**FAMILY VIOLENCE PREVENTION SERVICES ACT (FVPSA)**

**FUNDING OPPORTUNITY 2021 thru 2023**

**(Phase 1-Pre-Application)**

The completed pre-application is **due by 5:00pm on Tuesday, December 29, 2020**

The completed pre-application **must be submitted in the required format stated below**

* Be aware that this process is part of a competitive selection process
* We encourage you to not wait until the due date and time to submit the pre-application
* Applications submitted after the due date and time will not be accepted
* Pages 1 thru 3 will provide pre-application process details and instructions

**Summary of funding concept**

FVPSA will be intentional with diversifying funding allocations. FVPSA funding priorities have shifted to more specifically include service providers that have demonstrated the capacity to serve the marginalized populations identified through the NC Domestic Violence Needs Assessment, while also adhering to the reporting requirements associated with the funds. FVPSA is seeking to fund service providers that demonstrate:

* innovative and effective practices for serving marginalized populations (including survivors)
* enhanced capacity building for serving marginalized populations (including survivors)
* increased family violence awareness
* engagement in coordination of services among community partners
* collaborative initiatives to reduce incidents of family violence

The application process is part of a coordinated effort that will allow NC FVPSA to respond the U.S. Department of Health and Human Services Administration for Children and Families about the following:

* Identifying “Current Underserved Populations and Identification Process”
* Identifying “Populations Targeted for Outreach and Services and Justification”
* Identifying services that include “Children That Witness Family Violence/Domestic Violence”
* Identifying services that include “Teen Dating Violence”
* Serving American Indians/Tribes and Identifying “Significant barriers that impact the tribal communities”
* Serving Immigrant Crime Victims
* Providing a “Description of NC’s Target Populations and Culturally Appropriate Services”

FVPSA has two (2) funding service categories:

* Domestic Violence services (DV)
* Prevention-Specialized services (PS)

FVPSA will fund only one “service delivery” per applicant in one of two categories below.

You cannot submit application for both service categories (DV and PS). If you submit application for both service categories (DV and PS), neither application will be accepted.

Applicants selected to submit the Final grant application will continue to focus on one of two service delivery categories **(DV or PS)** of funding eligibility

Applicants must choose only one (1) of the service delivery categories below as part of the competitive process:

* Domestic violence services (DV)-
	+ 70% of the total NC FVPSA allocation will be disbursed to eligible applicants in this category
* Prevention-Specialized services (PS)
	+ **Prevention-Specialized Services-**Applicants will have to focus on one service in this category **“Prevention” or “Specialized”**
	+ 25% of the total NC FVPSA allocation will be disbursed to eligible applicants in this category

**PLEASE BE SURE TO READ THE DETAILS BELOW**

Application format that is required for this process will require the applicant do the following:

* The pre-application process will not focus on budgetary matters
* Funding amounts are not known during this process
* You can view previous funding allocations by accessing the link below

<https://ncadmin.nc.gov/advocacy/women/family-violence-prevention-and-services-act/fvpsa-grant-payments>

* It is important to follow all instructions and all details
* Review the application for completeness and accuracy including spelling and grammar
* Do Not submit the application in “PDF” format
* The application response areas have a “Times New Roman” font size “14” to allow reviewers to view and read the application responses
* Be careful if you “copy” and “paste” your information into the response areas
* Applicant responses should not exceed **2,000** characters (not words) per response
* The applicants selected will be required to complete and submit a Final Grant Application
* The selection process will include an assessment of risk factors for presently funded applicants and 1st time applicants along with scores and recommendations from a team of grant application reviewers
* The notification process will be in the form of an email sent to all applicants
* The notice will be sent to the email contact for Executive Director/Equivalent listed on the pre-application
* The email notice will list the applicants that have been selected by the selection process to submit a Final Grant Application
* The email notice of selection will be sent during the month of March 2021
* A definite date in March has not been established due to uncertain circumstances pertaining to C19
* The Final Grant Application details and next steps will be sent after notice of selection
* Be aware that there will be additional details and requirements if your program is selected to submit a Final grant application
* Submit questions and contact changes to: NCFVPSA@doa.nc.gov

**Example of 2,000 characters “with spaces” for guidance**

**Preferred Font: Times New Roman Font size 14**

Family Violence Prevention Services Act (FVPSA)

FVPSA is a federal funding source to assist with ending domestic violence-intimate partner violence. The North Carolina Council for Women and Youth Involvement administers the FVPSA Program which serves as the primary federal funding stream dedicated to the support of emergency shelter and related assistance for victims of domestic violence and their children. The NC FVPSA grant program is funded by the U.S. Department of Health and Human Services Administration for Children and Families. FVPSA is committed to providing high quality, efficient, and effective sub-recipient customer service through guidance, support services, collaboration, compliance, and technical expertise during the life of the grant. Our success relies upon the success of our grantees in providing services to communities across the state and in complying with all federal and state guidelines.

