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## CERTIFICATION REGARDING LOBBYING

### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

<b>* APPLICANT'S ORGANIZATION</b> <input style="width: 90%;" type="text" value="Children's Hospital Corporation"/>	
<b>* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE</b>	
Prefix: <input style="width: 100px;" type="text"/>	* First Name: <input style="width: 200px;" type="text" value="Krystal"/> Middle Name: <input style="width: 150px;" type="text"/>
* Last Name: <input style="width: 300px;" type="text" value="Gustafson"/>	Suffix: <input style="width: 100px;" type="text"/>
* Title: <input style="width: 250px;" type="text" value="Grant Officer"/>	
* SIGNATURE: <input style="width: 300px;" type="text" value="Krystal.Gustafson"/>	* DATE: <input style="width: 150px;" type="text" value="06/05/2020"/>

**Application for Federal Assistance SF-424**

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): <input type="text"/> * Other (Specify): <input type="text"/>
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* 3. Date Received: <input type="text" value="06/05/2020"/>	4. Applicant Identifier: <input type="text"/>
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5a. Federal Entity Identifier: <input type="text"/>	5b. Federal Award Identifier: <input type="text"/>
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**State Use Only:**

6. Date Received by State: <input type="text"/>	7. State Application Identifier: <input type="text"/>
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**8. APPLICANT INFORMATION:**

* a. Legal Name: <input type="text" value="Children's Hospital Corporation"/>	
* b. Employer/Taxpayer Identification Number (EIN/TIN): <input type="text" value="(b)(6)"/>	* c. Organizational DUNS: <input type="text" value="0765937220000"/>

**d. Address:**

* Street1: <input type="text" value="300 Longwood Avenue"/>
Street2: <input type="text"/>
* City: <input type="text" value="Boston"/>
County/Parish: <input type="text" value="Suffolk"/>
* State: <input type="text" value="MA: Massachusetts"/>
Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>
* Zip / Postal Code: <input type="text" value="021155724"/>

**e. Organizational Unit:**

Department Name: <input type="text" value="Psychiatry"/>	Division Name: <input type="text"/>
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**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix: <input type="text"/>	* First Name: <input type="text" value="Krystal"/>
Middle Name: <input type="text"/>	
* Last Name: <input type="text" value="Gustafson"/>	
Suffix: <input type="text"/>	

Title: <input type="text" value="Grant Officer"/>
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Organizational Affiliation: <input type="text" value="Children's Hospital Corporation"/>
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* Telephone Number: <input type="text" value="(b)(6)"/>	Fax Number: <input type="text"/>
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* Email: <input type="text" value="(b)(6)"/>
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**Application for Federal Assistance SF-424**

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

M: Nonprofit with 501C3 IRS Status (Other than 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:**

Department of Homeland Security - FEMA

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

97.132

CFDA Title:

Financial Assistance for Targeted Violence and Terrorism Prevention

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

DHS-20-TTP-132-00-01

\* Title:

A Massachusetts Area Prevention Framework to prevent targeted violence and terrorism among Juveniles

**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:**

A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles

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="749,995.00"/>
* 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="749,995.00"/>

**\* 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:

## **A Massachusetts Area Prevention Framework to Prevent Targeted Violence and Terrorism Among Juveniles**

B. Heidi Ellis, PhD  
Boston Children's Hospital  
Boston, Massachusetts

Location of Activities:  
Boston, MA (Project 1); Milford, MA (Project 2); Massachusetts, New Hampshire, Maine and  
Rhode Island (Projects 3 & 4)

### **Local Prevention Framework**

Civic Engagement  
Youth Resilience Programs  
Threat Assessment and Management Services Team  
Recidivism Reduction and Reintegration

