



FY26 RENEWAL INFORMATIONAL SESSION

DECEMBER 10, 2024

WELCOME AND INTRODUCTIONS

Housekeeping Facilitators

- Ashlee Renich-Malek, Grants Administration Specialist
- Kristin Nguyen, Director of Grants Administration
- Kristen Tavano, Deputy Director of Grants Administration
- Liam Lowney, Executive Director



FY26 AND
BEYOND

AGENDA

**FY26
Applications**

**FAQ &
Open Q&A**

TIMELINE

- January 8, 2025 - CSVS Providers Meeting 10:00am-12pm (virtual) – technical assistance for the application
- January 13, 2025 - VSS/SP Technical Assistance Session (optional webinar) 1:00-2:00pm.
- January 27, 2025 - Deadline to submit questions regarding RGA/application
 - Answers to question will be posted on [COMMBUYS](#) and www.mass.gov on or before January 28, 2025
- **February 4, 2025 - Grant Submission Deadline 12:00 p.m. EST via MOVA's eGrants system**
- Spring 2025 - Pending Victim and Witness Assistance Board Meeting: Vote on awards
- Spring 2025 - FY26 contracting via eGrants
- July 1, 2025 - Start date for FY26 grant
- June 30, 2026 - End date for FY26 grant

THE FY26 RENEWAL

- This procurement will represent one year, July 1, 2025 – June 30, 2026. MOVA anticipates the following funding availability:
 - CSVS: level funding via federal VOCA and supplemental state funding.
 - SAFEPLAN: between \$3,630,276 and \$4,171,590 via federal VOCA, state SAFEPLAN, and supplemental state funding.
 - VSS: between \$29,716,680.00 and \$34,147,768.00 via federal VOCA funding and supplemental state funding

PRIORITY CATEGORIES

VOCA Priority Categories

- Child Abuse
- Domestic Violence
- Sexual Assault

Underserved Priority Categories

- Culturally specific populations
- Survivors of homicide victims
- Persons with disabilities
- LGBTQIA2+ victims

FY26 FUNDING PRIORITIES

- Direct service staff personnel costs
- Administrative and management staff personnel costs necessary to manage the funded award
- Client emergency expenses
- Other essential costs for the delivery of victim services
- SAFEPLAN ONLY: It is expected that SAFEPLAN agencies continue to serve all currently designated courts*

FY26 COSTS

Staff Bonuses

- Staff bonuses must be included in the original budget request and approved by MOVA during contracting.
- Bonuses that are requested via a budget amendment during the fiscal year may not be approved.

Gift Cards

- Gift cards for emergency client assistance must be requested in the original budget request and approved by MOVA during contracting or via budget amendment before the final quarter of the fiscal year.
- Gift cards (a new or increased line item) requested via budget amendment submitted to MOVA on or after April 1, 2025 may not be approved.

MATCH

- MOVA will again issue a blanket waiver of the match requirement for all agencies receiving a FY26 grant award.
- CSVS and VSS applicants may opt out of the blanket waiver in the application.
- SAFEPLAN applicants may opt out of the blanket waiver by emailing MOVA at movagrants@mass.gov.

THE RGA/APPLICATION GUIDE

- VSS and SAFEPLAN have separate RGAs
- CSVS has an application guide
- Your instruction manual
- Details the specifics of the procurement

HOW DO YOU FIND THE RGA AND NECESSARY DOCUMENTS ON COMMBUYS?

From the www.commbuys.com/bso/ main page:

- Under Supplier Activities, click 'open bids'
- Click 'advanced search' box in upper left corner
- Select 'Victim and Witness' from the Organization box dropdown menu
- Click 'search' at the bottom of page

— Supplier Activities —



Complete Registration

Complete registration here to begin using COMMBUYS. Vendors, please read this [disclaimer](#) prior to completing registration.



