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**FVPSA CORE FY23-24: Subgrantee Supplemental Statement of Need**

For All Subgrantees Notified of Eligibility for Continuation Project Awards

Rev. 01/03/2024

**Instructions:** All applicants must complete the “Grantee Profile” section in CFWYI’s online EBS grants management system. If you have already created a Grantee Profile for state grants, you do not need to create an additional one. However, please make sure the profile is updated to reflect the appropriate FVPSA program staff and their contact information. To accept the FVPSA continuation award, applicants also must upload this “Subgrantee Supplemental Statement of Need” for federal FY23-24 **to your Grantee Profile in CFWYI’s online EBS grants management system by January 26, 2024.** Forms that are incomplete, incorrect, and/or handwritten, or that are received after the deadline, will not be accepted. In addition to uploading this “Subgrantee Supplemental Statement of Need,” subgrantees will be required to submit an Actual Budget through the EBS grants management system. CFWYI’s FVPSA Program Rules are available on the [CFWYI website](https://www.doa.nc.gov/divisions/council-women-youth/dv-sa-grants/fvpsa).

1. **Applicant Information**

| Questions | Applicant Responses |
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| Full legal name of organization. |       |
| County/Service Area |       |
| Subgrantee Award Type | [ ]  Prevention Services [ ]  Shelter Services |
| Is the subgrantee able to utilize the full award amount by the continuation project/contract end date? | [ ]  Yes [ ]  No |
| Has the subgrantee incurred allowable expenses during the pre-award period, for which the claims have NOT been paid by another funding source? | [ ]  Yes [ ]  No |
| If the subgrantee receives CFWYI state grants, how many staff are covered by state funds? How many are covered by Federal funds? Are these the same individuals?  |       staff funded by state grants      staff funded by federal grantsSame individuals? [ ]  Yes [ ]  No |

1. **Program Description**

The Family Violence Prevention and Services Act (FVPSA) is authorized by the Keeping Children and Families Safe Act of 2003. The purpose of the program is to assist in the establishment, maintenance and expansion of programs and projects to: 1) prevent incidences of family violence, domestic violence, and dating violence; 2) provide immediate shelter, supportive services, and access to community-based programs for victims of family violence, domestic violence, or dating violence, and their dependents; and 3) provide specialized services for children exposed to family violence, domestic violence, or dating violence including victims who are members of underserved communities.

1. **Plan for Provision of Services**
2. Please describe the project/ services that will be continued with this award. (500 word minimum) What are the client/survivor needs that subgrantee is unable to meet with other funding sources and will fulfill/meet with federal funding? (500 word minimum)

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1. Please describe how FVPSA funding has allowed the subgrantee to provide more comprehensive services to victims.

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1. **For Prevention Service awardees only**, please elaborate on your prevention strategies. (Prevention refers to actions that are taken to prevent violence from happening in the first place. See the CDC [IPV strategies](https://www.cdc.gov/violenceprevention/intimatepartnerviolence/prevention.html) for more information and examples. In contrast, intervention refers to actions that are taken to reduce the impact of an existing problem, e.g., providing crisis counseling or housing after domestic violence has happened.)

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1. **Program Goals and Objectives**

The following goals and objectives will be areas of focus for monitoring and technical assistance throughout the fiscal award period.

| Goal/Objective 1 | Applicant Responses |
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| Describe Goal/Objective 1. This goal should focus on how your agency will provide or contribute to more comprehensive services for victims.  |       |
| Describe Projected Outcome(s)/Impact and Timeline: |       |
| Describe Evaluation Method(s): |       |

| Goal/Objective 2 | Application Responses |
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| Describe Goal/Objective 2: |       |
| Describe Projected Outcome(s) and Timeline: |       |
| Describe Evaluation Method(s): |       |

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| Goal/Objective 3 | Applicant Responses |
| Describe Goal/Objective 3: |       |
| Describe Projected Outcome(s) and Timeline: |       |
| Describe Evaluation Method(s): |       |

1. **Financial Controls and Oversight**

|  | Questions | Applicant Responses |
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| 1 | Designated Positions for Financial Oversight1. Bookkeeper
2. Certified Public Accountant
3. Board Treasurer
4. Other Position/Entity
 | Yes No[ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ]  |
| 2 | If you answered no to any question in #1, above, provide an explanation: |       |
| 3 | Financial Controls1. Organization has a written fiscal policy and procedures manual and follows it
2. Organization maintains a chart of accounts that protects against comingling
3. Organization reconciles all cash accounts monthly
4. Employees, board members, and volunteers who handle cash and investments are bonded/insured to help assure safeguarding of assets
5. Organization files form 990s on a timely basis
6. If a Level III recipient, organization complies with single audit requirement
7. Organization has a documented set of internal controls, including the handling of cash and deposits, approval of spending, and disbursements
8. Organization has a policy identifying authorized check signers and the number of signatures required on checks in excess of specified dollar amounts
9. Payroll is prepared following appropriate state and federal regulations and organizational policy
 | Yes No N/A[ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ]  |
| 4 | If you answered no to any question in #3, above, provide an explanation: |       |
| 5 | Specify the financial software your organization uses to maintain a chart of accounts: |       |
| 11 | What source(s) will be used to fulfill the required 20% match. (Match must be unique to each program and must be locally generated. Grants from state and federal sources cannot be used as match. Match may be cash or in-kind.) |       |

1. **Verification of Review of Grant Application**

I, the undersigned executive director of the organization, certify that I have reviewed the information in this application and any attachments thereto, and that it is accurate and current to the best of my knowledge. I further certify that the chair of the organization’s board of directors has reviewed and approved the information in this application and all attachments. Both I and the board chair understand that the issuance of grant funds is contingent on fulfilling all responsibilities outlined in the grantee profile and application, including compliance with the terms of all contract documents, CFWYI program and reporting guidelines, and state and federal laws.

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| Executive Director/Equivalent’s Name |       |
| Executive Director/Equivalent’s Signature |       |
| Date |       |