

# Grant Application Package

Opportunity Title:	NIJ FY 14 Research on Offender Decision-Making and Desi
Offering Agency:	National Institute of Justice
CFDA Number:	16.560
CFDA Description:	National Institute of Justice Research, Evaluation, and
Opportunity Number:	NIJ-2014-3752
Competition ID:	
Opportunity Open Date:	02/19/2014
Opportunity Close Date:	05/05/2014
Agency Contact:	For assistance with any other requirements of this solicitation, contact Joel Hunt, Social Science Analyst, by telephone at (202) 616-8111, or by e-mail at Joel.Hunt@usdoj.gov. General information on applying for NIJ awards can be found at <a href="http://www.nij.gov/funding/Pages/welcome.aspx">www.nij.gov/funding/Pages/welcome.aspx</a> . Answers to frequently asked

I will be submitting applications on my behalf, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: 140012\_Recidivism and Desistance

## Select Forms to Complete

### Mandatory

[Application for Federal Assistance \(SF-424\)](#)

[Protection of Human Subjects](#)

[Key Contacts](#)

### Optional

[Attachments](#)

## Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

**Application for Federal Assistance SF-424**

* 1. Type of Submission:		* 2. Type of Application:		* If Revision, select appropriate letter(s):	
<input type="checkbox"/> Preapplication		<input checked="" type="checkbox"/> New		<input type="text"/>	
<input checked="" type="checkbox"/> Application		<input type="checkbox"/> Continuation		* Other (Specify):	
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision		<input type="text"/>	
* 3. Date Received:		4. Applicant Identifier:			
<input type="text"/> Completed by Grants.gov upon submission.		<input type="text"/>			
5a. Federal Entity Identifier:			5b. Federal Award Identifier:		
<input type="text"/>			<input type="text"/>		
<b>State Use Only:</b>					
6. Date Received by State:		7. State Application Identifier:			
<input type="text"/>		<input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>					
* a. Legal Name: <input type="text"/> The University of North Carolina at Greensboro					
* b. Employer/Taxpayer Identification Number (EIN/TIN):			* c. Organizational DUNS:		
<input type="text"/> 56-6001468			<input type="text"/> 6161525670000		
<b>d. Address:</b>					
* Street1:	<input type="text"/> 1111 Spring Garden Street				
Street2:	<input type="text"/> Suite 2601, Room 2702 MHRA Building				
* City:	<input type="text"/> Greensboro				
County/Parish:	<input type="text"/> Guilford				
* State:	<input type="text"/> NC: North Carolina				
Province:	<input type="text"/>				
* Country:	<input type="text"/> USA: UNITED STATES				
* Zip / Postal Code:	<input type="text"/> 27412-5013				
<b>e. Organizational Unit:</b>					
Department Name:			Division Name:		
<input type="text"/> Office of Sponsored Programs			<input type="text"/> ORED		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
Prefix:	<input type="text"/>	* First Name:	<input type="text"/> Valera		
Middle Name:	<input type="text"/> T.				
* Last Name:	<input type="text"/> Francis				
Suffix:	<input type="text"/> Ph.D				
Title:	<input type="text"/> Director, Office of Sponsored Programs				
Organizational Affiliation:					
<input type="text"/>					
* Telephone Number:	<input type="text"/> 336-334-5878	Fax Number:	<input type="text"/> 336-334-3140		
* Email:	<input type="text"/> research@uncg.edu				

**Application for Federal Assistance SF-424**

**\* 9. Type of Applicant 1: Select Applicant Type:**

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

**\* 10. Name of Federal Agency:**

National Institute of Justice

**11. Catalog of Federal Domestic Assistance Number:**

16.560

CFDA Title:

National Institute of Justice Research, Evaluation, and Development Project Grants

**\* 12. Funding Opportunity Number:**

NIJ-2014-3752

\* Title:

NIJ FY 14 Research on Offender Decision-Making and Desistance From Crime

**13. Competition Identification Number:**

Title:

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

Add Attachment

Delete Attachment

View Attachment

**\* 15. Descriptive Title of Applicant's Project:**

The Psychology Behind Recidivism and Desistance Rates in Second Generation Immigrants.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424**

**16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date:

\* b. End Date:

**18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="300,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="300,000.00"/>

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes  No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