Open Bids

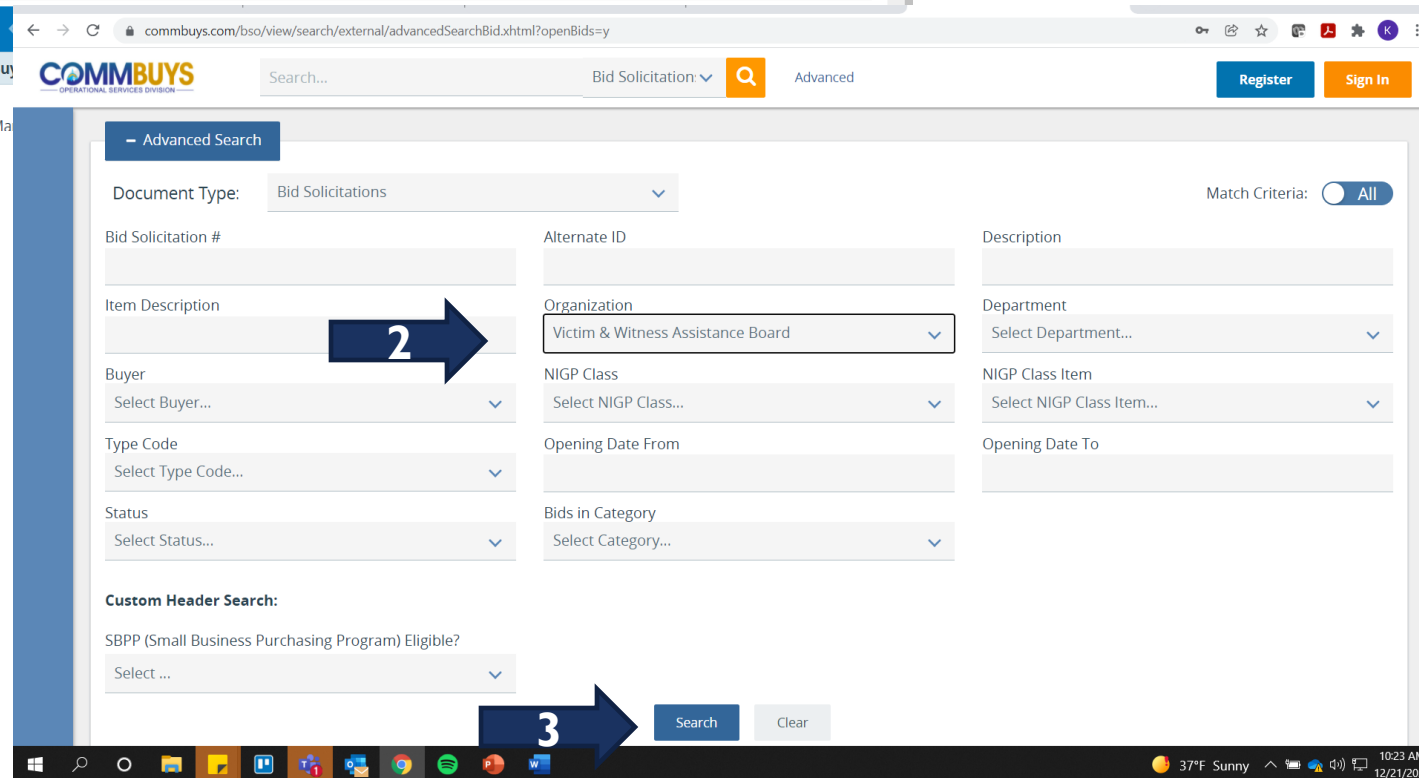
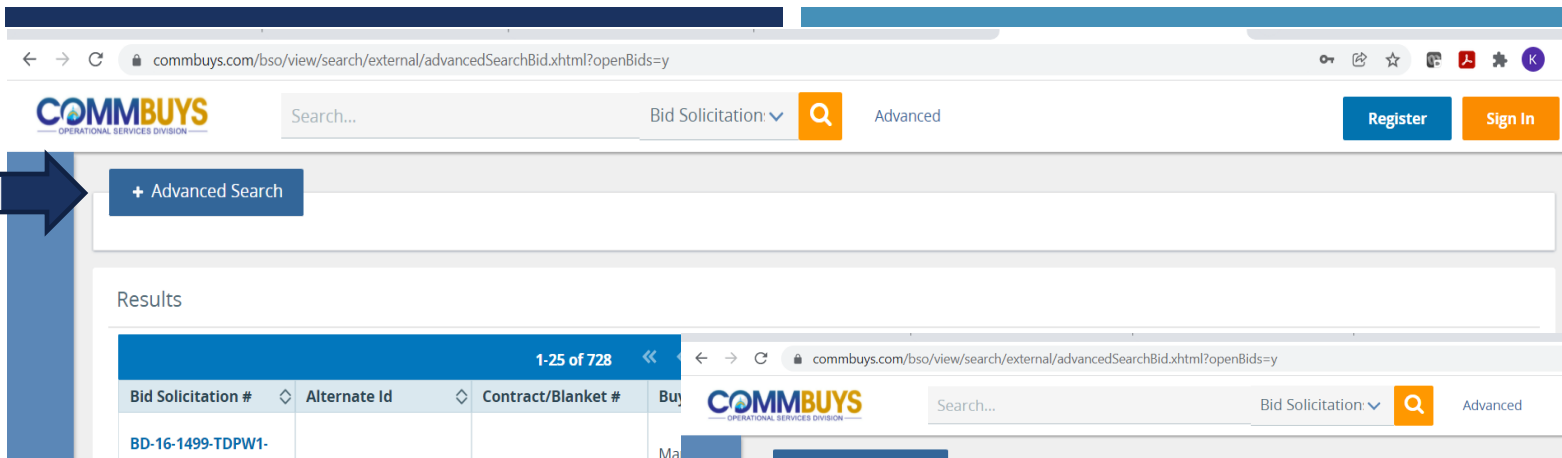
Browse open bid opportunities.



