



Opportunity Details

Opportunity Information

Title

SFY2026 JAG

Description

This solicitation is for applicants who wish to apply for competitive funds under the Nebraska Edward Byrne Memorial Justice Assistance Grant (JAG) Formula Grant Program (Statutory Authority § 10151-10726). JAG supports a broad range of activities to prevent and control crime and to improve the criminal justice system.

See the SFY 2026 JAG Notice of Funding Opportunity for further details.

Awarding Agency Name

Nebraska Crime Commission

Agency Contact Name

Chris Carlile

Agency Contact Phone

402.417.3673

Agency Contact Email

christine.carlile@nebraska.gov

Program

Fund Activity Categories

Manager

Chris Carlile

Additional Users

Announcement Type

Initial Announcement

Public Link

<https://ne.amplifund.com/Public/Opportunities/Details/c36827b4-f317-423a-8798-2ad7007ab548>

Funding Information

Opportunity Funding

\$0.00

Funding Sources

Federal Or Federal Pass Through

Award Information

Award Range

\$1,320,678.00 Ceiling

Award Period

Ends 06/30/2027



Award Type

Competitive

Submission Information

Submission Window

12/23/2024 12:00 PM - 04/23/2025 5:00 PM

Submission Timeline Type

One Time

Submission Timeline Additional Information

Access to the application within AmpliFund closes at the time and date of the deadline indicated on the cover page of this document. No applications or attachments will be accepted once the system closes. It is recommended that the application submission process be completed 72 hours prior to the deadline to avoid delays that may result from technical difficulties. If you are encountering any technical issues with the system, submit a ticket to the AmpliFund Help Desk to inquire (support@amplifund.zendesk.com). AmpliFund help desk hours are Monday-Friday 7am-7pm (Central Time).

Allow Multiple Applications

Yes

Technical Assistance Session

Technical Assistance Session

No

Eligibility Information

Eligibility Type

Public

Additional Eligibility Information

To be eligible for JAG funding, the applicant must be one of the following:

- A unit of local government (i.e., city, county, town)
- An Indian tribal government which has its own law enforcement
- A community-based or faith-based organization that is private and non-profit
- A state operated criminal justice program

As permitted by the JAG program statute, JAG funds can be awarded to private non-profit neighborhood or community-based organizations in the below scenarios:

- A criminal justice project that would benefit the entire state.
- A criminal justice project that will benefit a local law jurisdiction.
- A partnership between a private non-profit organization and a local law enforcement agency to provide criminal justice services to designated units of local government.

Additional Information

Additional Information URL

<https://ncc.nebraska.gov/grant-apps>

Additional Information URL Description

See the SFY 2026 JAG Notice of Funding Opportunity at the URL listed above for further details.



Project Information

Application Information

Application Name

Award Requested

Cash Match Requirement

\$0.00

Cash Match Contributions

\$0.00

In-Kind Match Requirement

\$0.00

In-Kind Match Contributions

\$0.00

Total Award Budget

\$0.00

Primary Contact Information

Name

Email Address

Address

Phone Number



Project Description

SFY 2026 JAG - Application Form

Funding Announcement Information

Please reference the SFY 2026 JAG Funding Announcement below for full details on the solicitation and instructions for completing the application.

SFY 2026 JAG NOFO.pdf

Program Information

Project Title:

If Awarded, These Funds Will:

Select an item...

"Other" Explanation:

Purpose Area(s) of Proposed Project

- ☐ Law enforcement program
 - ☐ Planning, evaluation, and technology improvement program
 - ☐ Prevention and education program
 - ☐ Drug treatment and enforcement program
 - ☐ Corrections and community corrections program
 - ☐ Prosecution and court program
 - ☐ Crime victim and witness program
 - ☐ Mental health program or related law enforcement and corrections program
 - ☐ Implementation of state crisis intervention court proceedings and related programs or initiatives
-

Applicant and Contact Information

Applicant Information

The applicant must be the agency that will receive and disburse the grant funds.

