

# Nevada Local Justice Reinvestment Grant Grant Application

County:

## Nevada Local Justice Reinvestment Coordinating Council Member Contact

- Name:
- Preferred title:
- Email:
- Phone:

## Primary Applicant Contact

- Name:
- Organization:
- Title:
- Street Address:
- City:
- Zip Code:
- Email:
- Phone:

## Consultation of Prison Population Data by County

Consult the Prison Population Data by County, both the 2017-2022 report and the dashboards available at <https://sentencing.nv.gov/News/Resources/>. If your county has seen an increase in prison usage over the past 12 months, please identify local factors that may be contributing to the rise in the prison usage:

To evaluate recidivism in your county, review the data concerning parole and probation violators. If there has been an increase in parole and probation violators from your county, please identify local factors that may be contributing to the rise in parole and probation violators:

## Proposed Grant Program

Program name:

What type of program is this?

- Pretrial
- Diversion
- Work Crew
- Education Support
- Specialty Court
- Peer Mentoring
- Mental Health Treatment
- Drug and Alcohol Treatment
- Housing
- Restorative Justice
- Reentry
- Other

Program/Project's Scope of Work (not to exceed 10-pages):

Which of these goals does the program meet? [select all that apply] (not to exceed 1-page):

- Reduce prison usage while maintaining public safety
  - Explain:
- Reduce jail usage while maintaining public safety
  - Explain:
- Reduce recidivism while maintaining public safety
  - Explain:

Please explain how the program serves the target population(s) (not to exceed 1-page).

Which crime types does this program serve? [select all that apply] (not to exceed 1-page).

- Drug Offenses
- DUI Offenses
- Property Offenses
- Violence Offenses
- Other Offenses
  - Explain:

Does this program use any assessments for participants? Please list.

Briefly describe how the above assessments are used in the program (not to exceed 1-page).

What internal method(s) of evaluation are/will be used by the program to determine success? (not to exceed 1-page).

How does the applicant intend to select which victim service providers in the community to award funds? Will there be a competitive process.

### **Letters of Support**

Please provide at least two (2) letters in support of the application.

### **Statements of Commitment**

Please provide a statement of commitment from each leader and partner of the program, including a commitment to use grant monies conforming to the overall goal to reduce incarceration, reduce recidivism, and reduce victimization, all while maintaining public safety.

### **Budget Narrative**

Each applicant will complete a worksheet detailing the budgeted costs of the program. Applicants can use the budget worksheet supplied or provide your own. This section must be used for the budget narrative. The categories of costs will include (not to exceed 2-page).:

- Personnel Costs
- Travel Costs
- Training Costs
- Operating Costs
- Equipment
- Contractual
- Other Costs
- Indirect Costs