

**GRANT ASSISTANCE PROGRAM (GAP)
2015 – 2016**

GRANT FORMS



EDMUND G. BROWN JR., *Governor*
State of California

ANNA M. CABALLERO, *Secretary*
Business, Consumer Services and Housing Agency

TIMOTHY GORSUCH, *Director*
Department of Alcoholic Beverage Control

GRANT FORMS

Includes:

- Proposal Cover Sheet
- Scope of Work
- Budget Detail
- Other Funding Sources
- Resolution of Governing Body (Sample)
Resolution not needed with RFP package. This will be requested from agencies awarded a grant.



State of California
Department of Alcoholic Beverage Control
Grant Assistance Program

PROPOSAL COVER SHEET
 (TO BE COMPLETED BY APPLICANT AGENCY)

| | |
|---|---|
| 1. Name of Applicant Agency: | |
| 2. Description of Applicant Agency: Provide your city or county and a brief summary of department size, staffing, and structure. | |
| 3. Number of Licenses in Project Area: | 4. Population of Service Area: |
| 5. Project Description: Provide a list of your projects goals and objectives and briefly summarize. | |
| 6. Funds Requested: | 7. Project Period: July 1, 2015 – June 30, 2016 |
| 8. Acceptance of Conditions: 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. | |
| A. Project Director (person having day-to-day responsibility for the project) | B. Chief of Police or Sheriff (authorizing official) |
| Name: Address: Phone: Fax: E. Mail Address: Signature: | Name: Address: Phone: Fax: E. Mail Address: Signature: |
| Title: | Title: |
| C. Fiscal or Accounting Official | D. ABC USE ONLY |
| 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

- a. Agency Description – Describe your agency, including size, structure, staffing, demographics of jurisdiction, and number of ABC licensed locations.
- b. Funding Requested – Dollar amount requested.
- c. Goals and Objectives – List the goals and objectives of your project.
- d. Number of ABC Licensed Locations – List the number of on-sale and off-sale licenses in your jurisdiction.

2. Problem Statement - Describe the issues or problems to be addressed with grant funds.

- a. Clearly identify the area to be served, any specific problem locations, any specific community concerns, and the factors contributing to the problem.

3. Project Description - What are the goals and objectives of the proposed project?

- a. Describe in detail the goals and objectives you wish to accomplish.
- b. Objectives should be measurable, concise, deal with a specific item, and be realistic with a reasonable probability of achievement.
- c. You are encouraged to be creative and to state your objectives by describing them in terms of tasks that you want to accomplish.
- d. You are also encouraged to utilize ABC enforcement strategies that target the illegal purchasing of alcoholic beverages as well as the illegal sale of alcoholic beverages.

4. Project Personnel – Describe the staffing required to carry out the grant objectives as supported by the proposed budget.

- a. Include the number of staff, type of staff, and staff qualifications.
- b. Include unit/division that will be responsible for the grant.
- c. Include the names, rank, and current assignment of personnel involved.

5. Budget

- a. Budget Detail – A sample budget display appears in the Grantee Handbook. The budget is the basis for management, fiscal review, and audit. Project costs must be directly related to the objectives and activities of the project. The budget must be detailed and cover the entire grant period. Include only those items specifically authorized; i.e., salaries, overtime, employee benefits, travel, operating expenses, and certain items of equipment. (Refer to Grantee Handbook, Section I, for details on preparing your budget.)
- b. Other Funding Sources – Describe other funds that your Department will contribute towards the success of this project.

SCOPE OF WORK

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BUDGET DETAIL

Exhibit B

| BUDGET CATEGORY AND LINE-ITEM DETAIL | COST (Round budget amounts to nearest dollar) |
|--|---|
| A. Personnel Services (Straight Time Salaries, Overtime, and Benefits) | |
| A.1 Straight Time | |
| A.2 Overtime | |
| A.3 Benefits | |
| TOTAL PERSONNEL SERVICES | |
| B. Operating Expenses (maximum \$2,500) | |
| | |
| TOTAL OPERATING EXPENSES | |
| C. Equipment (maximum \$2,500) (Attach receipts for all equipment purchases to monthly billing invoice) | |
| | |
| TOTAL EQUIPMENT | |
| D. Travel Expense/Registration Fees (maximum \$2,000) (Registration fee for July 2015 GAP Conference attendee is \$225 each) | |
| | |
| TOTAL TRAVEL EXPENSE | |
| TOTAL BUDGET DETAIL COST, ALL CATEGORIES | |

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.)**

| BUDGET CATEGORY | GRANT FUNDS | OTHER FUNDS | PROGRAM TOTAL |
|---------------------------------|--------------------|--------------------|----------------------|
| Personnel Services | | | |
| Operating Expenses | | | |
| Travel/Registration Fees | | | |
| Equipment | | | |
| TOTALS | | | |

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

SAMPLE

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.