NORTH Dakota

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NOTICE OF FUNDING OPPORTUNITY

The North Dakota Department of Corrections and Rehabilitation is announcing a funding opportunity for the FY 2026 **Correctional Facility Grant Program (CFGP)**

Performance Period:
- January 1, 2026, through December 31, 2026

IMPORTANT DATES

CFGP Grant Solicitation:
- September 1, 2025, through October 15, 2025

CFGP Grant Application Due:
- October 15, 2025 @ 11:59pm

CONTACT INFORMATION

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NORTH Dakota

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CONTACT INFORMATION

GRANTEE FACILITY	CONTACT INFORMATION	
North Dakota Department of Corrections and Rehabilitation (ND DOCR)	CFGP Programs P.O. BOX 1898 Bismarck, ND 58502-1898 Phone: (701) 328-6220 DOCRgrants@nd.gov	
GRANT PROGRAM STAFF	**NAME**	**CONTACT INFORMATION**
Commissioner of Recovery and Reentry	Jonathan Holth	Jholth@nd.gov
ND DOCR Reentry Manager	Robyn Schmalenberger	rschmalenberger@nd.gov
WEB-BASED GRANT MANAGEMENT SYSTEM	**CONTACT INFORMATION**	
COSMOS	https://apps.nd.gov/docr/cosmos/menu/	
SUBGRANTEE DOCR WEBSITE	**CONTACT INFORMATION**	
ND DOCR Grants/Funding website	https://www.docr.nd.gov/grantsfunding	

INTRODUCTION

The North Dakota Department of Corrections and Rehabilitation (ND DOCR) will be awarding up to $1.5 million for the Correctional Facility Grant Program. There will only be **ONE** grant applications open in COSMOS under this solicitation. Accordingly, there will only be **ONE** award offer to each correctional facility application that is approved.

This Notice of Funding Opportunity provides information and guidance for the **Correctional Facility Grant Program**.

The performance period begins January 1, 2026, and ends December 31, 2026. All facility and general eligibility requirements outlined below must be met before applicants may apply. Proof of meeting these requirements is part of the application process.

Correctional Facility Grant Program funding is meant to provide correctional facilities with a source of funding to help create or sustain programs by offering direct services to individuals currently incarcerated in county, regional, or tribal correctional facilities located in North Dakota, as well as individuals who have been released from such facilities within the past 60 days, which also may cover personnel and operational expenses.

The ND DOCR will make every effort to continue funding correctional facilities that remain both eligible and effective in providing individuals currently incarcerated in county, regional, or tribal correctional facilities located in North Dakota, as well as individuals who have been released from such facilities within the past 60 days, from year to year. However, agencies must show evidence of their eligibility and effectiveness each year in the application process. The ND DOCR does not guarantee any correctional facility will continue to receive funding from one year to the next. All awards are subject to the availability of appropriated funds and any modifications or additional requirements that may be imposed by State law. The ND DOCR will offer prioritization of funding to applicants who currently do not have existing evidence-based programming. The award funding opportunity uses a scoring-based model to determine award allocations.

Applicants will be scored in the areas of how the funding will fill a need in their region, identified community partners, sustainability, ability to capture and report data, and innovation.

ELIGIBILITY REQUIREMENTS

ELIGIBLE APPLICANT REQUIREMENTS:
- Eligible applicants include county, regional, or tribal correctional facilities operating within the state of North Dakota.

ADDITIONAL SOURCES OF FUNDING:
Each facility that is applying must have additional sources of funding for FY 2026 and every year following. CFGP funding is not guaranteed, and we want to ensure all of our subrecipients can maintain their programs after start up and most importantly support reentry of incarcerated individuals.

