**State Grant Application FY24-25: Grantee Supplemental Application Year 2 Update Form**

For All EXISTING State Domestic Violence/Sexual Assault Grantees

New 03/5/2024

**Instructions:** In order to exercise the option to renew a grant award for Year 2 of the fiscal biennium, if mutually agreed upon, as set forth in Paragraph 3 (“Effective Period”) of CFWYI’s FY23-24 state grant contracts, all existing CFWYI state grantees must update their “Grantee Profile” section in CFWYI’s online EBS grants management system, including all required attachments, and complete the certification at the bottom of the profile.

In addition, existing grantees must submit a separate “Grantee Supplemental Year 2 Update Form” for each program type (i.e., DV and SA) and for each county for which they are seeking a separate Year 2 award. Existing grantees should have a copy of their FY23-25 Grantee Supplemental Application Form on hand when completing this Year 2 Update Form because the questions herein refer back to the answers provided in your original submission. Completed “Grantee Supplemental Year 2 Update Forms” for the second year 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. Grantees will be notified of Year 2 grant award eligibility before July 1, 2024. After notification of eligibility, grantees will be required to submit an Actual Budget for Year 2 through the EBS grants management system and execute a one-year grant award contract renewal. 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. **Existing Grantee Information**

| Questions | Grantee Responses |
| --- | --- |
| Check the program to which this Year 2 Update Form applies. Please check only one program and submit a separate Year 2 Update Form for each.  | [ ]  Domestic Violence [ ]  Sexual Assault |
| Full legal name of organization. |       |
| County covered by this Year 2 Update Form. |       |
| Have there been any changes in the “Applicant Information” that your organization submitted to CFWYI in 2023 in your Grantee Supplemental Application Form? | [ ]  Yes [ ]  No*If yes*, please explain those changes here:       |
| Have there been any changes to your organization’s notarized certification that it does not have any overdue tax debts since you submitted Attachment E to your original executed contract with CFWYI in 2023? | [ ] [ ]  Yes [ ] [ ]  No*If yes*, please explain those changes here:       |
| Have there been any changes to your organization’s 501(c)(3) status since you submitted Attachment F to your original executed contract with CFWYI in 2023? | [ ] [ ]  Yes [ ] [ ]  No*If yes*, please explain those changes here:       |

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 | Grantee Response |
| --- | --- |
| Have there been any changes in the “DV Required Core Services” that your organization submitted to CFWYI in 2023 in your Grantee Supplemental Application Form? Core Services include hotline, transportation, community education (awareness and outreach), daytime services, and call forwarding at night. | [ ]  Yes [ ]  No*If yes*, please explain those changes here:       |

| DV Additional DOA Criteria | Grantee Response |
| --- | --- |
| Have there been any changes in the “DV Additional DOA Criteria” that your organization submitted to CFWYI in 2023 in your Grantee Supplemental Application Form? Additional DOA Criteria include job counseling, job training/placement, financial management, health education, education (secondary and post-secondary), crisis intervention, therapeutic counseling, support groups, and shelter services.  | [ ]  Yes [ ]  No*If yes*, please explain those changes here:       |

* + 1. *Sexual Assault Services*

| SA Required Core Service | Grantee Response |
| --- | --- |
| Have there been any changes in the “SA Required Core Services” that your organization submitted to CFWYI in 2023 in your Grantee Supplemental Application Form? Core Services include hotline, transportation, community education (awareness and outreach), daytime services, call forwarding at night, medical/hospital advocacy/accompaniment, and legal advocacy/court accompaniment. | [ ]  Yes [ ]  No*If yes*, please explain those changes here:       |

| SA Additional DOA Criteria | Grantee Response |
| --- | --- |
| Have there been any changes in the “SA Additional DOA Criteria” that your organization submitted to CFWYI in 2023 in your Grantee Supplemental Application Form? Additional DOA Criteria include job counseling, job training/placement, financial management, health education, education (secondary and post-secondary), crisis intervention, therapeutic counseling, support groups, and shelter services.  | [ ]  Yes [ ]  No*If yes*, please explain those changes here:       |

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

| Coalition Service | Grantee Response |
| --- | --- |
| Have there been any changes in the “SA Additional DOA Criteria” that your organization submitted to CFWYI in 2023 in your Grantee Supplemental Application Form? Coalition services include professional trainings, policy development, legislative advocacy, and other.  | [ ]  Yes [ ]  No*If yes*, please explain those changes here:       |

1. **Program Goals and Objectives**
	1. **All Grantees *Other Than* Coalitions:** If your organization is determined to be eligible for renewal, the following goals and objectives will be areas of focus for monitoring and technical assistance during Year 2 of the fiscal biennium. For Year 2, you may reuse the goals you listed in your 2023 Grantee Supplemental Application Form for the same program type, or you may create new goals. 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. For Year 2, you may reuse the goals you listed in your 2023 Grantee Supplemental Application Form for the same program type, or you may create new goals.

| 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 FY23-24 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:**

|  |  |
| --- | --- |
| FY23-24 DV Program Operating Budget | $      |

|  |  |
| --- | --- |
| Non-CFWYI Funding Source | FY24-25 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:**

|  |  |
| --- | --- |
| FY23-24 SA Program Operating Budget | $      |

|  |  |
| --- | --- |
| Non-CFWYI Funding Source | FY24-25 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 |
| --- | --- |
| Have there been any changes in the “Financial Controls and Oversight” information that your organization submitted to CFWYI in 2023 in your Grantee Supplemental Application Form? | [ ]  Yes [ ]  No*If yes*, please explain those changes here:       |
| What is your organization’s fiscal year? |       |
| 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 Year 2 Update Form, my organization’s Grantee Profile in EBS, 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 same information. I understand that the information in my organization’s updated Grantee Profile and all attachments thereto, as well as the Grantee Supplemental Application Form that my organization submitted in 2023, are incorporated by reference into this Year 2 Update Form.

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 |       |