| Justice Systems and Alco   | ohol a  | nd Suk  | osta  | nce   |  |   |   |  |
|--|---|---|---|---|--|---|---|--|
| Abuse  | 2   |   |   |   |  | Purp  | oose Area (3)   |  |
| Program Office   |   |   |   |   |  | BJA   | 16.608  |  |
| Note: Non-Federal match is not required for this purpos  | e area but car  | ו be provided   | if desire   | d.  |  |   |   |  |
| A. Personnel   |   |   |   |   |  |   |   |  |
| <b>Name/Position</b><br>List each position and name, if known. New positions may be<br>grouped by type.  |   | Show annu   | ıal salary r  | <b>Computa</b><br>ate & amount of time devo   |  | e project for each  | name/position.  |  |
|  | # of<br>PositionsSalaryRateTime Worked<br>(# of hours, days, months,<br>years)%To       |   |   |   |  | Total Cost  | Non-Federal<br>Contribution   | Federal<br>Request                               |
| ASAP Coordinator & group facilitator   |   |   |   |   |  |   | \$115,245   |  |
| ASAP Program Associate   | 1   | \$26,155.00   | yearly  | 3   | 50%  | \$39,233  |   | \$39,233   |
|  |   |   |   | Τ   | otal(s)  | \$154,478   | \$0   | \$154,478  |
| Narrative  |   |   |   |   |  |   |   |  |
| The ASAP Coordinator provides support and manageme<br>groups in a variety of settings. This position will be resp<br>will attend all Training and Technical Assistance events;<br>management for clients; identify and recommend need<br>identifying and arranging for speakers; coordinate desig<br>fliers, posters, and other awareness materials to the co<br>community surveys to assess OVK's program; review fee | onsible for im<br>; maintain con<br>led services; fa<br>gn, creation ar<br>mmunity; con | aplementation<br>atact with reginacilitate group<br>addistribution<br>aduct monthly | n, evaluat<br>ional serv<br>p meeting<br>on of year<br>y staff me | tion and reporting of a<br>vice providers; conduc<br>gs; coordinate outread<br>r-round awareness car<br>setings and case review | activitie<br>ct indivi<br>ch activ<br>mpaign;<br>ws; coo | es outlined in t<br>dual intake an<br>ities at commu<br>; coordinate de<br>rdinate develo | his grant. The Co<br>nd planning; con<br>unity events, inc<br>esign and distrik<br>opment of client | oordinator<br>nduct case<br>cluding<br>pution of |

The Program Associate provides support to the ASAP Coordinator and works collaboratively with community members to raise awareness. The Program Associate is responsible for assisting the ASAP Coordinator with all of that position's responsibilities.

| Type of Benefit   |                                | Computat              | ion         |                             |                    |  |
|---|--------------------------------|-----------------------|-------------|-----------------------------|--------------------|--|
| List each grant-support fringe benefit that is provided to the grant-funded position. |                                | Show the basis for co | omputation. |                             |                    |  |
|   | Base                           | Rate                  | Total Cost  | Non-Federal<br>Contribution | Federal<br>Request |  |
| Mandatory Fringe/Taxes ~ Soc. Security, medicare, FUTA, etc                           | \$154,478                      | 11.60%                | \$17,920    |                             | \$17,920           |  |
| Additional Fringe Benefits ~ medical, dental, life ins. & SEP                         | \$154,478                      | 30.00%                | \$46,344    |                             | \$46,344           |  |
|   | <b>Total</b> \$64,264 \$0 \$64 |                       |             |                             |                    |  |

Mandatory fringes cover the above project employees for required employer contributions for social security, medicare, FUTA, state unemployment insurance, and worker's compensation insurance.

