



Finance Officer Mailing Address

Street: City: Zip +4:

Phone: Ext: Fax:

E-mail:

**Project Contact**

Prefix: First Name: Last Name:

Title:

**(Note: The person designated as the *Project Contact* shall serve as the project's point person and be responsible for receiving and responding to EOPSS' project related requests)**

Agency/Organization:

Project Contact Mailing Address

Street: City: Zip +4:

Phone: Ext: Fax:

E-mail:

**VAWA STOP Funded Personnel (i.e. Civilian Advocate, Prosecutor, Domestic Violence Specialist):**

Prefix: First Name: Last Name:

Title:

Agency/Organization:

VAWA Staff Mailing Address

Street: City: Zip +4:

Phone: Ext: E-mail:

Prefix: First Name: Last Name:

Title:

Agency/Organization:

VAWA Staff Mailing Address

Street: City: Zip +4:

Phone: Ext: E-mail:

**Purpose Area(s) Addressed (refer to the Availability of Grant Funds):**

**Please indicate targeted Population (i.e. teens, substance abusing women):**

**Project Budget Summary:**

Federal Grant Request:

Match Amount (if applicable):

Total Project Cost:

<b>State the percentage of VAWA STOP funds that will be allocated to the following types of crime. Please note that the total should not exceed 100%.</b>	
<b>Type of Crime</b>	<b>% of funds allocated</b>
Domestic Violence	
Sexual Assault	
Dating Violence	
Stalking	
<b>Total</b>	

Is the applicant System for Award Management (SAM) registered? *Check One.*

**Yes**

**No**

Applicant's 9 digit Data Universal Number System (DUNS) Number

*Reminder: You are required to maintain registration in the System for Award Management (SAM) throughout the life of the grant.*

**Person responsible for reporting civil rights findings of discrimination:**

Prefix:

First Name:

Last Name:

Title:

Agency/Organization:

Street Address:

City:

Zip +4:

Phone:

E-mail:

**Program Summary:** Four sentences (250 character *maximum*) summarizing the program activities:

**Non- Supplant**

If the Executive Office of Public Safety and Security should award VAWA funds to \_\_\_\_\_ the funds will be used to supplement, not supplant, other federal, state, or local funding sources during the period of the contract with the Office of Grants and Research. We have been informed by the Executive Office of Public Safety and Security that supplanting of funds is strictly prohibited.

**Applicant request for VAWA funding: \$**

**Authorized Signatory:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name:

Title:

**Section 2. Executive Summary (One Page Limit)**

Provide a summary of the agency's history of providing services to victims of domestic violence, sexual assault, stalking and/or dating violence, capacity and qualifications to implement the proposed project and its role within the community being served. For victim service agencies, please be sure to provide assurance of seven years' experience working with sexual and domestic violence victims.

### **Section 3. Project Narrative (six page limit)**

Applicants must respond to all of the section(s) that apply. Responses must be labeled with the corresponding letter heading (e.g., 3.1(a), 3.1(b), 3.1(c)) for each section.

#### **3.1 Past Progress (two-page limit)**

- a. Explain how the FFY 2014 and FFY2015 funded projects (Year 1&2) has achieved its goals and objectives thus far;
- b. List any delays or obstacles encountered in Year 1 and 2 and how the project has or intends to address them in Year 3;
- c. Include the number of domestic violence, sexual assault stalking and/or dating violence victims served to date;
- d. Include the number and title of trainings conducted (including the number of participants) to date (if applicable).

#### **3.2. FFY 2016 Project Narrative (Year 3) (4 page-limit)**

Describe in detail the following components to take place within the anticipated funding cycle:

- a. Nature and/or extent of domestic violence, sexual assault, dating violence and/or stalking within the proposed community, region and/or population to be served. At a minimum, responses should include the number of victims served or are seeking services from the applicant; incidents responded to and/or investigated and/or cases prosecuted by the applicant within the last twelve months.
- b. Target population(s) and/or region to be served including demographic and other data if available;
- c. Identified need, including supportive current and relevant data, for proposed services and how proposed project will address challenge(s) identified in **Year 2** and build upon accomplishments;
- d. Types of services and/or activities to be provided by the proposed project;
- e. Detailed description of applicant and/or project's collaboration with victim service, criminal justice and community-based partners that reflects a regional and coordinated approach in addressing domestic violence, sexual assault, stalking and/or dating violence. Please include the names of collaborating agencies and/or partners and discuss how collaboration will occur.
- f. Applicants proposing to use grant funds to create websites, videos and other materials must speak to how they will ensure that they are accessible to persons with disabilities.
- g. Research and/or promising practices reviewed and/or referenced in planning and/or developing the proposed project activities. Please include an appropriate citation. (Refer to Attachment K for a list of resources and links).

**3.3 Prosecution applicants refer to page #18 of the AGF for guidance.**

**3.4 Law Enforcement applicants refer to page #18 of the AGF for guidance.**

**Project Narrative - Past Progress**

**Project Narrative - Past Progress (continued)**

**FFY 2016 Project Narrative, Year 3**

**FFY 2016 Project Narrative, Year 3 (continued)**

**Section 4. Program Goals and Objectives, Activities, Timeline and Performance Measures**

<b>Goal 1</b>	<b>Objective(s)</b>	<b>Activities</b>	<b>Timeline</b>

**Performance Measures**

--

Goal 2	Objective(s)	Activities	Timeline
<b>Performance Measures</b>			

<b>Goal 3</b>	<b>Objective(s)</b>	<b>Activities</b>	<b>Timeline</b>

**Performance Measures**

--

Goal 4	Objective(s)	Activities	Timeline
<b>Performance Measures</b>			

Goal 5	Objective(s)	Activities	Timeline
<b>Performance Measures</b>			

Goal 6	Objective(s)	Activities	Timeline
<b>Performance Measures</b>			

**Section 5. VAWA Budget Detail & Narrative**

Applicants must submit an operating budget of up to 125% of their Year 2 grant award and for a 12 month period. In addition to the Budget Narrative, applicants must complete a Budget Excel Worksheet and Summary Sheet Form (refer to Attachment B) and submit as directed (hard-copy and electronically). Please list all program costs according to the specified budget category.