FVPSA has an ongoing focus on economic empowerment and increasing access to services and increasing inclusion to Tribal communities, culturally specific communities while also focusing on trauma-informed care services, language access services, mental health access services, accessible transportation services to citizens across North Carolina. FVPSA’s present initiatives, as they align with the NC DV Advocates Needs Assessment, include increasing access to services for unserved, underserved, or inadequately served communities, including survivors experiencing substance use disorders and other mental illness, survivors experiencing transportation, food, housing, employment, other forms of socioeconomic security, and survivors experiencing financial abuse. FVPSA continues to coordinate statewide improvements within local communities, social service systems, and programming regarding the prevention and intervention of family violence, domestic violence, and teen dating violence through the leadership of the State Administrator and the Domestic Violence Coalition.

**How to submit the completed application:**

* **The completed pre-application is due by 5:00pm on Tuesday, December 29, 2020**
* Submit by email to: NCFVPSA@DOA.NC.GOV
* The email subject line: Program/agency’s name + DV or P/S application
* Save the application in “Word” format and Submit the “Word” application as an attachment. Be sure that the “Word” formatted application has been saved with a label that contains your program/agency’s name + Service Category (DV or P/S)
* This submission process is required due to the volume of incoming applications and will allow FVPSA staff to track each individual application received by the due date and time
* Multiple submissions of the application will deem you ineligible for consideration for funding and applications that are not submitted as instructed will not be processed for review and eligibility.

|  |
| --- |
| **FAMILY VIOLENCE PREVENTION SERVICE ACT (FVPSA)** **FUNDING OPPORTUNITY 2021 thru 2023****(Phase 1-Pre-Application)** |
|  |
| **SECTION 1 (2,000 characters (not words) allowed per response)** |
| **Background information** |
|  |
| Provide the Agency/Program’s Name*Provide the specific name associated with your assigned federal tax identification number. If an acronym is used please include that information.* *If the Agency/Program is referenced by another name, include that information****Example:******Family Violence Prevention Service Act also known as FVPSA (government entity)******For the People Incorporated also known as FTP Inc. (nonprofit entity)******(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| Provide the Agency/Program’s Tax Identification Number*The tax identification number is a Federal nine-digit tax number that IRS assigns to nonprofits, charities, organizations, and businesses in the following format: XX-XXXXXXX.****(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| Provide the Agency/Program’s Administrative Address *This address may be the location for staff ONLY and may exclude any service delivery.**Example: 116 West Jones Street Suite G102 Raleigh NC 27603****(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| Provide the Agency/Program’s Service Delivery Location Address *This location may be different from the “Administrative location “and will by visited by FVPSA staff as part of a monitoring site visit.* *Example: DV Shelter-will not disclose the shelter’s physical address**Prevention/Specialized Service response-116 West Jones Street Raleigh NC 27601****(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| Is this your first-time submitting application for FVPSA funds?***(respond in the immediate space below)*** |
| Type **“Yes” or “No”** here: **Click or tap here to enter text.** |
|  |
| If you are you presently receiving FVPSA (Family Violence Prevention Services Act) funds, provide the present FVPSA award amount stated on the contract***(respond in the immediate space below)*** |
| List the FVPSA **contract award amount** (do not included additional funds) **$**Click or tap here to enter text. |
|  |
| Agency/Program is classified as a **Nonprofit** or **Government** entity***(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| **BE SURE TO FOLLOW THE INSTRUCTIONS BELOW****#1**-Provide the County (or Counties) served (Statewide=100 counties served)**#2**-Provide the population of each County served as of July 2020*FVPSA has provided the link below for the purpose of this application.* *Use the link below to get the population information as of July 2020* ***(you may have to double click)***[*https://files.nc.gov/ncosbm/demog/countytotals\_populationoverview.html*](https://files.nc.gov/ncosbm/demog/countytotals_populationoverview.html)**#3**-Provide the total number of people that your agency/program has served in each county during the indicated 6-month time frame **(April 2020 thru October 2020)****#4**-Indicate the percentage based on the total population as of July 2020 response*How to calculate percentage of a number.* *Use the percentage formula: P% \* X = Y**Convert the problem to an equation using the percentage formula: P% \* X = Y.**P is 10%, X is 150, so the equation is 10% \* 150 = Y.**Convert 10% to a decimal by removing the percent sign and dividing by 100: 10/100 = 0.10.****Multi-county programs*** *will need to list each county + the population as of July 2020 for each county + the total # of people served from April 2020-November 2020/percentage of total number people served based on the total population for each county (You can list up to 10 counties below)****Statewide-100 counties served*** *+ population of NC-100 counties as of July 2020 total # of people served from April 2020-November 2020/percentage of total number people served based on the total population****(respond in the immediate space below)*** |
|