Additional fringe benefits apply per OVK personnel policies for employees working 30 or more hours per week and cover employer share for medical, dental & life insurance, and SEP retirement package.

| C. Travel  |                                  |                          |            |                            |               |             |                             |                    |
|--|----------------------------------|--------------------------|------------|----------------------------|---------------|-------------|-----------------------------|--------------------|
| Purpose of Travel  | Location                         | Type of Expense          |            |                            |               | Computation |                             |                    |
| Indicate the purpose of each trip or<br>type of trip (training, advisory<br>group meeting) | Indicate the travel destination. | Hotel, airfare, per diem | Compu      | e number of people         | ? traveling.  |             |                             |                    |
|  |                                  |                          | Cost       | Duration<br>or<br>Distance | # of<br>Staff | Total Cost  | Non-Federal<br>Contribution | Federal<br>Request |
| Mandatory CTAS Orientation   | Washington, DC                   | airfare                  | \$1,530.00 | 1                          | 2             | \$3,060     |                             | \$3,060            |
|  | Washington, DC                   | per diem                 | \$300.00   | 10                         | 2             | \$6,000     |                             | \$6,000            |
| BJA Training   | Washington, DC                   | airfare                  | \$1,530.00 | 1                          | 2             | \$3,060     |                             | \$3,060            |
|  | Washington, DC                   | per diem                 | \$300.00   | 10                         | 2             | \$6,000     |                             | \$6,000            |
|  |                                  |                          |            |                            | Total         | \$18,120    | \$0                         | \$18,120           |
| Narrative  |                                  |                          |            |                            |               |             |                             |                    |

OVK will attend 4 Mandated Technical Assistance Trainings. Travel costs were estimated based on 2 locations, Washington, DC per CTAS solicitation. Travel from Kake requires travel to Juneau first, which is \$330 Roundtrip. Cost of roundtrip airfare from Juneau to DC is \$1200.00 per person. Per diem is the

federal per diem rates listed on the GSA website for Washington DC.

| D. Equipment                |                                       |            |                                       |                  |                             |                    |
|-----------------------------|---------------------------------------|------------|---------------------------------------|------------------|-----------------------------|--------------------|
|                             | Item                                  |            | Computat                              | ion              |                             |                    |
| List and describe each iter | n of equipment that will be purchased | Compute th | e cost (e.g., the number of each iter | m to be purchase | d X the cost per iter       | n)                 |
|                             |                                       | # of Items | Cost                                  | Total Cost       | Non-Federal<br>Contribution | Federal<br>Request |
|                             |                                       |            | Total                                 | \$0              | \$0                         | \$0                |
| Narrative                   |                                       |            |                                       |                  |                             |                    |
| N/A                         |                                       |            |                                       |                  |                             |                    |
|                             |                                       |            |                                       |                  |                             |                    |
|                             |                                       |            |                                       |                  |                             |                    |
|                             |                                       |            |                                       |                  |                             |                    |
|                             |                                       |            |                                       |                  |                             |                    |
|                             |                                       |            |                                       |                  |                             |                    |

| Supply Items   |                                   | Computat  | ion        |                             |                    |  |
|--|-----------------------------------|---|------------|-----------------------------|--------------------|--|
| Provide a list of the types of items to be purchased with grant funds. | Describe the item and the         | compute the costs. Computation: <sup>-</sup><br>per item. | -          | ch item to be purch         | ased X the cos     |  |
|  | # of Items                        | Cost  | Total Cost | Non-Federal<br>Contribution | Federal<br>Request |  |
| 1 computer/printer/scanner   | 1                                 | \$2,500.00  | \$2,500    |                             | \$2,500            |  |
| Office furniture   | 1                                 | \$1,000.00  | \$1,000    |                             | \$1,000            |  |
| Outreach supplies for drugs and alcohol prevention                     | 1                                 | \$7,200.00  | \$7,200    |                             | \$7,200            |  |
|  | <b>Total</b> \$10,700 \$0 \$10,70 |   |            |                             |                    |  |

A computer, printer/fax will be purchased for the Coordinator to accommodate workload and type of programs to be used, as well as netork & internet ready.

Office furniture will be purchased. E.g. Desk, chair, locking file cabinets, printer stand, shelves.

The supplies needed for outreach/prevention for drugs & alcohol have been calculated out to \$200/mo. x 36 months. Consumables such as paper, printer supplies, pens, markers, posters, and educational/informative literature/pamphlets to give at public events. Costs have been calculated by using past activity costs for the similar activity in previous years. The ASAP Coordinator will be responsible for working with staff, including the Youth Program Coordinator, to develop program materials and arranging for guest speakers to present at 4 community events. These include Kake Day; the Choose Respect Event; Kake's Summer Culture Camps; and OVK's domestic violence awareness event.