PROGRAM REQUIREMENTS

Target Population:
Eligible participants include individuals currently incarcerated in county, regional, or tribal correctional facilities located in North Dakota, as well as individuals who have been released from such facilities within the past 60 days

Program Design:
Proposals must describe the evidence-based programming and services applicants intend to expand or implement in their correctional facility, the target population, the modality in which it will be provided, and who will provide or facilitate the programming

Allowable Activities:
Case management and discharge planning
Educational services
Vocational/job skills training
Substance use treatment
Mental Health or Trauma-Informed Services
Cognitive behavioral programming
Parenting or family reunification programs
Reentry planning and services
Life skills and financial literacy
Peer support or mentorship programs

APPLICATION PROCESS

COSMOS GRANT MANAGEMENT SYSTEM:
All applicants shall utilize COSMOS to review the application documents and apply for the CFGP. Applicants will be required to acknowledge acceptance of the Subrecipient Agreement by electronic signature. Subrecipients will also utilize COSMOS to submit reimbursement requests and required reports per the Reporting Schedule. Training is essential for system access, grant application, fiscal management and reporting in the COSMOS system. COSMOS on-line training is available on the ND DOCR Services website at https://www.docr.nd.gov/grantsfunding

Access the COSMOS system and download all the application documents. It is expected that all subrecipients will read and understand the requirements outlined in this document.

The list of documents outlined below shall accompany, as applicable, and be attached to all applications for the CFGP Grant. Also, the Certifications as outlined in the next section must also be submitted with each CFGP Grant application. Failure to submit a complete application may result in an application being rejected or denied.

APPLICATION DOCUMENTS

The following documents must be submitted with each application:

Budget Narrative	Required for all applicants
Budget Detail	Required for all applicants
Job descriptions for CFGP paid staff/volunteers/ contracted staff	Required for all applicants if requesting Salaries and Wages/Fringe Benefits; Contractual Services
Letter(s) of Support or Memorandum of Understanding (MOU):	Required for all applicants if partnering with outside entities and have Memorandum of Understanding (MOU)

BUDGET NARRATIVE:
The Budget Narrative within COSMOS is limited on space. Therefore, each subgrantee will be required to complete for approval a Budget Narrative sheet. This can be a Word document, there is no specific template. The Budget Narrative needs to match the Budget Detail.

BUDGET DETAIL:
The detailed budget outline will be required for all applicants. When preparing your budget, each facility will need to have an allocation basis for how they arrive at the figures in the budget.

Budget Categories – The following budget categories are allowable for this grant:
    Salaries and Wages – FTE Staff Professionals; Fringe Benefits; Contractor(s).
    Operating Expenses – Professional Development (Training); Supplies; Travel (includes Mileage); and Other (e.g., participant incentives).

Complete the "Budget Detail worksheet" template provided in COSMOS grant application. If requesting salaries for Salaries and Wages, the FTE Staff Professionals Detail (example below) must be completed.

Category	Description	Amount ($)
Salaries and Wages: FTE Staff Professionals	*List each staff member by title and briefly describe their role in the project. See Personnel Detail section below.*	
Fringe Benefits	*Include benefits such as health insurance, FICA, retirement, etc., associated with personnel.*	
Contractor(s)	*List services to be provided by a third-party contractor or consultant. Include purpose and cost.*	
Professional Development (Training)	*List in-state or virtual training essential to implementing the project*	
Supplies	*Include office supplies, software, educational materials, etc. Itemize if necessary.*	
Travel	*Specify the purpose of travel, destination, number of trips, number of travelers, and estimated costs.*	
Other	*Include expenses not covered in the categories above. Clearly explain the necessity.*	
Total		$_____

FTE Staff Professionals Detail:

Name	Brief Description of Position	Time Devoted to Grant
Example: Jane Smith	*Jane provides services to the program participants by providing reentry resources for them and coordinating services upon release .*	*25%*

JOB DESCRIPTIONS FOR CFGP PAID STAFF/VOLUNTEERS/CONTRACTORS:
Provide current staff, job titles, and job descriptions for positions that may be CFGP funded. Job descriptions shall be specific to the individual and only include allowable activities to be supported with CFGP funds.

LETTER(S) OF SUPPORT OR MEMORANDUM OF UNDERSTANDING (MOU):
A letter of support or Memorandum of Understanding with partnering agencies or community organizations should be included if partnering with external agencies or community organizations for this grant project.

Identify the facility and provide a brief history of the collaborative relationship, including when and under what circumstances the relationship began.

1. Clearly state the roles and responsibilities each facility will assume to ensure the success of the proposed project.
2. Demonstrate the capacity of the grant-funded staff to successfully implement project activities.
3. Describe the resources each partner would contribute to the project, either through time, in-kind contributions, or grant funding.
4. Demonstrate a commitment to work together to achieve stated project goals and objectives.