Active Blankets

Browse active Blankets.





EGRANTS

Massachusetts Office For Victim Assistance

MOVA eGrants SHARED

Victim & Witness Assistance Board



Home

Searches ▾

Reports ▾



Authorized OfficialARM1 ▾

Dashboard

Use the below panels to work with your Grants and Funding Opportunities...

My Opportunities

▸ Filters

▾ My Opportunities



Name	Provider	Availability	Description
CSVS Application FY26	Massachusetts Office for Victim Assistance	10/1/2023 12:00:00 AM - 10/1/2027 12:00:00 AM	CSVS - Application
SAFEPLAN Application FY26	Massachusetts Office for Victim Assistance	10/1/2023 12:00:00 AM - 10/1/2026 12:00:00 AM	SAFEPLAN - Application

My Tasks

Initiate Related Document

▸ Filter

▾ My Tasks

Name	Organization	Status	Due Date	Document Type	Status Date
 APR-ER-2023-MARV-104	Marvel	Expenditure Report in Process		Expenditures	10/19/2022 11:36:53 AM
 APR-ER-2023-MARV-112	Marvel	Expenditure Report in Process		Expenditures	11/2/2022 11:54:05 AM

CSV Application FY26



Provided By:

Massachusetts Office for Victim Assistance

Provided To:

test mova test



Application Availability
Dates:

10/1/2023 12:00:00 AM - 10/1/2027 12:00:00 AM

Due Date:

N/A

Proceed

Cancel

INITIATING THE APPLICATION

APPLICATION

Application Questions

- Match waiver
- Program narrative questions

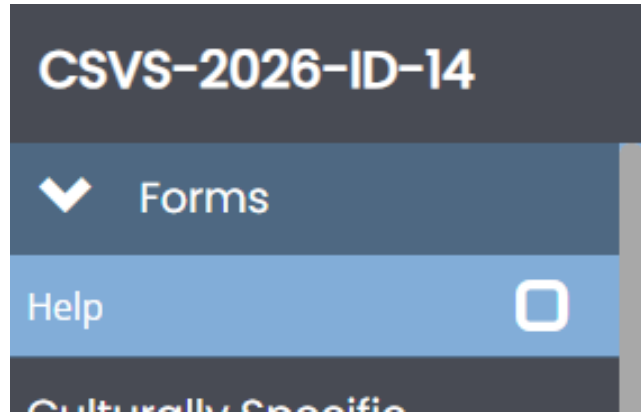
Organizational Questionnaire

Court Coverage Agreement (SAFEPLAN only)