|  |  |  |  |
| --- | --- | --- | --- |
| List each county served below(10 lines available) or Statewide(100 counties served) | *Population as of July 2020* | *Total number (#) of people served from April 2020 thru November 2020* | *Percentage (%) of total number people served from April 2020 thru October 2020 based on the total population as of July 2020* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

 |
|  |
| Provide the **current** Executive Director or Equivalent’s **Name*****(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| Provide the **current** Executive Director or Equivalent’s **Email Address** **\*(used for notice of selection)*****(respond in the immediate space below****)* |
| Click or tap here to enter text. |
|  |
| Provide the **current** Governing Board Chair or Equivalent’s **Name** ***(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| Provide the **current** Governing Board Chair or Equivalent’s **Email Address*****(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| Provide the **current FVPSA Project Director** or Equivalent’s **Name**-If applicable ***(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| Provide the **current FVPSA Project Director** or Equivalent’s **Email address**-If applicable ***(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| FVPSA staff has experienced undue administrative burden due to programs having difficulty with meeting the reporting requirements associated with the FVPSA funds.It is important that the FVPSA grant recipient has the capacity to fulfill all reporting requirements. Provide the position(s)/title (s) responsible for completing and submitting the following important documents and ***Do Not include the name of a specific person/individual***  |
| **5 POINTS MAXIMUM ALLOWED FOR THIS SECTION** |
|  |
| ***(1 PT)*** Provide the name of the position(s)/title(s) responsible for: Completing and submitting **the Final grant application** ***(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(1 PT)***Provide the name of the position(s)/title(s) responsible for:Completing and submitting **the FVPSA grant contract*****(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(1 PT)*** **PLEASE NOTE:****FVPSA funds are issued on a reimbursement basis. Eligible grantees will submit monthly reimbursement reports for allowable costs until all funds are expended**.Provide the name of the position(s)/title(s) responsible for:Completing and submitting the **monthly reimbursement report** by the 10th of the month***\*This position should have knowledge and experience in working with Federal grant financial concepts******(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| \*\*Is this position “occupied” or “vacant” at the time of application? If vacant, when will the position become occupied?***(respond in the******immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(1 PT)***Provide the name of the position(s)/title(s) responsible for:Completing and submitting the **semi-annual performance(data) reports** due April 15th and October 15th***\*This position should have knowledge and experience in working with data collection concepts*** ***(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(1 PT)*** Provide the name of the position(s)/title(s) responsible for:Completing and submitting the **annual desk monitoring** review report***(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| **SECTION 2 (2,000 characters (not words) allowed per response)** |
| **5 POINTS MAXIMUM ALLOWED FOR THIS SECTION** |
| **Social Media Outreach***The competitive review process will include accessing and viewing your agency’s website and social media outlets.**Existing programs should be acknowledging FVPSA’s funding support (FVPSA logo)* |
|  |
| Provide your program’s **current** **website address** ***If not applicable: type “N/A” below*** ***(respond in the immediate space below)***  |
| Click or tap here to enter text. |
|  |
| Provide your program’s **current Facebook** name/link***If not applicable: type “N/A” below******(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| Provide your program’s **current Twitter** name/link***If not applicable: type “N/A” below******(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| Provide your **current Instagram** name**/**link***If not applicable: type “N/A” below******(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| **Specify “Other” current social media source** ***If not applicable: type “N/A” below******(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(5 PTS***)Describe how your program uses your website and social media to provide information and as a form of outreach in the community. You should include COVID 19 related outreach and information shared during 2020***(clear and concise response in the immediate space below)***  |
| Click or tap here to enter text. |
|  |
| Does your program have a person designated to maintain the social media information? ***(respond in the immediate space below)*** |
| Type **“Yes” or “No”** here**:** Click or tap here to enter text. |
|  |
| **SECTION 3 (2,000 characters (not words) allowed per response)** |