\$749,995

The primary objective of this proposal is to develop a local Terrorism and Targeted Violence (TVT) prevention framework in the state of Massachusetts, hereafter called MAP (Massachusetts Area Prevention framework). Under MAP, we will specifically target the reduction of mental health problems and an increase in social belongingness among adolescents through a multi-pronged, evidence-informed, and community-based program geared towards the particular developmental needs of children and adolescents. This proposal builds on extant trauma and resilience work based out of Boston Children's Hospital and on the existing capacity of the MassBayTAT, a multidisciplinary team convened by the Joint Terrorism Task Force (JTTF) / FBI that serves the New England area. We will implement four projects that offer prevention or intervention programming to youth across a continuum of risk (vulnerable, at-risk, and requiring rehabilitation) for TVT. Projects within the framework include: strengthening individual and societal resistance to violent extremism through an inter-ethnic youth advisory board (Project 1) and school-based programming (Project 2), and expanding capacity of the MassBayTAT to engage at-risk youth in services and to reduce recidivism through intensive, community-based service coordination for youth who have committed TVT-related offenses (Projects 3 and 4).

## 1. Needs Assessment

Youth targeted violence and terrorism (TVT) is a significant problem. Nationally, youth under the age of 19 are responsible for 15.3% of hate crimes and 70% of elementary/secondary school shootings. There is growing recognition that TVT, including youth TVT, is not the result of any single experience or problem, but rather a complex process that can result from multiple influences and experiences across differing levels of the social ecology.<sup>1-5</sup> Comprehensive approaches to prevent youth TVT are urgently needed.

Increasingly, **mental illness** is understood to be one factor that may intersect with other risks and should be addressed as part of a comprehensive effort to prevent TVT.<sup>5-7</sup> Among participants in San Diego's Pathway to Tolerance Program—a 12-week mental health intervention for youth assailants who are either at-risk for or have committed hate crimes—89% reported anger management issues, 75% had a history of drug/alcohol use, and 34% reported past child abuse or neglect.<sup>8</sup> Mental health courts that implement a multidisciplinary approach have shown promise for reducing rates of recidivism among juvenile offenders.<sup>9,10</sup>

**Social belongingness** appears to be an important protective factor in relation to TVT. School shooters typically have histories of peer rejection.<sup>5,11</sup> The Center for Disease Control found that 84% of school shooters were described as excluded from mainstream social groups, and the Secret Service reported that 27% of school shooters were part of fringe or generally disliked peer groups.<sup>12</sup> Our own research on Somali young adults found that a sense of belonging and connection was a major protective factor in relation to attitudes in support of violent extremism<sup>13-15</sup>; connection to one's nation of residence and trust in its government were particularly protective.<sup>16</sup>

The **overall objective** of this project is to establish an integrated prevention framework that supports a comprehensive, multi-layered approach to identifying, assessing and addressing radicalization and mobilization to TVT among juveniles by implementing four projects that offer either prevention or intervention programming to youth across a continuum of risk (*vulnerable*, *at-risk*, and *requiring rehabilitation*) for TVT. This proposal builds on extant trauma and resilience work based out of Boston Children's Hospital (BCH) and on the existing capacity of a Massachusetts Multidisciplinary Threat Assessment Team (MassBayTAT) convened by the Joint Terrorism Task Force/Boston FBI field office. We propose to develop a local TVT prevention framework in the state of Massachusetts (MA), with extensions throughout the Boston FBI office Area of Responsibility (New Hampshire, Maine, and Rhode Island), hereafter called MAP (Massachusetts Area Prevention framework). Under MAP, we will specifically target the reduction of mental health problems and an increase in social belongingness through a multi-pronged, evidence- and community-based program geared towards the particular developmental needs of adolescents. Our proposal seeks to reduce the risk for TVT among three juvenile populations within MA: any youth who might become at-risk for TVT (*vulnerable*), youth who have evidenced some risk behavior related to TVT (*at-risk*), and those who have already engaged in criminal behavior related to TVT and are re-entering into the community (*requiring rehabilitation*; see Figure 1). Needs and available resources for these three populations are described below.

**Existing services and gaps for target vulnerable populations:** A DHS-funded formative evaluation of the Boston CVE 'pilot project'<sup>17</sup> identified specific local area recommended actions steps needed to address extremism, including: encourage civic engagement, invest in school systems and expand youth programs and services. Although a range of programming in MA seeks to promote Positive Youth Development (PYD; e.g.,