Budget Request

Uploads (pass-through awards only)

Contact Info*



Last Saved 11/26/2024 12:04 PM [New Note](#) | [Print](#)

Help Page for CSVS Application

Complete the application process by following the steps below:

- The only roles who can initiate, work on, and submit the application are: Agency Administrator, Authorized Representative, and Application Submitter
- Click into each of the following documents, follow the instructions on each respective page, answer the required and applicable questions, and frequently save by clicking "Save" in the upper righthand corner

The required documents for this application are:

- 1) Application Questions
 - eGrants Tip: Ensure that you answer the first question in Application Questions (regarding the match waiver) and click save so that applicable budget forms open up in the lefthand panel
- 2) Organizational Questionnaire
- 3) Budget Request Forms
 - *Cost Categories*
 - eGrants Tips:
 - The formatting of the line items has been updated so that the funding request and budget narrative sections now exist as one section per line item. While frequent saving is always encouraged, it is no longer required to fill out all line items, save the page, and then fill out the subsequent budget narrative section.
 - If unable to see the green + or red - options for adding and deleting rows, make sure to scroll all the way to the right of your screen. If zoomed in too much, these buttons will not be visible on the screen

HELP PAGE

APPLICATION QUESTIONS

Match

- Indicate if you will be accepting/opting out of the blanket match waiver, required for CSVS and VSS

Program Narrative Questions

- Answers required where applicable
 - Program Narrative, required for CSVS and VSS
 - Budgetary changes
 - Reversion explanation
 - Vacancy explanation

ORGANIZATIONAL QUESTIONNAIRE

Organizational Questionnaire

- Answer all questions in the questionnaire
- If you are completing both a SAFEPLAN and VSS application, answers may vary between both organizational questionnaires if different processes or policies apply to the different services and activities provided under each award

COURT COVERAGE AGREEMENT (SAFEPLAN ONLY)

Court Coverage

[New Note](#) | [Print](#) | [Save](#)

Instructions

1. Please complete the form below.
2. Required fields are indicated with an *.
3. Select the SAVE button frequently to save information.
4. 15 maximum rows.

Court Coverage

Court Coverage Agreement Example

Court (include address)	Court Coverage Proposed Staffing (staffing, days/hours, and FTE)	Court Schedule (days/hours)	Back-up Coverage (ex: Sr. Advocate, SP Advocate Supervisor)	Notes
<div><div>*</div><div></div><div></div></div>	<div><div>*</div><div></div><div></div></div>	<div><div>*</div><div></div><div></div></div>	<div><div>*</div><div></div><div></div></div>	<div><div>*</div><div></div><div></div></div>
<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>
<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div></div>

+

BUDGET REQUEST

FY26 – Salary

Instructions: Fill out the following information for your requested staffing. Full-time equivalents (FTEs) will be auto-calculated as a total for the funding request and for each staff member using the information provided.

How many hours per week is full-time at your agency?*	<input type="text"/> Hours per week
Number of Full-Time Equivalent (FTEs)	0.00 FTEs

Employee Name	Staff Category	Title	# of MOVA hours per week	# of Weeks on MOVA Project	MOVA Cost	Salary Cost	Direct or Administration Cost	FTE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$0.00	<input type="text"/>	
Total Employed Hours at Agency per week <input type="text"/>	Employee's <i>Actual</i> Annual Salary at Agency \$ <input type="text"/>	Other Funding Support X Hours of position (Do not include match, be specific when identifying sources). <input type="text"/>						

Funding Request Totals

	MOVA Cost Total	Salary Cost Total
Totals:	\$0.00	\$0.00



BUDGET REQUEST - SALARY PAGE

FY26 – Salary

New Note | Print | Save

Instructions: Fill out the following information for your requested staffing. Full-time equivalents (FTEs) will be auto-calculated as a total for the funding request and for each staff member using the information provided.