Type of Agency:

Select an item...

Explanation of "Other" Agency Type:

Applicant Legal Name:

Applicant Federal Employer ID:



Applicant SAM UEI:

Applicant Street Address

Applicant City

Applicant State (XX):

Applicant Zip Code (XXXXX-XXXX):

Applicant Phone Number (XXX-XXX-XXXX):

Is the physical address listed above different than the physical address listed in your SAM Registration?

- ☐ Yes
☐ No

SAM Physical Address:

SAM City:

SAM State (XX)

SAM Zip (XXXXX-XXXX):

Upload a PDF copy of the applicant agency's current and active SAM registration:

Project Point of Contact (PPOC)

The Project Point of Contact (PPOC) is the primary point of contact for the project. The PPOC is responsible for overall project management and correspondence with the Crime Commission. The PPOC cannot also be the Financial Point of Contact or the Authorized Official.

PPOC Name:

PPOC Title:

PPOC Phone Number (XXX-XXX-XXXX):

PPOC Email Address:

PPOC Mailing Address:

PPOC Mailing City:

PPOC State (XX):

PPOC Zip Code (XXXXX-XXXX):

Financial Point of Contact (FPOC):

The Financial Point of Contact (FPOC) is responsible for financial reports and fiscal oversight of the project. The FPOC cannot also be the Project Point of Contact or the Authorized Official.

FPOC Name:

FPOC Title:



FPOC Phone Number (XXX-XXX-XXXX):

FPOC Email Address:

FPOC Mailing Address:

FPOC Mailing City:

FPOC State (XX):

FPOC Zip Code (XXXXX-XXXX):

Authorized Official:

The Authorized Official is an individual representing the applicant agency who possesses the authority to sign contracts and agreements on behalf of the agency. The Authorized Official is typically considered to be the City Mayor, the County Board Chair, the Board President of a non-profit organization, or Designee through Tribal Resolution. If the person identified as the Authorized Official fills another position, a copy of the agency policy or bylaws supporting their signing authority shall be provided. The Authorized Official cannot also be the Project Point of Contact or the Financial Point of Contact.

Authorized Official Name:

Authorized Official Title:

Authorized Official Phone Number (XXX-XXX-XXXX):

Authorized Official Email Address:

Authorized Official Mailing Address:

Authorized Official Mailing City:

Authorized Official State (XX):

Authorized Official Zip Code (XXXXX-XXXX):

Community or Service Area Description

Areas served by this project (Counties/Cities/Statewide):

Geographic size of the service area indicated (square miles):

0

Identify whether the service area is designated as rural, urban, and/or frontier. Provide an explanation if there is more than one designation and include the percentage of each designation within the service area.

Complete the two tables below for the service area described above, utilizing US Census data available at:

<http://www.census.gov/quickfacts/table/PST045215/00>

Table 1 (Race): *

| | Number | Percent of Population |
|--|--------|-----------------------|
|--|--------|-----------------------|



| | Number | Percent of Population |
|--|--------|-----------------------|
| American Indian/Alaska Native | | |
| Asian | | |
| Black/African American | | |
| Hispanic or Latino | | |
| Native Hawaiian/Other Pacific Islander | | |
| White Non-Latino/Caucasian | | |
| Multiple Races | | |
| Some Other Race | | |
| TOTAL POPULATION (Should Equal 100%): | | |

Table 2 (Ethnicity): *

| | Number | Percent of Population |
|-----------------------------------|--------|-----------------------|
| Hispanic or Latino | | |
| Not Hispanic or Latino | | |
| TOTAL (Should Equal 100%): | | |

Complete the chart for service area described above, as applicable to the proposed project. Do not repeat populations identified in above table. Add populations as needed.

