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**State Grant Application FY25-27: Grantee Supplemental Application Form**

For All State Domestic Violence/Sexual Assault Grant Applicants

Rev. 03/19/2025

**Instructions:** All applicants must complete/update the “Grantee Profile” section in CFWYI’s online EBS grants management system in addition to this “Grantee Supplemental Application Form.” If you have already created a Grantee Profile, you do not need to create an additional one. However, please make sure the profile is updated to reflect the appropriate and most up-to-date program staff and their contact information.

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 2025-2027 fiscal biennium **must be uploaded into CFWYI’s online EBS grants management system by May 9, 2025**. Forms that are received after the deadline will not be accepted. Upon notification, applicants will have 7 business days to respond to any CFWYI requests pertaining to insufficient or missing information.

Please upload your application under the applicable program name:

* FY 2025-2026 DV
* FY 2025-2026 SA (for Sexual Assault Dual grantees)
* FY 2025-2026 SA SA (for Sexual Assault Stand Alone grantees)

As a matter of eligibility, CFWYI region staff will confirm the existence of updated board approved policies. Please ensure that the required policy/organizational documents have been uploaded/updated in the grantee profile:

* Board List (including any board committees and chairs)
* Articles of Incorporation (N.C. Gen. Stat. § 55A)
* Strategic Plan and Sustainability Plan
* Conflict of Interest Policy
* Confidentiality Policy
* Non-discrimination Policy
* Organizational Code of Conduct
* Internal Controls Policy
* Recordkeeping Policy
* Whistleblower Policy
* IRS 501(c)(3) Determination Letter (if applicable)
* Organizational Chart
* Most recent financial audit (if applicable)

Please also upload/update any board approved policies that address activities represented in this application, such as policies addressing family medical leave or bonuses.

Applicants will be notified of grant award eligibility **before July 1, 2025**. After notification of eligibility, grantees will be required to submit an Actual Budget for Year 1 through the EBS grants management system and to execute a one-year contract with an option to renew, if mutually agreed upon. 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. **Organizational 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 |  |
| Doing Business As name (if applicable) |  |
| Organization type | 501(c)(3) Nonprofit  Local Government Agency |
| Organization’s fiscal year |  |
| County covered by this Grantee Supplemental Application Form |  |
| Does your organization have a mission statement that clearly specifies rape crisis services are provided? (SA applicants only) | Yes  No |
| Has your organization been providing sexual or domestic violence services for at least one year? | Yes  No |
| 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? |
| Number of shelter facilities (DV applicants only):  *This is a count of shelter facilities providing immediate housing to victims of domestic violence and their children managed by the domestic violence program. This normally includes only communal living spaces and other buildings owned or rented by the program. This number should not include safe homes, motels or shelter beds provided by other programs.* |  |
| Number of non-shelter service sites:  *List the total number of service sites (i.e., office locations) where a program provides non-residential services. This may include the coordination of shelter for victims through hotels and safe homes where there is not a shelter facility. This number should be one (1) if the program has a single program site with no shelter facility. If a program maintains satellite locations, they should be counted here, e.g., one main office and two satellite offices should be reported as three (3) sites. This is not a count of the number of hotels and safe homes used.* |  |
| Does your organization have sufficient staff and resources to fully utilize the requested grant funds? | Yes  No  *If yes, describe your existing staff positions:*  *If no, please explain:* |
| How does your organization ensure that direct service providers (staff and volunteers) receive 20 hours of annual training on confidentiality, crisis intervention, and legal protection for survivors? |  |
| How does your organization document and track training certifications for staff and volunteers? |  |
| Does your organization require all advocates, staff, and volunteers to sign a confidentiality agreement? | Yes  No |
| Does the county for which you are applying for services have an active Sexual Assault Response Team, Coordinated Community Response Team, Hospital MOU, or Anti-Human Trafficking Taskforce? | Yes  No  *If yes*, *specify which one(s) and upload copies of MOUs or agreements to your Grantee Profile:* |