| **25 POINTS MAXIMUM ALLOWED FOR THIS SECTION**  |
| **Governing Board/Equivalent-Oversight and Support****\*\*\***It is a good practice to review your By-Laws and Policies on an annual basis\*\*\**A quorum = the number of members of a body defined as competent to transact business in the absence of the other members. The purpose of a quorum rule is to give decisions made by a quorum enough authority to allow binding action to be conducted. A quorum consists of a simple majority of members.* *A quorum is the minimum number of members of an assembly or society that must be present at any of its meetings to make the proceedings of that meeting valid.* |
|  |
| Provide the total number of **current** Governing Board members ***(respond in the******immediate space below)*** |
| **Click or tap here to enter text.** |
|  |
| ***(5 PTS)***Provide the total number of Governing Board meetings held over the past 12-months and include the dates, meeting format and Board members in attendance at each meeting.***Example:******November 20, 2019-****7 out of 12 members total in attendance-In-person meeting-Board Chair + Board Secretary + Board Treasurer + Board Co-Chair + Finance Committee Members x 3****March 18, 2020-****10 out of 12 members total in attendance-Conference Call format for meeting-Board Chair + Board Secretary + Board Treasurer + Board Co-Chair + Finance Committee Members x 3 + Fundraising Committee members x 3****July 15, 2020-****6 out of total in attendance-Conference Call format for meeting-Board Chair + Board Secretary + Board Treasurer + Finance Committee Member x 1 + Fundraising Committee member x 1 + Former client/victim-member x 1 + Service overview Committee member x 1****(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(5 PTS)***Explain how your Governing Board receives details about each grant received including the grant financial information (amount of grant, balance of grant, etc.)Provide the frequency and the format submitted to the Governing Board.***Example:****The Agency’s Finance Officer prepares a monthly spreadsheet and submits it to the Board Treasurer and Finance committee members quarterly by email. The quarterly spreadsheet provides the details of each grant including the funder’s contact information (person-email address +phone number), the grant award amount for each grant, when the grant begins and ends, the amount spent against each grant, and the balance of each grant.**(****clear and concise******response in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(5 PTS)*** Describe how your Governing Board supports sustainability of service delivery with any form of fundraising (including raising unrestricted funds) or volunteering. Include any recent specific activities by providing the timeframe and who was involved.***(clear and concise response in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(5 PTS)*** Describe the Governing Board’s familiarity and support of the program’s service delivery pertaining to family violence prevention concepts (include personnel activities). This response may include specific trainings provided to the members***.*** ***(clear and concise response in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(5 PTS)*** Describe how your agency in collaboration with the Governing Board combats bias, discrimination, and inequitable treatment from management toward staff and staff or management toward clients/survivors. Include any recent specific creative activities/trainings including implicit bias and equity trainings that support fair and equal treatment and promotes inclusiveness.***(clear and concise response in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| **SECTION 4 (2,000 characters (not words) allowed per response)** |
| **10 POINTS MAXIMUM ALLOWED FOR THIS SECTION** |
| **Outreach Plan -Community Outreach and Community Partners** |
|  |
| ***(5 PTS)***Describe your program’s **community outreach to a marginalized population** during the past 12 months. You should include COVID 19 related outreach and information shared during 2020.Be sure to specify the marginalized population and provide a timeline and/or frequency of outreach activities including creative approaches due to COVID 19, virtual activities, social media activities and staff/stakeholders involved with the process ***(clear and concise response in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(5 PTS for 2-Part Response)*** Provide the names of your community partners ***Examples of community partnerships:*** *law enforcement partners, justice system partners, mental health partners, housing partners, healthcare partners, transportation partners, education partners, faith-based partners, social service partners**Be prepared to submit the community partnership MOA’s and/or MOU’s that support community collaboration* Provide a brief overview of community partnership projects and activities involving community partners during the past 12 months **(*clear and concise response in the immediate space below)*** |
| Provide the names of community partners below |
| Click or tap here to enter text. |
|  |
