



## **State Grant Application FY23-25: Grantee Supplemental Application Form**

For All State Domestic Violence/Sexual Assault Grant Applicants

Rev. 04/10/2023

**Instructions:** All applicants must complete the “Grantee Profile” section in CFWYI’s online EBS grants management system in addition to this “Grantee Supplemental Application Form.” Applicants must submit a separate “Grantee Supplemental Application Form” for each program type (i.e., DV and SA) and for each county for which they are seeking a separate award. “Grantee Supplemental Application Forms” for the 2023-2025 fiscal biennium **must be uploaded into CFWYI’s online EBS grants management system by May 5, 2023**. Forms that are incomplete, incorrect, and/or handwritten, or that are received after the deadline, will not be accepted. Applicants will be notified of grant award eligibility before July 1, 2023. After notification of eligibility, grantees will be required to submit an Actual Budget for Year 1 through the EBS grants management system. CFWYI’s [Domestic Violence](#) and [Sexual Assault](#) Program Guidelines are available on the CFWYI website.

### **I. Applicant Information**

Questions	Applicant Responses
Full legal name of organization.	
Board-approved organizational mission statement.	
Does your organization have administrative space in the county where services will be provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, is the space</i> <input type="checkbox"/> Owned    or <input type="checkbox"/> Leased?
Does your organization have a brick-and-mortar emergency shelter facility in the county where services will be provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, is the space</i> <input type="checkbox"/> Owned    or <input type="checkbox"/> Leased?
Does your organization utilize donated space to provide services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your program offer multi-lingual services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, specify language(s):</i>
Does the county for which you are applying for services have an active Sexual Assault Response Team, Coordinated Community Response Team, or Anti-Human Trafficking Taskforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, specify which one(s):</i>

### **II. Plan for Provision of Services**

- A. All Grantees Other Than Coalitions:** Please only include DV information on your DV grant application and SA information on your SA grant application.

#### *1. Domestic Violence Services*

DV Required Core Service	Are you directly providing or contracting for the provision of each service?	Briefly describe how you provide each service:
Hotline	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DV Required Core Service	Are you directly providing or contracting for the provision of each service?	Briefly describe how you provide each service:
Community Education (awareness and outreach)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Daytime Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Call Forwarding at Night	<input type="checkbox"/> Yes <input type="checkbox"/> No	

DV Additional DOA Criteria	Are you directly providing or contracting for the provision of each service?	Briefly describe how you provide each service:
Job Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Training/Placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial Management Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education Services (secondary and post-secondary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Crisis Intervention Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Therapeutic Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Support Groups	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shelter Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 2. Sexual Assault Services

SA Required Core Service	Are you directly providing or contracting for the provision of each service?	Briefly describe how you provide each service:
Hotline	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transportation	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community Education (awareness and outreach)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Daytime Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Call Forwarding at Night	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical/Hospital Advocacy/Accompaniment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Advocacy/Court Accompaniment	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SA Additional DOA Criteria	Are you directly providing or contracting for the provision of each service?	Briefly describe how you provide each service:
Job Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Training/Placement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Financial Management Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Health Education	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education Services (secondary and post-secondary)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SA Additional DOA Criteria	Are you directly providing or contracting for the provision of each service?	Briefly describe how you provide each service:
Crisis Intervention Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Therapeutic Counseling	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Support Groups	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shelter Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**B. Statewide Coalitions Only:** Only NCCADV and NCCASA should complete this section.

Coalition Service	Are you directly providing each service?	Comments
Professional Trainings	<input type="checkbox"/> Yes <input type="checkbox"/> No	What topics are covered by your training institute?
Policy Development (promising and best practices)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe your efforts:
Legislative Advocacy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe your efforts:
Other (optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe your efforts:

**III. Program Goals and Objectives**

**A. All Grantees Other Than Coalitions:** If your organization is determined to be eligible for CFWYI funding, the following goals and objectives will be areas of focus for monitoring and technical assistance throughout the fiscal biennium.

Goal/Objective 1	Applicant Responses
Describe Goal/Objective 1. This goal should focus on how your agency will increase the provision of services to an unserved, underserved, or inadequately served population:	
Describe Projected Outcome(s) and Timeline:	
Describe Evaluation Method(s):	

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

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

**B. Statewide Coalitions Only:** Only NCCADV and NCCASA should complete this section.

Goal/Objective 1	Application Responses
Describe Goal/Objective 1:	
Describe Projected Outcome(s) and Timeline:	

Goal/Objective 1	Application Responses
Describe Evaluation Method(s):	

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

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

- IV. Operating Budget and Program Funding Sources:** Please provide the total amount of your program operating budget for FY22-23 for the program and county covered by this supplemental application. In addition, list all funding sources and projected amounts for the program and county for FY 23-24.

