

# 2017 INNOVATION GRANTS APPLICATION

#### **Indigent Defense Innovation Grants**

The Michigan Indigent Defense Commission (MIDC) has a mandate to develop minimum standards for indigent criminal defense services and to identify and encourage best practices for delivering the effective assistance of counsel. The MIDC is pleased to announce the availability of limited grant funds for local governments that fund trial courts to initiate projects that address best practices, improvements, or innovations to the local delivery of indigent defense services. Grants will be awarded up to \$80,000 for one year beginning October 1, 2017.

Grant proposals that include the following ideas will be strongly considered:

- Demonstrate new ideas or approaches to the local delivery of indigent defense services
- 2. Have potential for independent and financial continuity
- Demonstrate community support, collaboration, partnership and links with other entities doing similar work
- 4. Have potential for applicability or replication in other parts of the state
- 5. Avoid duplication of service
- 6. Include a meaningful evaluation component
- 7. Examine a practice or program in another jurisdiction that the applicant is interested in replicating

Application materials are available at <a href="www.michiganidc.gov">www.michiganidc.gov</a> and must be submitted electronically to <a href="mailto:opportunities@michiganidc.gov">opportunities@michiganidc.gov</a> no later than July 28, 2017. Decisions on grant applications will be made by August 18, 2017. At its discretion, the MIDC may request supplementary information or documents related to the application and make on-site visits or request grantees to appear at a MIDC meeting. MIDC funds must be spent only as directed in the notification of award. Variances in the project, timeline, budget or grant conditions must be approved in writing in advance by the MIDC.

Grant recipients must provide the MIDC a final written report, and interim reports if requested, and copies of all materials at the conclusion of the project. All inquiries about the proposed projects or the application process can be directed by email to <a href="mailto:opportunities@michiganidc.gov">opportunities@michiganidc.gov</a> or by phone at 517-657-3066.

## MICHIGAN INDIGENT DEFENSE COMMISSION 200 N. WASHINGTON SQUARE, LANSING, MI 48913 (517) 657-3066 WWW.MICHIGANIDC.GOV

## **Grant Application**

Date of application			
Name of Applicant(s)			
Address		_ City	
StateZip			
Web site address			
Project Contact and Title			
Phone	Fax	_	
Email Address			
Geographic area served			
Grant funds requested \$	Payable to		
Financial Contact and Title			
E-mail address		Phone	
Tax ID No.:			

#### **Summary of Grant Request**

Please write a brief summary of the grant request <u>in 125 words or less</u>. Include **WHY** the funds are needed and **WHAT** they will be used for specifically (e.g. consultant fees, amount of staff time, type of technology, supplies, other).

### **Project Description**

1.	tle of project:					
2.	nticipated beginning date:					
3.	nticipated end date:					
4.	Please describe the following elements of your proposal.  Provide a separate response for each item; do not combine these answers in a long narrative.					
	List the local governments that will be served by the grant activities.					
	) List the goals and measurables of the proposed project.					
	List the anticipated outcomes and evaluation process of the project.					
	) List the materials or resources to be developed during this project.					
	Please list and describe the major activities and timeline of the project.					
Ma	r Activity Timeline					

Nama/Title of Vov Staff	Qualifications	
Name/Title of Key Staff	Qualifications	
g) Please describe the supp	oort this project has from other individuals o	or organizations in your
community. (Answer eve	en if letters of support are attached.)	
was wissations / Insalindadonal	December Comment	Latter Attack
organization / Individual	Describe Support	Letter Attache
organization / Individual	Describe Support	Letter Attache
rganization / Individual	Describe Support	Letter Attache
rganization / Individual	Describe Support	Letter Attache
rganization / Individual	Describe Support	Letter Attache
rganization / Individual	Describe Support	Letter Attache
	Describe Support	
h) Please list any organizati		
h) Please list any organizati	ions collaborating on this project and describ	
h) Please list any organization Collaborating	ions collaborating on this project and describ	
h) Please list any organizati	ions collaborating on this project and describ	
h) Please list any organizati	ions collaborating on this project and describ	

#### **Financial Information**

Please complete the form below to reflect the project's estimated budget detailed by major line items. Include only direct needs for this project under the column heading MIDC funds. Travel expenses will be reimbursed at current State of Michigan travel rates.

Category	MIDC funds	Applicant funds	Other funds	In-kind support	Project Total
Personnel: Existing New					
Employee benefits					
Consultant or contractual fees					
Travel					
Supplies					
Other (specify)					
Total					

For all items in the above chart, please provide additional narrative and calculation detail. (i.e. hours and hourly rates, fringe benefit rates, consultant or contractual employee rates and hours, types of supplies and pricing).

#### For personnel costs:

List All Grant Funded Positions	Existing Position	New Position	Anticipated time spent on grant activities

1.	Please attach and/or describe multiple or competitive bids related to the project, if any. If multiple
	bids were not obtained, describe how you know key costs in your project are as low as possible (i.e
	existing funding unit contract for supplies or services).

2. Please list any other anticipated funding sources for this project by name and anticipated amount.