Table 3 (Marginalized / Underserved Populations)***OPTIONAL ***:

| | Number | Percent of Population |
|---|--------|-----------------------|
| LGBTQ+ | | |
| Elders (55+ years) | | |
| Veterans | | |
| Persons w Mental Health Issues | | |
| Persons w Substance Abuse Issues | | |
| Limited English Proficiency Individuals | | |
| Rural | | |
| Undocumented | | |
| Person with Disabilities | | |
| Deaf or Hard of Hearing | | |
| Homeless | | |
| Low to No Income | | |
| Child and Youth | | |



Sustainability

Mission and Purpose Statement (150 words):

Length of time agency has been in operation (150 words):

Agency paid staff and unpaid volunteers: *

| | Total Number | Number FTEs |
|---|--------------|-------------|
| Agency volunteers (excluding board members) | | |
| Agency board member volunteers | | |
| Paid agency staff | | |

Describe organization's structure (250 words):

Describe agency's current scope of services or operations (250 words):

List agency accreditations, licenses, and membership associations relevant to the provision of services (250 words):

List at least three milestones or achievements from the most recently completed 12-month budget period related to sustaining the agency or the agency's services (500 words).

Supplemental Funding

Provide information on the entire operating budget and sources of funding for the victim services program in the most recently completed 12-month budget. Complete the chart to show total program income from all sources as well as other funds available to this project. Applicants who are State, County, or City entities with much larger scopes should complete information based on where the proposed project will operate from such as a division, department, unit, etc. All other applicants or lead agencies should complete information based on the agency's total budget.

Budget Period - From:

Budget Period - To:

Agency's total operating budget:

\$0.00

Funding sources and amount received (should add up to match the agency's total operating budget): *

| | Amount Received |
|------|-----------------|
| VOCA | |
| JAG | |
| STOP | |
| SASP | |



| | Amount Received |
|---------------|-----------------|
| OTHER FEDERAL | |
| STATE | |
| LOCAL | |
| OTHER | |

If OTHER FEDERAL funding is listed above, please describe below:

If STATE funding is listed above, please describe below:

If LOCAL funding is listed above, please describe below:

If OTHER funding is listed above, please describe below:

Applicant Disclosure of Pending Applications

Applicants are to disclose any pending applications, submitted within the last 12 months for federally and or state funded grants that include requests for funding to support the same project proposed under this solicitation and will cover identical cost items outlined in the budget in the application under this solicitation. Mark none if there are no pending applications.

Must Include:

- Federal or state funding agency
- Agency point of contact information (name, phone, email)
- Solicitation name
- Project or application name

List of Pending Applications:

Project Narrative

Project Period

SFY 2026 JAG will have a two-year project period of July 1, 2025 to June 30, 2027. The budget period for Year 1 is 07/01/2025 - 06/30/2026. Please indicate if Year 1 of the proposed project will follow this timeline. Note that Year 1 cannot begin prior to 07/01/2025, nor end after 06/30/2025.

Select which applies to the proposed project:

- ☐ Yes, Year 1 of the proposed project starts 07/01/2025 and ends 06/30/2026.
- ☐ No, Year 1 of the proposed project WILL NOT start and/or end on these dates. The alternate start and end dates are included below.

Proposed Year 1 Project Start Date:



Proposed Year 1 Project End Date:

Project Summary

Provide a concise statement highlighting the major aspects of the proposed project (150 words or less).

Problem Statement

A concise description of the social problem(s) the project will address. Include local crime rate information/data. If the project is a statewide effort, statewide crime rates are acceptable. Discuss any lack of available services and barriers victims and survivors experience when accessing needed services and help.

Description of Services

- a) Indicate the population(s) to be served:
- b) List the services the project will provide along with a brief description. Explain procedures or methods if screening / assessment tools or criteria is utilized to determine eligibility for receiving services:
- c) Outline outreach effort the project will use and how outreach to marginalized and underserved populations will be accomplished:
- d) Describe any best practices that will be used for the criminal justice project.
- e) Discuss how feedback about services received will be gathered from program participants and how this feedback will be integrated into service delivery?
- g) List, by agency name, up to seven other programs and/or services operating within the community or service area that contribute to the solution of the stated problem. Indicate how this project coordinates with those programs/services (i.e., how does the law enforcement agency coordinate with the jail, community organizations, etc.). *

| | Agency Name | Description of Coordination |
|---|-------------|-----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |



SFY 2026 JAG - Document Uploads

SFY 2026 JAG Required Uploads

Is the applicant agency a non-profit organization?