Funds will be used to distribute fliers, posters and other awareness materials to churches, schools, stores and other public areas throughout the project period.

| F. Construction   |             |                                      |                  |                             |                    |
|---|-------------|--------------------------------------|------------------|-----------------------------|--------------------|
| List of Construction Activities                           |             | Computat                             | ion              |                             |                    |
| List and describe each item that is part of construction. | Compute the | costs (e.g., the number of each iter | m to be purchase | d X the cost per ite        | n)                 |
|   | # of Items  | Cost                                 | Total Cost       | Non-Federal<br>Contribution | Federal<br>Request |
| N/A   |             |                                      | \$0              |                             | \$0                |
|   |             | Total                                | \$0              | \$0                         | \$0                |
| Narrative   |             |                                      |                  |                             |                    |
|   |             |                                      |                  |                             |                    |

|   |   | ltem  |   |                            |               |                          |                             |                    |
|---|---|---|---|----------------------------|---------------|--------------------------|-----------------------------|--------------------|
| Provide a description of the producer of                                | or services to be procured by contract and<br>separate justification mu | an estimate of the costs. Appl<br>ıst be provided for sole source |   |                            | -             | free and open con        | npetition in awardii        | ng contracts.      |
|   |   |   |   |                            |               | Total Cost               | Non-Federal<br>Contribution | Federal<br>Request |
| Purpose of Travel   | Location  | Type of Expense   | Computation   |                            |               |                          |                             |                    |
| ndicate the purpose of each trip or<br>type of trip (training, advisory | Indicate the travel destination.  | Hotel, airfare, per diem  | Compute the cost of each type of expense X the number of people traveling |                            |               |                          |                             | traveling.         |
| group meeting)  |   |   |   |                            |               |                          |                             |                    |
| group meeting)  |   |   | Cost  | Duration<br>or<br>Distance | # of<br>Staff | Total Cost               | Non-Federal<br>Contribution |                    |
| group meeting)  |   |   | Cost  | or                         | -             | <b>Total Cost</b><br>\$0 |                             | Federal<br>Request |

| H. Other Costs   |            |                             |                    |
|--|------------|-----------------------------|--------------------|
| Description  |            |                             |                    |
| List and describe items that will be paid with grants funds. |            |                             |                    |
|  | Total Cost | Non-Federal<br>Contribution | Federal<br>Request |
| Chemical Dependency Counselor I Certification                | \$390      |                             | \$390              |
| Ethics Class   | \$132      |                             | \$132              |
| Confidentiality Class  | \$132      |                             | \$132              |
| Intro to Addictive Behavior                                  | \$332      |                             | \$332              |
| Assessment   | \$99       |                             | \$99               |
| Total  | \$1,085    | \$0                         | \$1,085            |
| Narrative  |            |                             |                    |

The ASAP Coordinator and Program Associate will earn certification in Chemical Dependency Counseling I, which requires payment to the Alaska Commission for Behavior Health. To qualify for certification, both staff will have to complete coursework, which is available through RADACT. Objective behavioral assessments will be conducted with each client in the ASAP using OAARS, Outcome Assessment And Reporting System. This is a brief, practical outcome tool for assessing treatment effectiveness for alcohol and substance abuse clients. It is available for purchase through The Change Companies.

| I. Indirect Costs  |                        |  |                  |                             |                    |
|--|------------------------|--|------------------|-----------------------------|--------------------|
| Description  |                        | Computat                               | ion              |                             |                    |
| Describe what the approved rate is and how it is applied.  | Compute th             | ne indirect costs for those portions o | f the program wh | nich allow such cost        | S.                 |
|  | Base                   | Indirect Cost Rate                     | Total Cost       | Non-Federal<br>Contribution | Federal<br>Request |
| Fixed Carryforward Indirect cost rate applied less pass-thru   | \$247,447              | 0.3696                                 | \$91,457         |                             | \$91,457           |
|  | •                      | Total                                  | \$91,457         | \$0                         | \$91,457           |
| Narrative  |                        |  |                  |                             |                    |
| telephone; administrative support from the Executive Director, his as individual programs but instead serving multiple programs. | ssistant, and bookkeep | per; custodial; audit; and othe        | er functions no  | ot readily identif          | ïable to an        |