| Provide a brief overview of community partnership projects and activities involving community partners during the past 12 months below |
| Click or tap here to enter text. |
|  |
| **SECTION 5 (2,000 characters (not words) allowed per response)** |
| **20 POINTS MAXIMUM ALLOWED FOR THIS SECTION** |
| *The Family Violence Prevention and Services (FVPSA) grants fund local public, private, nonprofit, and faith-based organizations and programs demonstrating effectiveness in the field of domestic violence services and prevention.*  |
| **BE SURE TO FOLLOW THE INSTRUCTIONS BELOW**Applicants must choose only one (1) of the service delivery categories below for funding request:**Domestic Violence services (DV)****Prevention-Specialized services (PS)** |
|  |
| Applicant is submitting application **for Domestic Violence Services funding** ***(respond in the immediate space below)*** |
| Type **“Yes” or “No”** here:Click or tap here to enter text. |
|  |
| How many years has your program/agency provided **“Domestic Violence**” Services?***(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| Applicant is submitting application **for Prevention-Specialized Services funding** ***(respond in the immediate space below)*** |
| Type **“Yes” or “No”** here:Click or tap here to enter text. |
|  |
| How many years has your program/agency provided “**Prevention or Specialized**” Services?***(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***You will notice that Prevention and Specialized Service responses are requested before the Domestic Violence Service responses below*** |
|  |
| **Prevention-Specialized Service Plan** (You can only respond to one category in this section)THIS SECTION WILL FOCUS ON:Prevention Service PlanSpecialized Service Plan (Complete this section ONLY if it is applicable to your service delivery) |
|  |
| **Prevention Service Plan Category**(If applicable to your service delivery)Remember that you can only choose and respond to one of the three categoriesSpecialized, Prevention, or Domestic Violence |
| Review the FVPSA **“Prevention”** service plan categories below and choose one (1) category that best fits your project’s service activitiesYou must state two (2) specific factors for choosing the category |
|  |
| **Prevention Service Plan Categories-Choose one (1) Only** |
|  |
| **Primary prevention** means strategies, policies, and programs to stop both first-time perpetration and first-time victimization. Primary prevention is stopping domestic and dating violence before they occur. Primary prevention includes but is not limited to: School based violence prevention curricula, programs aimed at mitigating the effects on children of witnessing domestic or dating violence, community campaigns designed to alter norms and values conducive to domestic or dating violence, worksite prevention programs, and training and education in parenting skills and self-esteem enhancement. |
| **Secondary prevention** is identifying risk factors or problems that may lead to future family, domestic, or dating violence, and taking the necessary actions to eliminate the Risk factors and the potential problem, and may include, but are not limited to, healing services for children and youth who have been exposed to domestic or dating violence, home visiting programs for high-risk families, and screening programs in health care settings. |
|  |
| Choose the **Prevention Service Plan** that best fits your service delivery based on the categories listed above and list the category chosen\*\*You can choose ***only one (1) Prevention Service Plan*** that best fits your service delivery***(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| State two (2) specific factors for choosing this **Prevention Service Plan** category below |
| ***(5 PTS)*** **Factor 1*****(clear and concise response in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(5 PTS)*****Factor 2** ***(clear and concise response in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(10 PTS)*** Describe how your **Prevention (Primary or Secondary) Services** have been delivered to survivors/clients **during the past 12 months.** You should include COVID 19 related outreach and information shared during 2020. The response should include- activities/tasks, projects, timeline/frequency and/or timeframes***(clear and concise response in the immediate space below)***  |
| Click or tap here to enter text. |
|  |
| **Specialized Service Plan Category****(If applicable to your service delivery*****Remember that you can only choose and respond to one of the three categories******Specialized, Prevention, or Domestic Violence*** |
| Review the FVPSA **“Specialized”** service plan categories below and choose one (1) category that best fits your project’s service activitiesYou must state two (2) specific factors for choosing the category |
| **Specialized Service Plan Categories- Choose one (1) Only** |
|  |
| **Primarily providing training, technical assistance**, and outreach to increase awareness of family violence, domestic violence, and dating violence and increase the accessibility of family violence, domestic violence, and dating violence services ***(Specialized Services)*** |