- ☐ Yes
☐ No

Required Documentation for Non-Profit Organizations

Non-Profit Verification - provide one of the following verification documents:

- 501(c)(3) designation letter.
- A letter from the state taxing body or Attorney General stating that the applicant is a non-profit organization operating within the state.
- Copy of the state certificate of incorporation that substantiates the applicant's non-profit status.

IRS Form 990 - provide a copy of the agency's most recent IRS Form 990 or equivalent.

Waiver Letter from Local Law Enforcement - non-profit, faith-based, and/or community based organizations wishing to apply for JAG funds are required to submit a waiver letter from the local law enforcement jurisdiction indicating that the local jurisdiction recognizes the funds in question are set aside for local government use, believes the proposed project will provide a direct local benefit, and agrees that funding the project at the state level is in the best interests of the unit of local government. The waiver letter is to be signed by the Chief of Police or Sheriff of the local jurisdiction where services will be provided.

Non-Profit Verification:

IRS Form 990:

Waiver Letter from Local Law Enforcement:

Justice Programs Certified Assurances

Download the Justice Programs Certified Assurances Form provided below and have it completed by the Authorized Official listed on the application. Attach the completed form below.

Justice Programs Certified Assurances - rev.12.2024.pdf

Completed Justice Programs Certified Assurances:

Organizational Questionnaire

Download the Organizational Questionnaire form provided below and have it completed by the Financial Point of Contact listed on the application. Attach the completed form and any corresponding documentation (including Single Audit or Financial Audit if applicable) below.

Organizational Questionnaire.pdf

Completed Organizational Questionnaire:



Board of Directors or Tribal Council List

Provide a complete list of Board of Directors or Tribal Council Membership. List should include board title, term served, professional position/organization, and contact information.

Board of Directors or Tribal Council Membership List:

Organizational Chart

Provide an Organizational Chart that reflects the current leadership structure of the applicant agency.

Organizational Chart:

Letters of Support and Memorandums of Understanding

Letters of Support are required to demonstrate coordination and cooperation in the communities to be served by the proposed project. Letters may be from law enforcement agencies, criminal justice agencies, and/or other victim service organizations and community stakeholders.

- Letters should be specific to the application and the proposed project.
- Letters should be on agency letterhead and signed by an agency lead. It is acceptable for agencies that serve multiple counties to have a Letter of Support that is signed by all county agency leads.
- Letters from employees or Commissioners of the Nebraska Crime Commission will not be accepted.
- All letters must remove or redact identifying information of any crime victims.
- At least three letters are required for a complete application. No more than five letters will be accepted.

Memorandums of Understanding (MOU) are required of an agency when an application for funds includes an explicit non-financial collaboration with partnering organizations. If applicable, combine all MOU agreements related to this project into one PDF and upload as a single file below.

Letter of Support 1:

Letter of Support 2:

Letter of Support 3:

Letter of Support 4:

Letter of Support 5:

MOU:

Job Descriptions

Attach job descriptions for all employees included in the proposed budget as a single document.

Job descriptions should outline the position's Fair Labor Standards Act (FLSA) classification (i.e., exempt or non-exempt), necessary qualifications, primary responsibilities, and specific job duties related to the project. The percentage of time spent on overall tasks should also be indicated.

Job Descriptions:



Agency Policies

Attach agency policies that are applicable to the proposed project. If no policy is submitted, the Crime Commission will default to the policy of the State of Nebraska. The following policies may be required, depending on the scope and budget of the proposed project:

- Personnel Policy (regarding leave and Overtime)
- Travel Policy
- Capitalization/Equipment Policy (procurement Policy)

Personnel Policy (regarding leave and Overtime):

Travel Policy:

Capitalization/Equipment Policy (Procurement Policy):

Is your agency requesting indirect costs for the proposed project?