| Т  | ribal Youth P  | Proara   | ım                           |                         |                                       |         |                    |              |           |
|--|--|--|------------------------------|-------------------------|---------------------------------------|---------|--------------------|--------------|-----------|
|  |  |  |                              |                         |                                       |         | Purp               | ose Area (9) |           |
| Program Office   |  |  |                              |                         |                                       |         | OJJDP              | 16.731       |           |
| Note: Non-Federal match is no  | ot required for this purpose                               | area but can                                     | be provided                  | if desire               | d.                                    |         |                    |              |           |
| A. Personnel   |  |  |                              |                         |                                       |         |                    |              |           |
| Name/Position Computation   List each position and name, if known. New positions may be grouped by type. Show annual salary rate & amount of time devoted to the project for each name/position. |  |  |                              |                         |                                       |         |                    |              |           |
|  |  | Salary Rate (# of hours days months % Total Cost |                              |                         |                                       |         | Federal<br>Request |              |           |
| Youth Program Coordinator  |  | 1  | \$36,868.00                  | yearly                  | 3                                     | 100%    | \$110,604          |              | \$110,604 |
|  |  |  |                              |                         | T                                     | otal(s) | \$110,604          | \$0          | \$110,604 |
| Narrative  |  |  |                              |                         |                                       |         |                    |              |           |
| The proposed program includ<br>acting as a liaison, or point-of<br>programs. The influence of th<br>violence, child abuse, bullying  | -contact between the Dome<br>is position will extend acros | estic Violence<br>as a range of                  | e Program, A<br>problem area | lcohol ar<br>as, incluc | d Substance Abuse Pr<br>ling domestic |         | -                  |              | -         |

| Type of Benefit   |                                  | Computat              | ion         |                             |                    |  |
|---|----------------------------------|-----------------------|-------------|-----------------------------|--------------------|--|
| List each grant-support fringe benefit that is provided to the grant-funded position. |                                  | Show the basis for co | omputation. |                             |                    |  |
|   | Base                             | Rate                  | Total Cost  | Non-Federal<br>Contribution | Federal<br>Request |  |
| Mandatory Fringe/Taxes ~ Soc. Security, medicare, FUTA, etc                           | \$110,604                        | 11.60%                | \$12,831    |                             | \$12,831           |  |
| Additional Fringe Benefits ~ medical, dental, life ins. & SEP                         | \$110,604 30.00%                 |                       | \$33,182    |                             | \$33,182           |  |
|   | <b>Total</b> \$46,013 \$0 \$46,0 |                       |             |                             |                    |  |

Mandatory fringes cover the above project employees for required employer contributions for social security, medicare, FUTA, state unemployment insurance, and worker's compensation insurance.

Additional fringe benefits apply per OVK personnel policies for employees working 30 or more hours per week and cover employer share for medical, dental & life insurance, and SEP retirement package.

| C. Travel  |                                  |                          |            |                            |                    |              |                             |                    |
|--|----------------------------------|--------------------------|------------|----------------------------|--------------------|--------------|-----------------------------|--------------------|
| Purpose of Travel  | Location                         | Type of Expense          |            |                            |                    | Computation  |                             |                    |
| Indicate the purpose of each trip or<br>type of trip (training, advisory<br>group meeting) | Indicate the travel destination. | Hotel, airfare, per diem | Compu      | te the cost oj             | e number of people | e traveling. |                             |                    |
|  |                                  |                          | Cost       | Duration<br>or<br>Distance | # of<br>Staff      | Total Cost   | Non-Federal<br>Contribution | Federal<br>Request |
| Mandatory CTAS Orientation   | Washington, DC                   | airfare                  | \$1,530.00 | 1                          | 2                  | \$3,060      |                             | \$3,060            |
|  | Washington, DC                   | per diem                 | \$300.00   | 12                         | 2                  | \$7,200      |                             | \$7,200            |
| Strategic Planning Session   | Washington, DC                   | airfare                  | \$1,530.00 | 1                          | 4                  | \$6,120      |                             | \$6,120            |
|  | Washington, DC                   | per diem                 | \$300.00   | 24                         | 4                  | \$28,800     |                             | \$28,800           |
| OJJDP training   | Washington, DC                   | airfare                  | \$1,530.00 | 1                          | 2                  | \$3,060      |                             | \$3,060            |
|  | Washington, DC                   | per diem                 | \$300.00   | 12                         | 2                  | \$7,200      |                             | \$7,200            |
|  |                                  | -                        |            |                            | Total              | \$55,440     | \$0                         | \$55,440           |
| Narrative  |                                  |                          |            |                            |                    |              |                             |                    |

The travel to the Washington D.C. is the mandatory CTAS orientation meeting required by OJJDP in year one. The Youth Coordinator & OVK fiscal staff member will attend the trainings/meetings, and the per diem amount is per the federal per diem guidelines.

