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**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](https://ncadmin.nc.gov/media/14293/open) and [Sexual Assault](https://ncadmin.nc.gov/media/14291/open) Program Guidelines are available on the CFWYI website.

1. **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? | [ ]  Yes [ ]  No*If yes*, is the space [ ]  Owned or [ ]  Leased? |
| Does your organization have a brick-and-mortar emergency shelter facility in the county where services will be provided? | [ ]  Yes [ ]  No*If yes*, is the space [ ]  Owned or [ ]  Leased? |
| Does your organization utilize donated space to provide services? | [ ]  Yes [ ]  No |
| Does your program offer multi-lingual services? | [ ]  Yes [ ]  No*If yes*, specify language(s):       |
| 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? | [ ]  Yes [ ]  No*If yes*, specify which one(s):       |

1. **Plan for Provision of Services**
	1. **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 | [ ]  Yes [ ]  No |       |
| Transportation | [ ]  Yes [ ]  No |       |
| Community Education (awareness and outreach) | [ ]  Yes [ ]  No |       |
| Daytime Services | [ ]  Yes [ ]  No |       |
| Call Forwarding at Night | [ ]  Yes [ ]  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 | [ ]  Yes [ ]  No |       |
| Job Training/Placement | [ ]  Yes [ ]  No |       |
| Financial Management Services | [ ]  Yes [ ]  No |       |
| Health Education | [ ]  Yes [ ]  No |       |
| Education Services (secondary and post-secondary) | [ ]  Yes [ ]  No |       |
| Crisis Intervention Services | [ ]  Yes [ ]  No |       |
| Therapeutic Counseling | [ ]  Yes [ ]  No |       |
| Support Groups | [ ]  Yes [ ]  No |       |
| Shelter Services | [ ]  Yes [ ]  No |       |

* + 1. *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 | [ ]  Yes [ ]  No |       |
| Transportation | [ ]  Yes [ ]  No |       |
| Community Education (awareness and outreach) | [ ]  Yes [ ]  No |       |
| Daytime Services | [ ]  Yes [ ]  No |       |
| Call Forwarding at Night | [ ]  Yes [ ]  No |       |
| Medical/Hospital Advocacy/Accompaniment | [ ]  Yes [ ]  No |       |
| Legal Advocacy/Court Accompaniment | [ ]  Yes [ ]  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 | [ ]  Yes [ ]  No |       |
| Job Training/Placement | [ ]  Yes [ ]  No |       |
| Financial Management Services | [ ]  Yes [ ]  No |       |
| Health Education | [ ]  Yes [ ]  No |       |
| Education Services (secondary and post-secondary) | [ ]  Yes [ ]  No |       |
| Crisis Intervention Services | [ ]  Yes [ ]  No |       |
| Therapeutic Counseling | [ ]  Yes [ ]  No |       |
| Support Groups | [ ]  Yes [ ]  No |       |
| Shelter Services | [ ]  Yes [ ]  No |       |

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

| Coalition Service | Are you directly providing each service? | Comments |
| --- | --- | --- |
| Professional Trainings | [ ]  Yes [ ]  No | What topics are covered by your training institute?      |
| Policy Development (promising and best practices) | [ ]  Yes [ ]  No | Please describe your efforts:      |
| Legislative Advocacy | [ ]  Yes [ ]  No | Please describe your efforts:      |
| Other (optional) | [ ]  Yes [ ]  No | Please describe your efforts:      |

1. **Program Goals and Objectives**
	1. **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): |       |

* 1. **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: |       |
| 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): |       |

1. **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.
	1. **Domestic Violence Operating Budget and Program Funding Sources:**

|  |  |
| --- | --- |
| FY22-23 DV Program Operating Budget | $      |

|  |  |
| --- | --- |
| Non-CFWYI Funding Source | FY23-24 Projected Amounts |
| **Federal** |
| 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) | $      |
| *Specify*:       | $      |
| **State** |
| Human Trafficking Commission | $      |
| *Specify*:       | $      |
| **Local** |
| County Government | $      |
| City Government | $      |
| **Foundations** |
| *Specify*:       | $      |
| *Specify*:       | $      |
| *Specify*:       | $      |
| *Specify*:       | $      |
| **Other** |
| United Way | $      |
| Private Donations | $      |
| Fundraisers | $      |
| Thrift Store | $      |
| *Specify*:       | $      |
| *Specify*:       | $      |

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

|  |  |
| --- | --- |
| FY22-23 SA Program Operating Budget | $      |

|  |  |
| --- | --- |
| Non-CFWYI Funding Source | FY23-24 Projected Amounts |
| **Federal** |
| 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) | $      |
| *Specify*:       | $      |
| **State** |
| Human Trafficking Commission | $      |
| *Specify*:       | $      |
| **Local** |
| County Government | $      |
| City Government | $      |
| **Foundations** |
| *Specify*:       | $      |
| *Specify*:       | $      |
| *Specify*:       | $      |
| *Specify*:       | $      |
| **Other** |
| United Way | $      |
| Private Donations | $      |
| Fundraisers | $      |
| Thrift Store | $      |
| *Specify*:       | $      |
| *Specify*:       | $      |

1. **Financial Controls and Oversight**

|  | Questions | Applicant Responses |
| --- | --- | --- |
| 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: |       |
| 6 | Board Activities and Financial Oversight1. For existing applicants, all board minutes are on file with CFWYI. (New applicants will be required to provide board minutes if deemed eligible.)
2. For existing applicants, all board minutes on file with CFWYI include organizational financials.
3. 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.
4. Government contracts, purchase service agreements, and grant agreements are in writing and reviewed by a board member to monitor compliance with all stated conditions.
5. Board members fulfill meeting requirements per by laws.
 | Yes No N/A[ ]  [ ]  [ ] [ ]  [ ]  [ ] [ ]  [ ] [ ]  [ ] [ ]  [ ]  |
| 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 No[ ]  [ ]  |
| 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.) |       |

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.

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