- ☐ Yes
☐ No

Indirect Costs Paperwork

Certain indirect cost paperwork is required in order for the proposed indirect costs to be approved and reimbursed. Paperwork will need to be periodically updated and resubmitted over the course of the project as applicable.

Federally Approved Indirect Cost Rates - if applicable, a copy of the agency's Federally Approved Indirect Cost Rate Agreement must be provided with the application.

De Minimis Indirect Costs - certification form required for agencies that are requesting 15% de minimis indirect costs as part of the proposed project. If applicable, download the provided form for your agency type (non-profit or government) and attach the completed form to the application.

Indirect Costs Calculator - required for all agencies requesting indirect costs. Download the provided form and attach the completed form to the application. An example for completing this form can be found in the SFY 2026 JAG Notice of Funding Opportunity.

De Minimis Certification of Indirect Costs (Non-Profit Agency)

De Minimis Certification for Non-Profits 12.2024.pdf

De Minimis Certification of Indirect Costs (Government Agency)

De Minimis Certification for Government Agencies 12.2024.pdf

Indirect Costs Calculator

Indirect Costs Calculator 12.2024.pdf

Indirect Cost Rate Agreement OR De Minimis Certification of Indirect Costs:

Completed Indirect Costs Calculator:

Other Attachments

Provide any other needed attachments corresponding with the application here, such as a copy of agency bylaws if needed to confirm the Authorized Official listed, or Single Audit or Financial Audit if applicable, and/or completed NCC Grant Management Training (GMT) certificates within the last 3 years.



Attachment 1(Single Audit or Financial Audit if applicable):

Attachment 2(NCC Grant Management Training (GMT) Certificates within the last 3 years):

Attachment 3:



Budget

Proposed Budget Summary

Expense Budget

| | Grant Funded | Non-Grant Funded | Total Budgeted |
|------------------------------|---------------|------------------|----------------|
| Personnel | | | |
| Subtotal | \$0.00 | \$0.00 | \$0.00 |
| Fringe Benefits | | | |
| Subtotal | \$0.00 | \$0.00 | \$0.00 |
| Travel | | | |
| Subtotal | \$0.00 | \$0.00 | \$0.00 |
| Equipment | | | |
| Subtotal | \$0.00 | \$0.00 | \$0.00 |
| Supplies | | | |
| Subtotal | \$0.00 | \$0.00 | \$0.00 |
| Indirect Costs | | | |
| Subtotal | \$0.00 | \$0.00 | \$0.00 |
| Other Costs | | | |
| Subtotal | \$0.00 | \$0.00 | \$0.00 |
| Procurement Contracts | | | |
| Subtotal | \$0.00 | \$0.00 | \$0.00 |
| Subawards (Subgrants) | | | |
| Subtotal | \$0.00 | \$0.00 | \$0.00 |
| Total Proposed Cost | \$0.00 | \$0.00 | \$0.00 |

Revenue Budget

| | Grant Funded | Non-Grant Funded | Total Budgeted |
|--------------------------|--------------|------------------|----------------|
| Grant Funding | | | |
| Award Requested | \$0.00 | | \$0.00 |
| Subtotal | \$0.00 | | \$0.00 |
| Non-Grant Funding | | | |
| Cash Match | | \$0.00 | \$0.00 |
| In-Kind Match | | \$0.00 | \$0.00 |



| | Grant Funded | Non-Grant Funded | Total Budgeted |
|-------------------------------|---------------|------------------|----------------|
| Subtotal | | \$0.00 | \$0.00 |
| <hr/> | | | |
| Total Proposed Revenue | \$0.00 | \$0.00 | \$0.00 |

Proposed Budget Detail

Proposed Budget Narrative

Personnel

Covers the wages requested for agency employees. Funding requests for positions that are not on the regular payroll or are not volunteers must be classified as contractors or consultants. Salaries cannot exceed those normally paid for comparable positions in the community and/or unit of government. Salary increases requested under the grant must be consistent with agency policy and positions with other funding. Wages claimed for reimbursement under the grant cannot exceed 1.5% over the budgeted salary levels without a budget revision. I.E.: Breakdown of wages for this position: Hours x hourly rate = (total) Please use whole numbers. Please see SFY2026 JAG NOFO for details.