The travel to Washington DC will be travel for a TYP-sponsored 3-day stragetic planning session. There will be a total of 4 travelers. Airfare & per diem amount according to the Federal Per Diem Guidelines.

The travel to Washington DC will be for a TYP-sponsored Training/Conference There is a total of 2 travelers attending. Airfare & per diem amount averaged by the Federal Per Diem Guidelines.

| D. Equipment  |  |  |       |            |                             |                    |  |
|---|--|--|-------|------------|-----------------------------|--------------------|--|
| Item  |  | Computation  |       |            |                             |                    |  |
| List and describe each item of equipment that will be purchased |  | Compute the cost (e.g., the number of each item to be purchased X the cost per item) |       |            |                             |                    |  |
|   |  | # of Items   | Cost  | Total Cost | Non-Federal<br>Contribution | Federal<br>Request |  |
|   |  |  | Total | \$0        | \$0                         | \$0                |  |
| Narrative   |  |  |       |            |                             |                    |  |
| N/A   |  |  |       |            |                             |                    |  |
|   |  |  |       |            |                             |                    |  |
|   |  |  |       |            |                             |                    |  |
|   |  |  |       |            |                             |                    |  |
|   |  |  |       |            |                             |                    |  |
|   |  |  |       |            |                             |                    |  |

| E. Supplies  |   |             |            |                             |                    |  |  |  |  |
|--|---|-------------|------------|-----------------------------|--------------------|--|--|--|--|
| <b>Supply Items</b><br>Provide a list of the types of items to be purchased with grant funds.  | Computation<br>Describe the item and the compute the costs. Computation: The number of each item to be purchased X the cos<br>per item. |             |            |                             |                    |  |  |  |  |
|  | # of Items Cost   |             | Total Cost | Non-Federal<br>Contribution | Federal<br>Request |  |  |  |  |
| 1 computer/printer/scanner   | 1   | \$2,500.00  | \$2,500    |                             | \$2,500            |  |  |  |  |
| Event supplies for community wide events for 3 years   | 1   | \$12,000.00 | \$12,000   |                             | \$12,000           |  |  |  |  |
| After school & weekend activity supplies   | 1   | \$14,400.00 | \$14,400   |                             | \$14,400           |  |  |  |  |
| <b>Total</b> \$28,900 \$0 \$   |   |             |            |                             |                    |  |  |  |  |
| Narrative     A computer, printer/fax will be purchased for the Coordinator to accommodate workload and type of programs to be used, as well as netork & internet ready.   |   |             |            |                             |                    |  |  |  |  |
| Money for supplies would go towards youth activities, include Drumming Circles, youth-oriented Talking Circles, sports, cookouts, cultural art projects, etc. For example, the YPC would organize the youth in producing a "When I am an Elder" video. This project involves young people from various communities around Alaska. The goal of the project is the creation of a short video featuring Alaska Native youth describing what they would like to see when they become elders in their communities. The videos are shown on YouTube to a worldwide audience. This program is available through the Alaska Network on Domestic Violence and Sexual Assault (ANDVSA).<br>Program materials, including T-shirts, would be developed with themes and images of sobriety that are appealing to youth. |   |             |            |                             |                    |  |  |  |  |
| The YPC will also be responsible for developing a list of guest speakers and presenters to attend Kake's community events. The outreach budget will allow the YPC to plan for speakers or teachers to fly in for presentations and activities.   |   |             |            |                             |                    |  |  |  |  |

The supplies needed for outreach/prevention for drugs & alcohol & activities have been calculated out to \$100/mo. x 4 activities per mo. x 36 months. This