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APPLICATION QUESTIONS

Q01   What is your facility capacity?

Q02   What is your facility's Average Daily Population (ADP)?

Q03   What is your facility's Security Levels Housed? (i.e., Minimum, Medium, Maximum, Other-
provide explanation)

Q04   What is your facility's Average Length of Stay for Inmates? Indicate one of the following:

Less than 30 days; 30-90 days; 90-180 days; or More than 180 days.

Q05   What type(s) of programming would you use grant funding to implement or expand?
(Indicate all that apply)   A: Educational (e.g., GED, literacy, adult basic education) B:
Vocational/job skills training C: Substance use treatment D: Mental health or trauma-
informed services E: Cognitive-behavioral programs F: Parenting or family reunification
programs G: Reentry planning and services H: Life skills and financial literacy I: Peer
support or mentorship programs J: Case Management K: Other (explain)

Q06   Briefly describe the proposed program(s), including format (e.g., in-person, virtual, group,
individual).

Q07   Who will provide or facilitate the programming? Indicate all from this list that will provide
the programing. A: Jail staff B: Community based providers C: Volunteers; Contractor D:
Other (explain)

Q08   What are the primary reasons your jail is seeking programming funds? (Indicate all that apply) A:
Lack of existing programs B: Gaps in mental health or substance use services C: High rates of
recidivism or return to custody D: Limited staff or community capacity E: Safety and behavior
management F: Legal or policy compliance G: Other (explain)

Q09   Describe the specific needs of your jail population that this programming will address?

Q10   How will this program reduce recidivism or improve reentry outcomes for inmates?

Q11   How many inmates do you expect to serve monthly with this programming?

Q12   What amount of grant funding are you requesting (up to your estimated need)?

Q13   Briefly describe how grant funds will be used. A: Personnel
B: Program materials/curriculum
C: Technology or equipment
D: Transportation
E: Contracted services
F: Other (provide explanation)
Provide explanation for each of these items that funding is being requested.

Q14   How will the program be sustained after the grant period ends?
A: Additional county funding
B: Partner agency support

C: Continued grants/fundraising
D: To be determined
E: Other (provide explanation)

Q15   Does your facility have available space for programming? If No, please explain.

Q16   Will you and/or your program partners be able to clearly capture data from the program to report on success metrics and outcomes? Please explain.

Q17   Estimated program start date (if funded):

Q18   Please provide any additional information that would strengthen your request or clarify your needs.

Q19   Who will sign your contract? Please provide their name, title, and contact information.

APPLICATION TIMETABLE

These dates are approximate and provide subrecipients with an estimated timeline regarding the application approval/denial process.

APPLICATION REVIEW AND GRANT AWARDS TIMELINE	ACTIVITY
September 1, 2025	CFGP Grant Solicitation Released
October 15, 2025	Applications Due in COSMOS
October 16- October 31, 2025	Applications reviewed by Correctional Facility Grant Program Committee
November 1, 2025	Award Decisions made and Award Information released
January 1, 2026	Period of performance begins

REPORTING SCHEDULE

PERFORMANCE PERIOD: January 1, 2026 – December 31, 2026

All subrecipients shall submit required statistical and narrative data for the CFGP Grant when the grant in a Closeout Report. Subrecipients shall upload the Closeout Report into the COSMOS Filing Cabinet.

Reimbursement requests must be submitted monthly by the 15th of the following month to reimburse the prior month. Reimbursement requests are done through COSMOS.

DUE DATE	TYPE OF REPORT	DOCUMENTATION	WHERE TO SUBMIT
15th day of the month. *(Must be submitted monthly, at a Minimum)*	**Reimbursement Requests**	Your facility is required to maintain individual receipts for a period of **six years**	**COSMOS** **https://apps.nd.gov/docr/cosmos/menu/**
04/15/2026	**1st Quarterly Performance Measures Report**	Demographic and service information for the period of 1/1/2026 - 03/31/2026 Submitted in COSMOS (Excel template worksheet)	**COSMOS** **https://apps.nd.gov/docr/cosmos/menu/**