| Primarily providing culturally and linguistically appropriate services ***(Specialized Services)*** |
| **Primarily providing services for children exposed to family violence**, domestic violence, or dating violence, including age-appropriate counseling, supportive services, and services for the non-abusing parent that support that parent’s role as a caregiver, which may, as appropriate, include services that work with the non-abusing parent and child together***(Specialized Services***) |
| **Primarily providing advocacy, case management services**, and information and referral services, concerning issues related to family violence, domestic violence, or dating violence intervention and prevention, including— assistance in accessing related Federal and State financial assistance programs; legal advocacy to assist **survivors and their dependents**; medical advocacy, including provision of referrals for appropriate health care services (**including mental health, alcohol, and drug abuse treatment**), **but which shall not include reimbursement for any health care services;** assistance locating and securing safe and affordable permanent housing and homelessness prevention services; provision of transportation, child care, respite care, job training and employment services, financial literacy services and education, financial planning, and related economic empowerment services; and parenting and other educational services for survivors and their dependents***(Specialized Services)*** |
|  |
| Choose the **Specialized Service Plan** that best fits your service delivery based on the categories listed above and list the category chosen\*\*You can choose ***only one (1) Specialized Service Plan*** that best fits your service delivery***(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| State two (2) specific factors for choosing this **Specialized Service Plan** category below |
| ***(5 PTS)*** **Factor 1*****(clear and concise response in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(5 PTS)*****Factor 2** ***(clear and concise response in the immediate space below)***  |
| Click or tap here to enter text. |
|  |
| ***(10 PTS)*** Describe how your **Specialized Services** have been delivered to survivors/clients **during the past 12 months.** You should include COVID 19 related outreach and information shared during 2020. The response should include- activities/tasks, projects, timeline/frequency and/or timeframes***(clear and concise response in the immediate space below)***  |
| Click or tap here to enter text. |
|  |
| ***Domestic Violence Service Plan*** ***(If applicable to your service delivery)******Remember that you can only choose and respond to one of the three categories******Specialized, Prevention, or Domestic Violence*** |
| Provide the (District Court) Judicial District # You can determine your district by accessing the link below<https://www.nccourts.gov/assets/documents/publications/District-Court-Districts-Map-20190101_0.pdf?UOFTutPx_lbpdzdkaWvCbchTMF59u4n_>***(respond in the immediate space below)*** |
| Type **Judicial District #** here:Click or tap here to enter text. |
|  |
| Does your program provide shelter services |
| Type **“Yes” or “No”** here: Click or tap here to enter text. |
|  |
| If your service delivery includes "shelter services", indicate if you have a **"brick and mortar" shelter** (respond in the immediate space below) |
| Type **“Yes” or “No” to having a “brick and mortar shelter”** here:Click or tap here to enter text. |
|  |
| If you indicated "yes" to the question above, provide the total number of "brick and mortar" shelters***(respond in the immediate space below)*** |
| Type total number of **“brick and mortar shelters”** here: Click or tap here to enter text. |
|  |
| Provide details on how your program provides support and/or services to survivors in the following categories:**Safety planning****Crisis counseling****Legal advocacy****Resource information and referral** |
| ***(5 PTS)*** **Safety planning** ***(clear and concise response in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(5 PTS)*** **Crisis counseling** ***(clear and concise response in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(5 PTS)*** **Legal advocacy** **(*clear and concise response in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(5 PTS)*** **Resource information and referral****(*clear and concise response in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| **SECTION 6 (2,000 characters (not words) allowed per response)** |
| **30 POINTS MAXIMUM ALLOWED FOR THIS SECTION** |
| **Service challenges and barriers****(This section of the application should be completed by ALL Applicants)** |
|  |
| Review the service challenges below and choose at least one (1) service challenge impacting your **“Domestic Violence” or** **“Specialized” or “Prevention” service** program’s client/survivor’s service needs. You must state two (2) **specific barriers** that impact the service challenge you have chosen below  |
|  |
| **Service Challenges:** |
| Immigration Status service challenge  |
| Sexual orientation/Gender identity service challenge |
| Age: Youth and children service challenge |