**A. Domestic Violence Operating Budget and Program Funding Sources:**

FY22-23 DV Program Operating Budget	\$
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Non-CFWYI Funding Source	FY23-24 Projected Amounts
<b>Federal</b>	
Office on Violence Against Women (OVW)	\$
Victims of Crime Act (VOCA)	\$
Violence Against Women Act (VAWA)	\$
Family Violence and Prevention Services Act (FVPSA) (combine all funding streams)	\$
Emergency Solutions Grants (ESG)	\$
<i>Specify:</i>	\$
<b>State</b>	
Human Trafficking Commission	\$
<i>Specify:</i>	\$
<b>Local</b>	
County Government	\$
City Government	\$
<b>Foundations</b>	
<i>Specify:</i>	\$
<i>Specify:</i>	\$
<i>Specify:</i>	\$
<i>Specify:</i>	\$
<b>Other</b>	
United Way	\$
Private Donations	\$
Fundraisers	\$
Thrift Store	\$
<i>Specify:</i>	\$
<i>Specify:</i>	\$

**B. Sexual Assault Operating Budget and Program Funding Sources:**

FY22-23 SA Program Operating Budget	\$
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Non-CFWYI Funding Source	FY23-24 Projected Amounts
<b>Federal</b>	
Victims of Crime Act (VOCA)	\$
Family Violence and Prevention Services Act (FVPSA) (ARP Sexual Assault funding streams)	\$
Sexual Assault Services Program (SASP)	
Rape Prevention and Education (RPE)	\$
<i>Specify:</i>	\$
<b>State</b>	
Human Trafficking Commission	\$
<i>Specify:</i>	\$
<b>Local</b>	
County Government	\$
City Government	\$
<b>Foundations</b>	
<i>Specify:</i>	\$
<i>Specify:</i>	\$
<i>Specify:</i>	\$
<i>Specify:</i>	\$
<b>Other</b>	
United Way	\$
Private Donations	\$
Fundraisers	\$
Thrift Store	\$
<i>Specify:</i>	\$
<i>Specify:</i>	\$

#### V. Financial Controls and Oversight

	Questions	Applicant Responses		
1	Designated Positions for Financial Oversight a. Bookkeeper b. Certified Public Accountant c. Board Treasurer d. Other Position/Entity	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
2	If you answered no to any question in #1, above, provide an explanation:			
3	Financial Controls a. Organization has a written fiscal policy and procedures manual and follows it b. Organization maintains a chart of accounts that protects against comingling c. Organization reconciles all cash accounts monthly d. Employees, board members, and volunteers who handle cash and investments are bonded/insured to help assure safeguarding of assets e. Organization files form 990s on a timely basis	Yes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	No <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	N/A      <input type="checkbox"/>

	Questions	Applicant Responses		
	f. If a Level III recipient, organization complies with single audit requirement g. Organization has a documented set of internal controls, including the handling of cash and deposits, approval of spending, and disbursements h. Organization has a policy identifying authorized check signers and the number of signatures required on checks in excess of specified dollar amounts i. Payroll is prepared following appropriate state and federal regulations and organizational policy	<input type="checkbox"/>	<input type="checkbox"/>	
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:			
6	<b>Board Activities and Financial Oversight</b> a. For existing applicants, all board minutes are on file with CFWYI. (New applicants will be required to provide board minutes if deemed eligible.) b. For existing applicants, all board minutes on file with CFWYI include organizational financials. c. Organization prepares timely financial statements, including balance sheet (or statement of financial position) and statement of revenue and expenses (or statement of financial activities) that are clear and useful for board and staff. d. Government contracts, purchase service agreements, and grant agreements are in writing and reviewed by a board member to monitor compliance with all stated conditions. e. Board members fulfill meeting requirements per by laws.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
7	If you answered no to any question in #6, above, provide an explanation:			
8	Does your organization maintain an operating reserve of at least three to six (3-6) months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
9	If you answered no to question #8, above, provide an explanation:			
10	Provide a summary of your financial sustainability plan and efforts for the fiscal biennium covered by this form.			
11	What source(s) will be used to fulfill the required 20% match for DV and SA funds? (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.)			

## VI. 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.

Executive Director/Equivalent's Name	
Executive Director/Equivalent's Signature	

Date	