How many hours per week is full-time at your agency?*	<input type="text" value="40.00"/> Hours per week
Number of Full-Time Equivalent (FTEs)	1.05 FTEs

Employee Name	Staff Category	Title	# of MOVA hours per week	# of Weeks on MOVA Project	MOVA Cost	Salary Cost	Direct or Administration Cost	FTE
<input type="text" value="Izzi"/>	Admin Staff: Agency <input type="text" value=""/>	<input type="text" value="President"/>	<input type="text" value="2.00"/>	<input type="text" value="52.00"/>	<input type="text" value="\$ 2,000.00"/>	\$2,000.00	Administration <input type="text" value=""/>	0.05
Total Employed Hours at Agency per week <input type="text" value="40.00"/>	Employee's Actual Annual Salary at Agency <input type="text" value="\$ 100,000.00"/>	Other Funding Support X Hours of position (Do not include match, be specific when identifying sources). <input type="text" value="all other hours funded by DPH"/>						



Employee Name	Staff Category	Title	# of MOVA hours per week	# of Weeks on MOVA Project	MOVA Cost	Salary Cost	Direct or Administration Cost	FTE
<input type="text" value="Boop"/>	Direct Staff: Clinician <input type="text" value=""/>	<input type="text" value="Clinician"/>	<input type="text" value="40.00"/>	<input type="text" value="52.00"/>	<input type="text" value="\$ 75,000.00"/>	\$75,000.00	Direct <input type="text" value=""/>	1.00
Total Employed Hours at Agency per week <input type="text" value="40.00"/>	Employee's Actual Annual Salary at Agency <input type="text" value="\$ 75,000.00"/>	Other Funding Support X Hours of position (Do not include match, be specific when identifying sources). <input type="text" value="n/a"/>						



Funding Request Totals

	MOVA Cost Total	Salary Cost Total
Totals:	\$77,000.00	\$77,000.00

INDIRECT COST TOOL

Indirect Cost Tool

Category:	Line Item Name:	Dollar Request (\$):	Include in Indirect Cost Calculation?
FY26 - Salary	Izzi	\$1,100.00	<input checked="" type="checkbox"/>
FY26 - Salary	Boop	\$38,500.00	<input checked="" type="checkbox"/>
FY26 - Salary	Toof	\$49,000.00	<input checked="" type="checkbox"/>
FY26 - Fringe	misc fringe	\$1,000.00	<input type="checkbox"/>
FY26 - Consultants	consultant	\$250.00	<input type="checkbox"/>
FY26 - Office & Programmatic			

Modified Total Direct Cost (MTDC)/Indirect Base: \$88,600.00

Indirect Rate: %

Eligible Indirect Request: \$9,746.00

BUDGET REQUEST - INDIRECT COSTS

- 2 CFR Part 200 updated on October 1, 2024
 - Up to 15% de minimis
- Indirect remains an allowable cost, however, it is not required to be included.
- Refer to MOVA's P&P when requesting indirect costs.

FY26 CSVS Budget Summary

Instructions:

1. Review the form for inaccuracies.
2. Report any inaccuracies to MOVA.

FY26 Award Amount:	\$00.00
--------------------	---------

Expense Categories	A2. Costs
Personnel	\$84,700.00
Salary	\$77,000.00
Fringe	\$7,700.00
Consultants	\$
Office & Programmatic Supplies	\$
Other	\$0.00
Equipment	\$
Travel	\$
Contracts	\$
Other	\$
Indirect Costs	\$
Total:	\$84,700.00

BUDGET
SUMMARY
PAGE

UPLOADS (PASS-THROUGHS ONLY)

Uploads

[New Note](#) | [Print](#)

Instructions

Only pass-through agencies should use the Optional Upload below to upload budget requests of their subawards.