| Age: Adults in later life service challenge |
| Geographic location service challenge (specify the geographic needs) |
| Physical, cognitive-mental illness or sensory disability service challenge |
| Faith, spirituality, or religious identity |
| Sovereignty /Indigenous Status |
| Culturally Specific communities due to Ethnicity or Cultural, language and literacy barriers |
| Other unmet needs (may include transient survivors/clients)-**please specify if the unmet need in your response**  |
|  |
| Choose one (1) service challenge listed above and state two (2) specific barriers that impact your chosen service challenge and explain how the barriers were determined. ***(clear and concise responses in the spaces below)***  |
|  |
| Service challenge ***(state in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| ***(10 PTS)*** #1barrier + determining factors ***(clear and concise response in the immediate space below)***  |
| Click or tap here to enter text. |
|  |
| ***(10 PTS)*** #2- barrier + determining factors ***(clear and concise response in the immediate below)***  |
| Click or tap here to enter text. |
|  |
| ***(10 PTS)*** Describe how FVPSA funds will be used for ***intentional service delivery and outreach activities*** to address the selected “service challenge”***(clear and concise response in the immediate below)*** |
| Click or tap here to enter text. |
|  |
| **SECTION 7 (2,000 characters (not words) allowed per response)** |
| **5 POINTS MAXIMUM ALLOWED FOR THIS SECTION** |
| **Unique Program Accomplishments and Highlights** |
|  |
| This section will allow you to share information about your program’s unique accomplishments and/or highlights ***that have not been stated*** in other sections of this application.*Something to consider in your response: innovative and inclusive approaches to outreach, service delivery, and community collaboration** *innovative and effective practices for serving marginalized populations (including survivors)*
* *enhanced capacity building for serving marginalized populations (including survivors)*
* *increased family violence awareness*
* *engagement in coordination of services among community partners*
* *collaborative initiatives to reduce incidents of family violence*
 |
|  |
| ***(5 PTS***) Provide any unique accomplishments and/or highlights about your program's service delivery in the community***(clear and concise response in the immediate below)*** |
| Click or tap here to enter text. |
|  |
| **SECTION 8** |
| **Verification and Acknowledgement of Terms** |
|  |
| We have reviewed and verified the information provided and acknowledge the termsThe Governing Board/Equivalent has been made aware of the information and terms associated with this project. The Governing Board/Equivalent was made aware on the date below and it was communicated by one of more of the following formats: email, letter, virtual meeting, conference call, individual phone call, other-specify.***(respond in the immediate space below)*** |
| Click or tap here to enter text. |
|  |
| Executive Director or Equivalent’s **Name below** |
| Click or tap here to enter text. |
|  |
| Executive Director or Equivalent’s **Email address below** |
| Click or tap here to enter text. |
|  |
| Executive Director or Equivalent’s **Best Contact number below** |
| Click or tap here to enter text. |
|  |
| Governing Board Chair or Equivalent’s **Name below** |
| Click or tap here to enter text. |
|  |
| Governing Board Chair or Equivalent’s **Email address below** |
| Click or tap here to enter text. |
|  |
| Governing Board Chair or Equivalent’s **Best Contact number below** |
| **Click or tap here to enter text.** |
|  |

**REMEMBER**

Be sure to review your application for completeness and accuracy prior to submission

**The completed pre-application is due by 5:00pm on Tuesday, December 29, 2020**

If your application is not selected, do not be discouraged. FVPSA may have unique special funding projects in the future. Remain in contact with the funder: NCFVPSA@DOA.NC.GOV

**How to submit the completed application:**

* Submit by email to: NCFVPSA@DOA.NC.GOV
* The email subject line: Program/agency’s name + DV or P/S application
* Save the application in “Word” format and Submit the “Word” application as an attachment (PDF format will not accepted)

Be sure that the “Word” formatted application has been saved with a label that contains your program/agency’s name + Service Category (DV or P/S)

* Multiple submissions of the application will deem you ineligible for consideration for funding
* Applications that are not submitted as instructed will not be processed for review and eligibility. The selection process will include an assessment of risk factors for presently funded applicants and 1st time applicants along with scores and recommendations from a team of grant application reviewers
* The notification process will be in the form of an email sent to all applicants
* The email notice will list the applicants that have been selected by the selection process to submit a Final Grant Application
* The email notice of selection will be sent during the month of March 2021