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 | Does your organization provide the following required services? (check all that apply) | Briefly describe how you provide each service: |
| --- | --- | --- |
| 24/7 Hotline Services (at a minimum, must include call forwarding at night) | Yes  No |  |
| Transportation Assistance | Yes  No |  |
| Community Education Programs (awareness and outreach) | Yes  No |  |
| Daytime Services | Yes  No |  |

| DV Additional DOA Criteria | Does your organization provide the following required services? (check all that apply) | 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 |  |
| Emergency Shelter Services | Yes  No |  |

* + 1. *Sexual Assault Services*

| SA Required Core Service | Does your organization provide the following required services? (check all that apply) | Briefly describe how you provide each service: |
| --- | --- | --- |
| 24/7 Hotline Services (at a minimum, must include call forwarding at night) | Yes  No |  |
| Transportation Assistance | Yes  No |  |
| Community Education Programs (awareness and outreach) | Yes  No |  |
| Support Groups | Yes  No |  |
| Daytime Services | Yes  No |  |
| Medical/Hospital Advocacy/Accompaniment | Yes  No |  |
| Legal Advocacy/Court Accompaniment | Yes  No |  |

| SA Additional DOA Criteria | Does your organization provide the following required services? (check all that apply) | 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 |  |
| Emergency Shelter Services | Yes  No |  |

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

| Coalition Service | Does your organization provide the following services? | Briefly describe how you provide each service: |
| --- | --- | --- |
| Member Services | Yes  No |  |
| Topical Training (promising and best practices) and Technical Assistance that address advocacy fundamentals in service delivery | Yes  No | *What topics are covered by your training institute and how often are they provided?* |
| Resource Sharing and Policy Development (promising and best practices) | Yes  No |  |
| Legislative Advocacy | Yes  No |  |
| Other (optional) | Yes  No |  |

1. **Program Impact and Organizational Capacity**
   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 |  |
| 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 confirmed program operating budget for FY25-26 for the program and county covered by this supplemental application. In addition, list all projected amounts for the program and county for FY26-27. Please note that In-kind donations, such as volunteer hours, or other non-cash gifts should not be listed in the budgets below.
   1. **Domestic Violence Operating Budget and Program Funding Sources:**

|  |  |
| --- | --- |
| FY25-26 DV Confirmed Program Operating Budget | $ |

| Non-CFWYI Funding Source | FY26-27 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) | $ |
| Other (combine all funding streams) | $ |
| **State** | |
| Human Trafficking Commission | $ |
| Other (combine all funding streams) | $ |
| **Local** | |
| County Government | $ |
| City Government | $ |
| United Way | $ |
| Other (combine all funding streams) | $ |
| **Foundations** | |
| Combine all funding streams | $ |
| **Other** | |
| Private Donations | $ |
| Fundraisers | $ |
| Thrift Store | $ |
| Other (combine all funding streams) | $ |

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

|  |  |
| --- | --- |
| FY25-26 SA Confirmed Program Operating Budget | $ |

| Non-CFWYI Funding Source | FY26-27 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) | $ |
| Other (combine all funding streams) | $ |
| **State** | |
| Human Trafficking Commission | $ |
| Other (combine all funding streams) | $ |
| **Local** | |
| County Government | $ |
| City Government | $ |
| United Way | $ |
| Other (combine all funding streams) | $ |
| **Foundations** | |
| Combine all funding streams | $ |
| **Other** | |
| Private Donations | $ |
| Fundraisers | $ |
| Thrift Store | $ |
| Other (combine all funding streams) | $ |