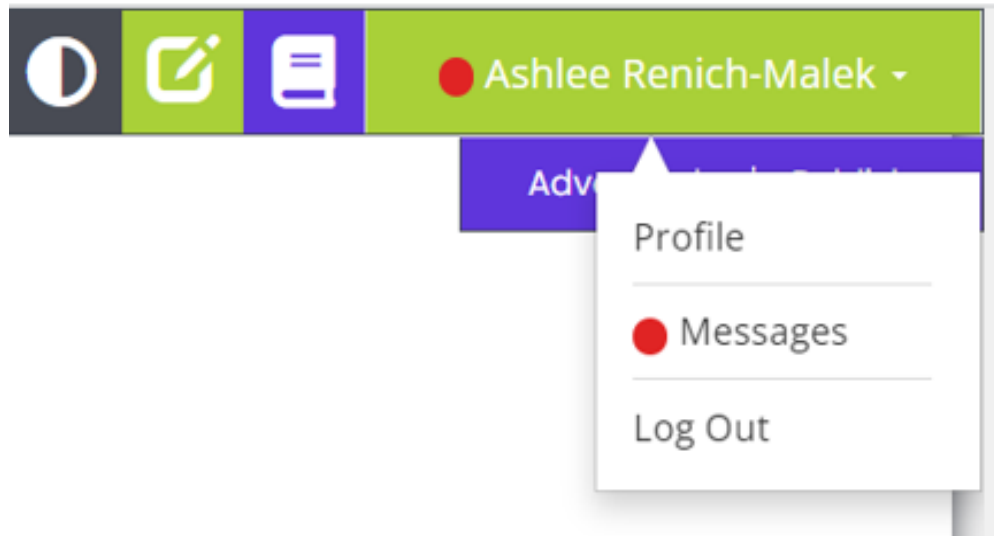
Uploads

Optional Upload

Select

Drag Files Here

CONTACT INFO

A screenshot of the 'Person Information' form. The form is titled 'Person Information' and includes a sub-header 'Profile'. Below this, there is a section for 'Basic Information' with fields for First Name, Middle Name, Last Name, and Prefix. The 'First Name' field is filled with 'Authorized'. The 'Last Name' field is partially filled with 'ASHLEIGH'. The 'Organization Information' section is also visible, showing 'Marvel' as the organization.

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF THE CONTACT INFORMATION IS NOT COMPLETED AND UP-TO-DATE

AUTHORIZED SIGNATORY

Authorized Signatory

Contractor Authorized Signatory Listing (CASL) Form

The CASL is a Commonwealth form which identifies the individual(s) authorized to sign contracts for the organization. Agencies may authorize multiple signatories for the organization. The authorized signatory on application must be identified on this form. State agencies are also required to submit this form. The form is to be signed and completed by an authorized individual (i.e., President, Chief Executive Officer, Chief Fiscal Officer, Corporate Clerk or Legal Counsel). Notarization is not required but MOVA has the right to request additional proof such as requiring the documents to be notarized,

There are three types of electronic signatures that will be accepted on this form: 1) Traditional "wet signature" (ink on paper); 2) Electronic signature that is either: a. hand drawn using a mouse or finger if working from a touch screen device; or b. An upload picture of the signatory's hand drawn signature; 3) Electronic signature affixed using a digital tool such as Adobe Sign or DocuSign. Typed text of a name not generated by a digital tool, computer generated cursive, or an electronic symbol are not acceptable forms of electronic signature.

1a. Authorized Signatory Name (First and Last) *

Izzi Smith

1b. Authorized Signatory Title *

President

1c. Authorized Signatory Email Address *

izzismith@catsforjustice.org

1d. Authorized Signatory Upload *

Browse

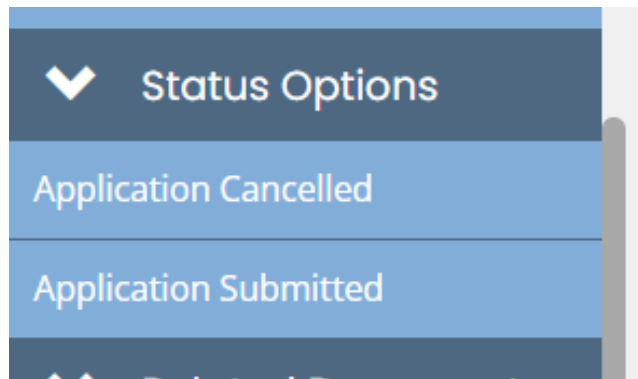
Drag Files Here



CFJ Award Notification FY25 Signed.docx
116.53 KB



SUBMITTING THE APPLICATION



Are you sure that you want to change the status from

Application in Process to Application Submitted?