07/15/2026	**2nd Quarterly Performance Measures Report**	Demographic and service information for the period of 04/01/2026 - 06/30/2026 Submitted in COSMOS (Excel template worksheet)	**COSMOS** **https://apps.nd.gov/docr/cosmos/menu/**
10/15/2026	**3rd Quarterly Performance Measures Report**	Demographic and service information for the period of 07/01/2026 - 09/30/2026 Submitted in COSMOS (Excel template worksheet)	**COSMOS** **https://apps.nd.gov/docr/cosmos/menu/**
1/15/2026	**4th Quarterly Performance Measures Report**	Demographic and service information for the period of 10/1/2026 - 12/31/2026 Submitted in COSMOS (Excel template worksheet)	**COSMOS** **https://apps.nd.gov/docr/cosmos/menu/**
01/15/2027	**Closeout Report**	Demographic and service information for the period of 1/1/2026 - 12/31/2026 Submitted in COSMOS	**COSMOS** **https://apps.nd.gov/docr/cosmos/menu/**

REIMBURSEMENT REQUESTS

Reimbursement Requests are required to be submitted <u>once per month</u>. Failure to submit per the required schedule may result in sanctions as detailed below in the Subrecipient Non-Compliance. Reimbursement Requests are due on the 15th day of each month.

Clear and concise documentation will be required when submitting reimbursement requests. The ND DOCR must be able to easily reconcile the documents submitted with the dollar amount requested. **IF APPLICABLE, PLEASE INCLUDE YOUR CALCULATIONS FOR CFGP ALLOCATION REIMBURSEMENTS (I.E., SALARY, FRINGE, ETC.), AS WE ARE AWARE YOU MAY BE IN RECEIPT OF MULTIPLE FUNDING SOURCES.**

The ND DOCR understands there are many different accounting systems in use by subrecipients. At this time the ND DOCR is not mandating the use of specific forms for submitting reimbursement requests. However, as a best practice, subrecipients are encouraged to use the Subrecipient Reimbursement Request Template, which can be downloaded from https://www.docr.nd.gov/grantsfunding. If a subrecipient chooses not to use the Subrecipient Reimbursement Request Template, the same information must be provided.

Receipts will be required for all expenses submitted and must include a notation on the receipt indicating what portion is being claimed under CFGP **(please include your calculation as well)** and what budget category the expense is for. <u>Employee timesheets **will be required**</u> if requesting Personnel/Salary or Fringe

reimbursements. Timesheet templates for Salary and Hourly employees at https://www.docr.nd.gov/grantsfunding under Supplemental Information.

QUARTERLY PERFORMANCE MEASURES REPORT

FAILURE TO SUBMIT QUARTERLY PERFORMANCE REPORTS, PER THE REQUIRED SCHEDULE, MAY RESULT IN SANCTIONS AS DETAILED BELOW IN SUBRECIPIENT NON-COMPLIANCE.

The Quarterly Performance Measures report will be submitted through an Excel spreadsheet template on a quarterly basis into COSMOS. The following data and information will be collected and submitted by the subgrantee quarterly for the Quarterly Performance Measures Report. The Quarterly Performance Measure Report will be available on the ND DOCR website at https://www.docr.nd.gov/grantsfunding

Correctional Facility Grant Program – 2026
Quarterly Performance Measurement Reporting
January 1 through March 31, 2026

PROGRAM TYPE	Enter X in column if Program for CFGP grant	Baseline Number of Inmates Engaged in Each Reentry Program (as of Jan. 1, 2026)	Number of eligible inmates enrolled in each program for this quarter	Number of inmates offered access to each program this quarter	Number of individuals completing programming or services this quarter	Percentage of eligible inmates enrolled in each program (Leave blank - percentage will calculate)
Educational (GED, literacy, basic ed.)						#DIV/0!
Vocational/job skills training						#DIV/0!
Substance use treatment						#DIV/0!
Mental health/trauma-informed services						#DIV/0!
Cognitive-behavioral programs						#DIV/0!
Parenting/family reunification						#DIV/0!
Reentry planning/services						#DIV/0!
Life skills/financial literacy						#DIV/0!
Peer support/mentorship						#DIV/0!
Case management and discharge planning						#DIV/0!
Other (explain)						#DIV/0!