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  Yes  No  Yes  No  Yes No |
| 2 | If you answered no to any question in #1, above, provide an explanation |  |
| 3 | Specify the financial software your organization uses |  |
| 4 | How often does your organization reconcile cash accounts? | Monthly  Quarterly  Other (*specify*): |
| 5 | Financial Controls:  Does your organization have best practices in place to protect against fraud and misuse of funds? (check all that apply)   1. Organization maintains a Chart of Accounts that separates grants funds and other income, as well as restricted and unrestricted funds 2. Employees, board members, and volunteers who handle cash and investments are bonded/insured 3. Organization has a documented set of internal controls, including the handling of cash and deposits, approval of spending, and disbursements 4. Organization has a policy identifying authorized check signers and the number of signatures required on checks in excess of specified dollar amounts, and that otherwise ensures segregation of financial duties   Does your organization meet the following legal requirements?   1. Organization files form 990s on a timely basis 2. If a Level II recipient, organization complies with single audit requirement | Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  N/A  Yes  No |
| 6 | If you answered no to any question in #5, above, provide an explanation |  |
| 7 | Payroll:   1. Does your organization use an external payroll service or an internal accounting system for payroll processing? 2. Organization follows IRS payroll tax regulations and confirms that tax withholdings are properly deducted and remitted | External  Internal  Yes  No |
| 8 | Has your organization ever been placed on corrective action for non-compliance including placement on the statewide suspension of funding list? | Yes  No  *If yes, provide details:* |
| 9 | Was your organization notified by CFWYI during the closeout of last FY’s grant(s) that you were required to revert funds to the state? | Yes  No  *If yes, describe how you will be able to fully utilize funds this year:* |
| 10 | Does your organization have a registered account for sales and use tax refunds with NC Department of Revenue? | Yes  No |
| 11 | How often does the Board of Directors meet per the approved bylaws? (Non-Profits Only) |  |
| 12 | Board Activities (Non-Profits Only)   1. Board members receive annual training that includes a review of the organization’s mission statement, articles of incorporation and bylaws, fundraising goals and grant income, focus of committees, and the organization’s most recent financial statements 2. Board routinely reviews financial statements, including balance sheet (or statement of financial position) and statement of revenue and expenses (or statement of financial activities) 3. Government contracts, purchase service agreements, and grant agreements are in writing and reviewed by a board member to monitor compliance with all stated conditions 4. Board is informed of all reversions and forfeitures of grant awards | Yes  No  Yes  No  Yes  No  Yes  No |
| 13 | If you answered no to any question in #12, above, provide an explanation |  |
| 14 | Does your organization maintain an operating reserve of at least three to six (3-6) months? | Yes  No |
| 15 | If you answered no to question #14, above, provide an explanation |  |
| 16 | Provide a summary of your financial sustainability plan and efforts for the fiscal biennium covered by this form |  |
| 17 | Indicate here whether your agency agrees to monitor spending and to seek technical assistance as needed (such as underutilization of funds or budget change requests due to extended vacancies) | Yes  No |
| 18 | Does the organization agree/understand that this grant requires a required 20% match for DV and SA funds? (Note: 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. If you need TA to understand types of match, please contact your assigned RD.) | Yes  No |
| 19 | Does your organization qualify for Level II reporting (“A recipient or subrecipient that receives, holds, uses, or expends grants in an amount equal to or greater than the dollar amount requiring audit as listed in [2 CFR 200.501(a)](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fosbm.us3.list-manage.com%2Ftrack%2Fclick%3Fu%3Dfde1ef52b9e3518b7172f257e%26id%3D817b48b09a%26e%3Da0fbec2a64&data=05%7C02%7Ccharnessa.ridley%40doa.nc.gov%7Ca7cc7dda11d34b29512e08dc9b8d2408%7C7a7681dcb9d0449a85c3ecc26cd7ed19%7C0%7C0%7C638556277714209662%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=Wq%2BR6seHtCcZ6d3QFZT7vwzcU3EFJl4d8flCoZjDCK8%3D&reserved=0) within its fiscal year” (currently $1 million as of October 1, 2024))? | Yes  No  *If yes, 09 NCAC 03M. 0205(b)(4) 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.

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