

# REQUEST FOR CONCEPT APPROVAL

---

## SECTION I: Identifying Information

DJJ Unit Applying: \_\_\_\_\_ Date Initiated \_\_\_\_\_  
Applicant's Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Signature of Applicant's Unit Head: \_\_\_\_\_  
**Deadline for Submitting Proposal to Funding Source:** \_\_\_\_\_

---

## SECTION II: Type of Sponsorship (select only one of three)

- Locally sponsored grant: \_\_\_\_\_  
(Name of locality acting as fiscal agent)
- Locally sponsored grant requesting future DJJ support: \_\_\_\_\_  
(Name of locality acting as fiscal agent)
- DJJ sponsored grant: Is a local waiver required?  No  Yes  
If required, has it been obtained?  No  Yes
- 

## SECTION III: Technical Assistance Requested from DJJ

Check all that apply:  grant application instructions;  review of proposal draft;  data;  budget;  
 other (explain): \_\_\_\_\_

---

## SECTION IV: Project Description

Project Name: \_\_\_\_\_  
Funding Source: \_\_\_\_\_  
Estimated Cost: \_\_\_\_\_ Projected No. of Years: \_\_\_\_\_  
Match Requirements: \_\_\_\_\_ When Required? \_\_\_\_\_  
Who Will Provide Match? \_\_\_\_\_  
Target Population: \_\_\_\_\_  
Funding Source Priorities Addressed? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Outcomes to be Achieved? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUEST FOR CONCEPT APPROVAL**

---

Brief Description of Methods to be Used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List defined roles and responsibilities of the DJJ unit in the grant proposals development and the projects implementation: \_\_\_\_\_  
\_\_\_\_\_

---

**SECTION V: Concept Paper Approvals**

**1. Authority over the applicant unit** - Regional Administrator, Chief of Operations, or Deputy Director

Approved     Disapproved

Reviewer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**2. Deputy Director for Community Programs**

Approved     Disapproved

Reviewer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**3. Deputy Director for Institutions**

Approved     Disapproved

Reviewer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**4. Deputy Director of Administration and Finance**

Approved     Disapproved

Reviewer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**5. Chief Deputy**

Approved     Disapproved

Reviewer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**6. DJJ Director**

Approved     Disapproved

Reviewer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_