POPULATION DEMOGRAPHIC CATEGORIES (Self-Reported)		Baseline Number of Inmates Engaged in Reentry Programs (as of Jan. 1, 2026)	Total Number of eligible inmates enrolled in all grant-funded programs for this quarter
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Native Hawaiian, Pacific Islander or Other (Description Required)			
White Non-Latino or Caucasian Other Race			
Multiple Races			
GENDER IDENTITY			
Male.			
Female.			
Other (Description Required)			

The following questions will also be included on the Quarterly Performance Measures Report to be completed by the subgrantee.

Please provide answers to the following questions regarding this quarter's grant-funded program implementation:
1. Provide summary of obstacles encountered this quarter (e.g., staffing, facility limitations, participant resistance).
2. What actions has your facility taken to address challenges or improve service delivery in the next quarter?

3. Has there been any Indicators of behavior change or reductions in infractions with the program implementations?
4. Do you believe that this grant has helped reduce recidivism and improve the well-being of the community in the area that you serve for this quarter? Explain.
5. What percentage of participants this quarter reported that they felt more prepared to reenter their community as a result of the services provided with this grant? Explain.
6. As a result of grant-funded activities this quarter, enter the number of incarcerated individuals who were successfully connected to at least one additional community-based reentry service prior to their release.

CLOSEOUT REPORT

When the grant period ends, a Closeout Report will be generated in COSMOS for the subgrantee to complete and return as a Filing Cabinet request. The following Closeout Report information will be gathered for the grant-funded project and reported by the subgrantee on the Closeout Report.

Correctional Facility Grant Program – 2026 Closeout Report

Facility Information
1. **Current Facility Capacity:**
   ☐ Same as application   ☐ Increased   ☐ Decreased
   If changed, state new capacity: Click or tap here to enter text.
2. **Average Daily Population (ADP) during Grant Period:**
   ☐ <50   ☐ 51-100   ☐ 101-200   ☐ 201+
   Actual ADP: Click or tap here to enter text.

Security & Demographics
3. **Security Levels Housed during Program:**
   ☐ Minimum   ☐ Medium   ☐ Maximum ☐ Other: Click or tap here to enter text.
4. **Average Length of Stay for Program Participants:**
   ☐ Less than 30 days
   ☐ 30–90 days
   ☐ 90–180 days
   ☐ More than 180 days

Program Implementation & Delivery
5. **Programs Implemented or Expanded (check all that apply):**
   ☐ Educational (GED, literacy, basic ed.)
   ☐ Vocational/job skills training
   ☐ Substance use treatment
   ☐ Mental health/trauma-informed services
   ☐ Cognitive-behavioral programs
   ☐ Parenting/family reunification
   ☐ Reentry planning/services
   ☐ Life skills/financial literacy
   ☐ Peer support/mentorship
   ☐ Case management and discharge planning
   ☐ Other: Click or tap here to enter text.

6. **Actual Program Format (check all that apply):**
☐ In-person ☐ Virtual ☐ Group ☐ Individual
Brief description of delivery:Click or tap here to enter text.
7. **Program Facilitators (check all that apply):**
☐ Jail staff
☐ Community-based providers
☐ Volunteers
☐ Contractors
☐ Other: _____
Were there any changes from your proposal?
☐ Yes ☐ No
If yes, please explain: Click or tap here to enter text.

Purpose & Goals
8. **Primary Grant Purpose(s) Achieved (check all):**
☐ Increased program offerings
☐ Filled gaps in mental health or substance use services
☐ Addressed high recidivism or return to custody
☐ Addressed staff/community capacity limits
☐ Improved safety/behavior management
☐ Supported legal/policy compliance
☐ Other: Click or tap here to enter text.
9. **How did programming address your jail's specific needs?**
Click or tap here to enter text.
10. **Impact on recidivism or reentry outcomes:**
☐ Significant improvement
☐ Some improvement
☐ No observed change yet
☐ Negative impact
Provide details or examples: Click or tap here to enter text.

Participation & Impact
11. **Monthly Inmate Participation:**
Estimated: Click or tap here to enter text.
Actual average served/month: Click or tap here to enter text.
12. **Key Quantitative Outcomes (enter numbers as appropriate):**
GEDs earned: Click or tap here to enter text.
Certificates earned: Click or tap here to enter text.
Completed programming: Click or tap here to enter text.
Reentry plans developed: Click or tap here to enter text.
Other: Click or tap here to enter text.
13. **Qualitative Outcomes (select all that apply):**
☐ Positive participant feedback
☐ Staff observed behavioral improvements
☐ Increased family engagement
☐ Peer leadership observed
☐ Other: Click or tap here to enter text.
Provide a specific story or quote (optional): Click or tap here to enter text.