I agree, I'm ready to submit this application on behalf of my organization.

Please enter any notes in regards to this status change

Cancel

OK

EVALUATION CRITERIA

- Timely completion of the application and submission of any applicable materials;
- Prioritization of costs that are essential to the provision of direct services to victims of crime, as identified by MOVA (page 4);
- Prior compliance with MOVA policies and procedures;
- Monitoring findings and agency response;
- History of reversion in FY2023 and FY2024 and progress towards spending the FY2025 award;
- Review of OMT data and the overall utilization of prior awards to support direct services;
- History of vacancies and impact on the provision of services and the scope of the funded program;
- Coverage of currently designated SAFEPLAN courts (SAFEPLAN ONLY).

CIVIL RIGHTS & NON-DISCRIMINATION

- All programs, activities, and services provided, performed, funded, or contracted by MOVA shall be conducted without discrimination.
- Agencies must be in compliance with relevant state and federal civil rights and non-discrimination requirements.
- Specific information will be sent during award contracting.



FREQUENTLY ASKED QUESTIONS

Q: MUST THE BUDGET IN THE FY26 APPLICATION BE EXACTLY EQUAL TO THE FY25 AWARD AMOUNT?

A: All applicants may apply up to their FY25 award amount, including less than the FY25 award amount. **Do not** apply for more than your FY25 award amount.

Q:AS OUTLINED IN THE RGAS AND/OR CSVS APPLICATION GUIDE, MOVA HAS PROVIDED A RANGE OF TOTAL AVAILABLE FUNDING BETWEEN 10% LESS THAN FY25 AWARDS AND 3.42% MORE THAN FY25 AWARDS.WHAT DOES THIS MEAN?

A:These numbers reflect the total funding MOVA has available for all awards and not the potential changes that may be seen in individual award amounts. The range is dependent of funding availability at the time of award.

Q: DO I HAVE TO COMPLETE THE APPLICATION IN ONE SITTING?

A: No, you can save your application information and return to it as many times as needed prior to submitting the application. Applicants and other users with the applicable permissions can navigate back to the application using the Search tool located at the top of the page on eGrants.

Q: I RECEIVED AN ERROR ON EGRANTS THAT SAYS I MUST NAME MY LINE ITEMS UNIQUELY. WHAT DOES THIS MEAN?

A: eGrants requires that each line item has a unique name. For example, if Sarah Smith is a clinical consultant *and* a workshop consultant, it should be written in two separate line items as "Sarah Smith – clinical" and "Sarah Smith – workshops"

Q: WHEN I INITIATE THE APPLICATION, I DO NOT SEE THE BUDGET FORMS. HOW CAN I FIX THIS?

A: CSVS and VSS applicants must first answer the match waiver question (the first question in the Application Questions form) and save that page before the budget is available to you. This is because eGrants will open different budget formats depending on if you are accepting the match waiver or not.

Q: WHERE CAN I ACCESS AND UPDATE MY CONTACT INFORMATION IN EGRANTS?

A: Contact Information is not located within the application. Click on your name in the green box in upper righthand corner of your screen and click “Profile.” You’ll be taken to the Person Information page. In the lefthand panel, find and click on the tab titled Contact Information. Fill out and save the Contact Information.

NOTE: Contact Information is required. Your application will be considered incomplete if Contact Information is not filled out.

QUESTIONS?

- Today: use the Q+A function to submit questions!
- Further questions will be accepted until January 27, 2025 – movagrants@mass.gov.
- All questions and answers will be posted on MOVA's website and COMMBUYS by January 28, 2025.
- Applications due via eGrants no later than **12:00pm EST on February 4, 2025.**



FOLLOW US ON SOCIAL MEDIA

   @MASSMOVA

VISIT OUR WEBSITES

WWW.MASS.GOV/MOVA

WWW.MASS.GOV/ASKMOVA

WWW.MASS.GOV/GARDENOFPEACE

CONTACT US

MOVA@MASS.GOV

617-586-1340