- 1. Personnel** - Costs associated with agency personnel. Please include current copies of VAWA funded personnel resumes or job descriptions (if position is vacant) as attachments.

Position	Computation	Federal	Match
<b>Total Personnel Costs</b>			

**Narrative**

(At a minimum, please include staff name and title, annual salary, hourly rate, total number of hours identified staff (or position if vacant) works at the agency per week, how many of those hours will be VAWA funded, activities to be completed by staff, and location of staff. If working out of multiple locations for this program please provide estimated hours for each location. If providing Match funds, please be sure to include the non-federal source.)

## Budget Detail & Narrative

- 2. Overtime** - Costs for sworn law enforcement personnel only. Please include current copies of resumes or job descriptions (if position is vacant) as attachments.

Position	Computation	Federal	Match
<b>Total Overtime Costs</b>			

**Narrative**

(At a minimum, please include staff name, rank, hourly rate, how many hours will be VAWA funded, activities to be completed by staff, and location of staff. If providing Match, please be sure to include the non-federal source.)

## Budget Detail & Narrative

- 3. Fringe Benefits** - Based on federally negotiated rate agreement or established formula by sub-recipient's accountant, comptroller or human resource unit. **The applicant must include copy of approved or audited rate with the proposal.** If applicant does not have a federally approved or audited rate, actual known costs must be itemized by type and include rate computation in this section. Allowable costs are limited to the employer's share of life insurance, health insurance, social security, pension, unemployment and workers compensation costs. If applicant does not have a federally approved or audited rate, actual known costs must be itemized by type and include rate computation in this section of the budget forms.

Position	Computation	Federal	Match
<b>Total Fringe Costs</b>			

**Narrative**

**(If applicant does not have a federally approved or audited fringe rate, please provide a breakdown of actual allowable costs which must be pro-rated for staff time charged to the program. If providing Match, please be sure to include the non-federal source.)**



**5. Consultants** - For each consultant enter the name, if known, the service to be provided, hourly or daily fee (8-hour day) and estimated time on the program. Consultant fees in excess of \$650/day, \$81.25 per hour require additional justification and prior approval from EOPSS and the Office on Violence Against Women.

Consultant Name; Services Provided	Computation	Federal	Match
<b>Total Consultants Costs</b>			

**Narrative**

**(Be sure to include activities to be completed. Indicate whether applicant's formal written Procurement Policy or the Federal Acquisition Regulations are followed. If providing Match, please be sure to include the non-federal source.)**

## Budget Detail & Narrative

**6. Contract Services** - For each contract Applicants are encouraged to promote free and open competition in awarding contracts.

Contract	Computation	Federal	Match
<b>Total Contract Costs</b>			

**Narrative**

**(Provide a description of the product or services to be procured by contract and an estimate of the cost. Be sure to include purpose for contract as well as activities (if applicable) to be completed. Indicate whether applicant's formal written Procurement Policy or the Federal Acquisition Regulations are followed. If providing Match, please be sure to include the non- federal source.)**

### Budget Detail & Narrative

**7. Travel** - Costs associated with travel by employees while conducting official program business. Please note that VAWA related in-state travel mileage rate costs cannot exceed the state reimbursement rate (currently \$0.45 per mile.) Out of state travel will require additional justification and prior approval from EOPSS.

Travel	Computation	Federal	Match
<b>Total Travel Costs</b>			

**Narrative**

(At a minimum, please indicate area to be traveled as well as purpose for travel. If providing Match, please be sure to include the non-federal source.)

### Budget Detail & Narrative

8. **Equipment** - Describe the make and cost of all equipment purchased, including communication equipment, for program use.

Equipment	Computation	Federal	Match
<b>Total Equipment Costs</b>			

#### Narrative

(If providing Match, please be sure to include the non-federal source.)

### Budget Detail & Narrative

**9. Supplies** - List items individually by type (postage, training materials, copying paper, and other expendable items) and show computation. Generally, supplies include any materials that are expendable or consumed during the course of the program.

Supplies	Computation	Federal	Match
<b>Total Supplies Costs</b>			

**Narrative**

**(If providing Match, please be sure to include the non-federal source.)**



## Total Project Cost

Federal Cost	Match Cost

### Budget Excel Worksheet Requirement

A copy of the **Budget Excel Worksheet and Summary Sheet** (refer to **Attachment B**) must also be completed and submitted with your hard copy and electronic submission. **Note:** In order for a complete review of the proposed budget, the proposal responses *must* include the following budget forms:

1. Completed Budget Excel Worksheet and Summary Sheet (**Attachment B**);
2. Completed Budget Detail and Narrative (**Attachment A** - Applicant Response Template);
3. Documentation of Federally Approved or Audited Fringe rate (if applicable);
4. Documentation of Federally Approved Indirect rate (if applicable)
5. Documentation of 501 (c) (3) status (if applicable).