Use of Grant Funds

14. **Total Grant Funds Awarded:** $Click or tap here to enter text.
    Total Expended: $Click or tap here to enter text.
15. **Funds Used For (check and explain as needed):**
    ☐ Personnel: Click or tap here to enter text.
    ☐ Program materials/curriculum: Click or tap here to enter text.
    ☐ Technology/equipment: Click or tap here to enter text.
    ☐ Transportation: Click or tap here to enter text.
    ☐ Contracted services: Click or tap here to enter text.
    ☐ Other: Click or tap here to enter text.
16. **How will programming be sustained?**
    ☐ Additional county funding
    ☐ Partner agency support
    ☐ Continued grants/fundraising
    ☐ To be determined
    ☐ Other: Click or tap here to enter text.
17. **Outside partners involved (check all):**
    ☐ None
    ☐ Community providers
    ☐ Nonprofits
    ☐ Education institutions
    ☐ Businesses
    ☐ Local law enforcement partners
    ☐ Parole and Probation
    ☐ Other: _____
    List key partners and their roles: Click or tap here to enter text.
18. **Data Collection:**
    Were you able to capture and report outcome data?
    ☐ Yes   ☐ Partially   ☐ No
    Describe methods and challenges: Click or tap here to enter text.

Reflection & Lessons Learned

20. **Biggest Successes:** Click or tap here to enter text.
21. **Key Challenges:** Click or tap here to enter text.
22. **Improvement Suggestions for the Future:** Click or tap here to enter text.
Additional Stories, Data, or Impact: Click or tap here to enter text.

SUBRECIPIENT NON-COMPLIANCE

The North Dakota Department of Corrections and Rehabilitation (DOCR) will make multiple attempts to correct and resolve compliance issues with subrecipients. The ND DOCR can add Specific Conditions to any CFGP Subrecipient Agreement to address compliance issues. However, continued violation of the CFGP Subrecipient Agreement could result in one or more sanctions, Monitoring, and Remedies, of the CFGP Grant Subrecipient Agreement.

Sanction(s) may be imposed for one or more of the violations below:
1. Failure to submit Performance Measure reports by the required deadline within any 12-month period.
2. Failure to submit a reimbursement request for two successive months in any 12- month period.
3. Failure to complete a closeout report prior to the deadline.

4. Failure to comply with any portion of the Subrecipient Agreement and Specific Conditions will result in permanent debarment from future programs.

THE AUTHORIZED SANCTIONS MAY INCLUDE ONE OR MORE OF THE FOLLOWING:

Temporarily withhold reimbursements pending correction of the deficiency by the entity, or more severe enforcement action by the awarding facility or pass-through entity.

1. Disallow (that is, deny both use of funds and any applicable matching credit for) all or part of the cost of the activity or action not in compliance.
2. Wholly or partly suspend or terminate the award.
3. Initiate suspension or debarment proceedings.
4. Withhold further awards for the project or program.
5. Take other remedies that may be legally available.

Should the ND DOCR decide to partly suspend the award, the following graduated sanctions may be used. The sanction should be based on the number of violations. Multiple violations can be counted as separate incidents, therefore increasing the severity of the sanction.

- First incident – minimum of $1,000 partial suspension or 1% of the award, whichever is greater.
- Second incident – minimum of $5,000 partial suspension or 5% of the award, whichever is greater.
- Third incident – termination of award.

The ND DOCR shall impose a partly suspended award no later than the beginning of the 4th quarter of the performance period and will affect the funding within that performance period. The ND DOCR shall make all reasonable efforts to reallocate funding to another subrecipient within fifteen (15) days.

INDIVIDUAL COSMOS USER ACCOUNTS

Subrecipients will be required to establish **INDIVIDUAL USER ACCOUNTS** prior to the beginning of the performance period for all staff with access to COSMOS. This provides an additional level of security for subrecipients. This is helpful during staff changes as well. A Subrecipient **MAY NOT** use a single sign on approach for a facility when setting up or updating its COSMOS profile.