Includes the shipping that is higher to AK than if we lived in the contiguous US. Consumables such as paper, printer supplies, pens, markers, posters, and educational/informative literature/pamphlets to give at public events. Costs have been calculated by using past activity costs for the similar activity in previous years.

| F. Construction   |   |       |            |                             |                    |  |  |
|---|---|-------|------------|-----------------------------|--------------------|--|--|
| List of Construction Activities                           | Computation   |       |            |                             |                    |  |  |
| List and describe each item that is part of construction. | Compute the costs (e.g., the number of each item to be purchased X the cost per item) |       |            |                             |                    |  |  |
|   | # of Items  | Cost  | Total Cost | Non-Federal<br>Contribution | Federal<br>Request |  |  |
| N/A   |   |       | \$0        |                             | \$0                |  |  |
|   |   | Total | \$0        | \$0                         | \$0                |  |  |
| Narrative   |   |       |            |                             |                    |  |  |
|   |   |       |            |                             |                    |  |  |
|   |   |       |            |                             |                    |  |  |
|   |   |       |            |                             |                    |  |  |
|   |   |       |            |                             |                    |  |  |
|   |   |       |            |                             |                    |  |  |
|   |   |       |            |                             |                    |  |  |
|   |   |       |            |                             |                    |  |  |
|   |   |       |            |                             |                    |  |  |
|   |   |       |            |                             |                    |  |  |
|   |   |       |            |                             |                    |  |  |
|   |   |       |            |                             |                    |  |  |

|   |   | Item  |             |  |       |                          |                             |                       |
|---|---|---|-------------|--|-------|--------------------------|-----------------------------|-----------------------|
| Provide a description of the producer of  | or services to be procured by contract and c<br>separate justification mu | an estimate of the costs. Appl<br>Ist be provided for sole source |             |  | -     | free and open cor        | npetition in awardii        | ng contracts.         |
|   |   |   |             |  |       | Total Cost               | Non-Federal<br>Contribution | Federal<br>Request    |
| Purpose of Travel   | Location  | Type of Expense   | Computation |  |       |                          |                             |                       |
| ndicate the purpose of each trip or<br>type of trip (training, advisory<br>group meeting) | Indicate the travel destination.  | Hotel, airfare, per diem  | Сотрі       | Compute the cost of each type of expense X the number of people traveling. |       |                          |                             | traveling.            |
|   |   |   |             | Duration   | # of  |                          | Non-Federal                 | Federal               |
|   |   |   | Cost        | or<br>Distance   | Staff | Total Cost               | Contribution                | Request               |
|   |   |   | Cost        | •.   | -     | <b>Total Cost</b><br>\$0 |                             | <b>Request</b><br>\$0 |

|           | Description  |            |                             |                    |
|-----------|--|------------|-----------------------------|--------------------|
|           | List and describe items that will be paid with grants funds. |            |                             |                    |
|           |  | Total Cost | Non-Federal<br>Contribution | Federal<br>Request |
|           | Total  | \$0        | \$0                         | \$0                |
| Narrative |  |            |                             |                    |
|           |  |            |                             |                    |
|           |  |            |                             |                    |
|           |  |            |                             |                    |
|           |  |            |                             |                    |
|           |  |            |                             |                    |

| I. Indirect Costs   |  |                                |                 |                             |                    |  |  |
|---|--|--------------------------------|-----------------|-----------------------------|--------------------|--|--|
| Description   | Computation  |                                |                 |                             |                    |  |  |
| Describe what the approved rate is and how it is applied.   | Compute the indirect costs for those portions of the program which allow such costs. |                                |                 |                             |                    |  |  |
|   | Base   | Indirect Cost Rate             | Total Cost      | Non-Federal<br>Contribution | Federal<br>Request |  |  |
| Fixed Carryforward Indirect cost rate applied less pass-thru  | \$240,957  | 0.3696                         | \$89,058        |                             | \$89,058           |  |  |
|   |  | Total                          | \$89,058        | \$0                         | \$89,058           |  |  |
| Narrative   |  |                                |                 |                             |                    |  |  |
| telephone; administrative support from the Executive Director, his as<br>individual programs but instead serving multiple programs. | sistant, and bookkeep  | er; custodial; audit; and othe | er functions no | ot readily identif          | iable to an        |  |  |