Fringe Benefits

Covers the corresponding fringe benefits for positions included under Personnel. Fringes must be equitably allocated to all funding sources according to the actual payroll percentages. Fringe benefits should be based in the employer's share only since the employee's share is to be withheld from their wages. I.E.: Breakdown of employers cost of basic fringe benefits for this position pro-rated based on the amount of grant dollars requested. a. FICA: b. Retirement: c. Insurance: Other (such as LTD, LIFE, ADD, etc.): Fringe Type: Amount: Please use whole numbers. Please see the SFY2026 JAG NOFO for details.

Travel

Necessary travel expenses for the project may be requested. Expenses budgeted cannot exceed current GSA rates. Include details: 1. Position Traveling: If an agency has more than one funded program, also include program type. 2. Travel Purpose: examples include personal vehicle to serve victims, conference, etc. 3. Meals: Meal reimbursement must follow NE DAS policy and utilize the NE DAS expense reimbursement form to calculate total expense. 4. Lodging: Per Diem Lookup Please use whole numbers. Please see SFY2026 JAG NOFO for details

Equipment

Items with a useful life of more than one year and a per-unit acquisition cost exceeding the capitalization threshold are considered equipment. Provide the following: Program equipment requests are requests that will assist in the necessary functions of the program. a. List each item requested and purpose. b. Planned Purchase date of equipment being replaced c. Include bids or quotes if items are required for bids. Please use whole numbers. Please see SFY2026 JAG NOFO for details

Supplies

Includes items or materials which are expendable or consumed during the project (i.e., office supplies, postage, computers, training materials, books, etc.). Please use whole numbers. Please see SFY2026 JAG NOFO for details.

Indirect Costs

Costs of an organization that are not readily assignable to a particular project but are necessary to the operation of



the organization and the performance of the project. The cost of operating and maintaining facilities, depreciation, rent, supplies, telephone expenses, and administrative salaries are examples of indirect costs. Please use whole numbers. Please see SFY2026 JAG NOFO for details.

Other Costs

Applicable "other" expenses necessary for the project may be requested in this category. Examples of costs in this category include: • Rent and utilities • Copying and printing • Janitorial expenses • Agency insurance • Training registration fees • Programming funds (i.e., group activities) • Single Audit (only if required) Please use whole numbers. Please see SFY2026 JAG for details.

Procurement Contracts

Contracts are utilized to purchase specific services and are based on set fees. Contracts, including those with consultants, must adhere to established and standardized procurement processes. Please use whole numbers. Please see SFY2026 JAG NOFO for details.

Subawards (Subgrants)

Involve the passing down of federal funds to a partner agency to conduct activities that assist in the overall achievement of project outcomes. The lead agency identified in the application will issue the subaward and reimburse the partner agency for actual costs. Please use whole numbers. Please see SFY2026 JAG NOFO for details.



Performance Plan

Proposed Performance Plan

Strategy #1 (SFY 2026 JAG YR1)

| Goal Name | Goal Type | Goal Details |
|-----------|---------------------|-----------------------|
| | Milestone | Due Date |
| | Numeric | Number to be Achieved |
| | Percentage Achieved | Desired Percentage |

Proposed Performance Narrative

Strategy #1 (SFY 2026 JAG YR1)

Identify 2-5 goals or objectives that clearly state what is planned for the project's activities and achievements. Goals must be measurable and state what will be done utilizing the grant funds, what will be measured, and within what timeframe. Goals will need to have a goal type identified for the goal to be properly reported on and tracked.