**21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:  \* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:

\* Telephone Number:

Fax Number:

\* Email:

\* Signature of Authorized Representative:

\* Date Signed:

**Protection of Human Subjects**  
**Assurance Identification/IRB Certification/Declaration of Exemption**  
**(Common Rule)**

OMB No. 0990-0263  
Approved to use through 11/30/2008

*Policy:* Research activities involving human subjects may not be conducted or supported by the Departments and Agencies adopting the Common Rule (56FR28003, June 18, 1991) unless the activities are exempt from or approved in accordance with the Common Rule. See section 101(b) of the Common Rule for exemptions. Institutions submitting applications or proposals for support must submit certification of appropriate Institutional Review Board (IRB) review and approval to the Department or Agency in accordance with the Common Rule.

Institutions must have an assurance of compliance that applies to the research to be conducted and should submit certification of IRB review and approval with each application or proposal unless otherwise advised by the Department or Agency.

- \* 1. Request Type  ORIGINAL  CONTINUATION  EXEMPTION
- \* 2. Type of Mechanism  GRANT  CONTRACT  FELLOWSHIP  COOPERATIVE AGREEMENT  OTHER: \_\_\_\_\_

\* 3. Name of Federal Department or Agency

National Institute of Justice

if known, Application or Proposal Identification No.

\* 4. Title of Application or Activity

The Psychology Behind Recidivism and Desistance Rates in Second Generation Immigrants.

5. Name of Principal Investigator, Program Director, Fellow, or Other

Prefix: \_\_\_\_\_ \* First Name: Valera

Middle Name: T.

\* Last Name: Francis

Suffix: Ph.D

\* 6. Assurance Status of this Project (Respond to one of the following)

- This Assurance, on file with Department of Health and Human Services, covers this activity:  
Assurance Identification No. \_\_\_\_\_, the expiration date \_\_\_\_\_  
IRB Registration No. \_\_\_\_\_
- This Assurance, on file with \* (agency/dept) \_\_\_\_\_,  
covers this activity. Assurance No. \_\_\_\_\_, the expiration date \_\_\_\_\_  
IRB Registration/Identification No. \_\_\_\_\_ (if applicable)
- No assurance has been filed for this institution. This institution declares that it will provide an Assurance and Certification of IRB review and approval upon request.
- Exemption Status: Human subjects are involved, but this activity qualifies for exemption under Section 101(b), paragraph \_\_\_\_\_

7. Certification of IRB Review (Respond to one of the following IF you have an Assurance on file)

- This activity has been reviewed and approved by the IRB in accordance with the Common Rule and any other governing regulations.  
by:  Full IRB Review on (date of IRB meeting) \_\_\_\_\_ or  Expedited Review on (date) \_\_\_\_\_  
 If less than one year approval, provide expiration date \_\_\_\_\_
- This activity contains multiple projects, some of which have not been reviewed. The IRB has granted approval on condition that all projects covered by the Common Rule will be reviewed and approved before they are initiated and that appropriate further certification will be submitted.

8. Comments

9. The official signing below certifies that the information provided above is correct and that, as required, future reviews will be performed until study closure and certification will be provided.

\* 10. Name and Address of Institution

\* Street1:

Street2:

\* City:

County:

\* State:

\* Zip Code:

\* Country:

Department Name:

Division Name:

\* 11. Phone No. (with area code)

12. Fax No. (with area code)

\* 13. Email:

14. Name of Official

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* 15. Title

\* 16. Signature

\* 17. Date

## Key Contacts Form

**\* Applicant Organization Name:**

The University of North Carolina at Greensboro

Enter the individual's role on the project (e.g., project manager, fiscal contact).

**\* Contact 1 Project Role:** Principal Investigator

Prefix:

**\* First Name:** Craig

Middle Name: T.

**\* Last Name:** Nelson

Suffix: Ph.D.

Title: Senior Research Scientist

Organizational Affiliation:

**\* Street1:** 1202 Spring Garden Street

Street2: 241 Mossman Building

**\* City:** Greensboro

County:

**\* State:** NC: North Carolina

Province:

**\* Country:** USA: UNITED STATES

**\* Zip / Postal Code:** 27412

**\* Telephone Number:** 336-334-5596

Fax: 336-334-4424

**\* Email:** ctnelson@uncg.edu

Next Person