAXIMUM)

Does applicant clearly describe the staffing required to carry out grant objectives and activities as supported by the proposed budget? Does it include the names of the Unit/Division responsible for the project?

**Points Received** \_\_\_\_\_

Comments: \_\_\_\_\_

**BUDGET DETAIL** – (5 POINTS)

Is the budget estimate page completed? **5 Points** \_\_\_\_

**OTHER FUNDING SOURCES** – (5 POINTS)

Is the other funding sources page completed? **5 Points** \_\_\_\_

**TOTAL POINTS (100 POINTS MAXIMUM)** \_\_\_\_\_

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE