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**State Grant Application FY23-25: Grantee Supplemental Application Form for Year 2 ONLY**

For All NEW State Domestic Violence/Sexual Assault Grant Applicants

Rev. 03/18/2024

**Instructions:**

All new applicants must complete the “Grantee Profile” section in CFWYI’s online EBS grants management system in addition to this “Grantee Supplemental Application Form.” New 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 Year 2 of the 2023-2025 fiscal biennium **must be uploaded into a new “Application with Actual Budget” in CFWYI’s online EBS grants management system by May 5, 2024**.

Please upload your application under the applicable program name:

* FY 2024-2025 DV
* FY 2024-2025 SA (for Sexual Assault Dual grantees)
* FY2024-2025 SA SA (for Sexual Assault Stand Alone grantees)

Forms that are incomplete, incorrect, and/or handwritten, or that are received after the deadline, will not be accepted. New applicants will be notified of grant award eligibility before July 1, 2024. After notification of eligibility, grantees will be required to submit an Actual Budget for Year 2 of the biennium through the EBS grants management system and execute a one-year grant award contract. 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 |
| --- | --- |
| Check the program to which this Grantee Supplemental Application Form applies. Please check only one program and submit a separate Grantee Supplemental Application Form for each. | Domestic Violence  Sexual Assault |
| Full legal name of organization. |  |
| County covered by this Grantee Supplemental Application Form. |  |
| 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. Performance reporting about goals and objectives will be due in July when grantees submit their semi-annual data.

| 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 FY 23-24 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 24-25.
   1. **Domestic Violence Operating Budget and Program Funding Sources:**

|  |  |
| --- | --- |
| FY 23-24 DV Program Operating Budget | $ |

|  |  |
| --- | --- |
| Non-CFWYI Funding Source | FY 24-25 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:**

|  |  |
| --- | --- |
| FY 23-24 SA Program Operating Budget | $ |

|  |  |
| --- | --- |
| Non-CFWYI Funding Source | FY 24-25 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 Oversight   1. 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 Controls   1. 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 Oversight   1. 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.) |  |
| 12 | What is your organization’s fiscal year? |  |
| 13 | Does your organization qualify for Level III reporting (“A recipient or subrecipient that receives, holds, uses, or expends State financial assistance in an amount equal to or greater than five hundred thousand dollars ($500,000) within its fiscal year”)? | Yes  No  *If yes, 09 NCAC 03M. 0205(b) requires you to have a single or program specific audit prepared and completed in accordance with Generally Accepted Government Auditing Standards, also known as the Yellow Book.*  Per *09 NCAC 03M. 0205(c), audits must be provided to CFWYI no later than 9 months after the end of your organization’s fiscal year.* |

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 |  |