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**PART A**

***Select the Type of Sub Grantee:***

🞏**Shelter Program**- *Provides Immediate Shelter, Supportive Services, and Access to Community-Based Programs for Victims of Family Violence, Domestic Violence, or Dating Violence and Their Dependents*

🞏**Prevention Program**- *Sole Mission and Vision is to Prevent Incidents of Family Violence, Domestic Violence, and Dating Violence*

Organization Legal Name:

Organization Legal Address:

Business Address:

Agency DBA:

Agency Website:

County(ies) Served:

Federal Tax Identification Number:

**Executive Director Name**:

Telephone Number:

**Program Director Name**:

Telephone Number:

**Board President Name**:

Email Address:

Length of Employment with the Agency:

Email Address:

Length of Employment with the Agency:

Length of Employment with the Agency:

Does Your Agency Receive Current CFW Funding?

How Long Has Agency Been Funded by CFW?

Agency Status: Government Operated       Private Non- Profit       501(c) 3

A. Is the Agency on the Suspension of Funds List for the State of North Carolina? Yes       No

B. Is Your Program a Subsidiary of Another Organization? Yes       No

If Yes, List Organization Name:

C. Does Your Agency Have A Succession Plan In Place for Your Executive Director? Yes       No

D.Does Your Agency Serve Human Trafficking Victims? Yes       No

E. Please Define the Underserved Population for Your Geographical Service Area or Your Program *(i.e. age, religion, gender, etc)*

**STATEMENT OF ACKNOWLEDGEMENT**

I acknowledge that the above information is true and accurate regarding the above stated agency. The signature of the Executive Director and the Board President certifies the stated information.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Executive Director Date Board President Date

**PART B**

FVPSA funds awarded to sub grantees must be used for:

Provision of immediate shelter and related supportive services to adult and youth victims of family violence, domestic violence or dating violence.

To be eligible to receive funds a program must provide the following services: immediate shelter and supportive services to adult and youth victims of family violence, domestic violence, or dating violence crisis/hotline, supportive counseling and advocacy, community education and public awareness outreach daytime services and call forwarding during the night and other criteria established by the Department of Administration. Provide details of how you will accomplish the required program goals by completing the chart below.

|  |  |  |
| --- | --- | --- |
| Statutory Services | Plan for Provision of Service | Outcome goals |
| **Crisis/Hotline** |       |  |
| **Shelter Services** |       |       |
| **Supportive Counseling & Advocacy for Adults** **(Individual and Group)** |       |  |
| **Supportive Counseling & Advocacy for Children****(Individual and Group)** |       |  |
| **Services for Children and Youth****(Exposed to family violence, domestic violence or dating violence)** |       |  |
| **Counseling, Case Management****Information and Referral****(Individual and Group)** |       |  |
| **Community Education & Outreach to increase awareness of family violence, domestic violence and dating violence for adults** **(Individual and/or Group)**  |  |  |
| **Community Education & Outreach to increase awareness of family violence, domestic violence and dating violence for youth**  |  |  |
| **Provision of trauma-informed services for children, youth and families exposed**  |  |  |

**PART C**

**Program Narrative**

*Describe the background of the program and give details on how the program meets the requirements of the grant. Include a story of a client, service or community initiative that can be shared with stakeholders. What does the FVPSA grant allow you to do that you would not be able to do without the funds? Describe how FVPSA helps the program meet the needs of underserved populations. (600 word limit)*

**Goals, Objectives, and Outcomes**

*Describe your program goals, objectives, and outcomes for the program. List how the outcomes will be measured and the expected results. (One Goal should include providing clients assistance in safety planning and supporting efforts of victims of family violence, domestic violence, or dating violence to make decisions related to their ongoing safety and well-being.* *(600 word limit)*

**Volunteer Involvement**

*Provide the total number of volunteers involved in your program. Provide the financial value of the volunteers support to your program. Provide details of how the estimate was determined. Provide the estimated total number of volunteer hours you expect for the fiscal year. (Oct.1, 2015 – Sept. 30, 2016*)

**Success Story**

*Please share either a program or client success related to services provided by your agency. If you are sharing a client success, leave out all identifying information of the client’s. Your success story may be shared on The Council for Women’s website. Success Story should be submitted on a separate page from all other information.* *(600 word limit)*

**Scope of Work**

*Scope of work should be submitted on a separate page from all other information. (600 word limit)*