**Application Form**

**Family Violence Prevention and Services Act (FVPSA)**

**American Rescue Plan COVID-19 Testing, Vaccines and Mobile Health Unit Access Supplemental Funding**

For Eligible CFWYI Core Grantees

Rev. 10/04/2024

**Application Instructions:**
All applicants must have an updated “Grantee Profile” section in CFWYI’s online EBS grants management system. If you have already created a Grantee Profile for state grants or another FVPSA funding stream, you do not need to create an additional one. However, please make sure the profile is updated to reflect the appropriate FVPSA program staff and their contact information. The next step is to create and submit an “Application with Actual Budget” to accept the FVPSA ARPA-COVID Grant. **Applications and complete budgets must be received in the grants management system (EBS) by October 21, 2024. When in EBS, select the program “FFY 24-25 FVPSA ARP-COVID” and then the “Create an Actual Budget” button to complete the application.** Upload this “Application Form” and submit an Actual Budget.

Forms that are incomplete, incorrect, and/or handwritten, or that are received after the deadline, will not be accepted. CFWYI’s FVPSA Program Rules are available at [Family Violence Prevention & Services Act | NC DOA.](https://www.doa.nc.gov/divisions/council-women-youth/dv-sa-grants/fvpsa)

**Applicant Information: Deadline by October 21, 2024 for Complete Application**

| Questions | Applicant Responses |
| --- | --- |
| Full legal name of organization |       |
| County/Service Area |       |
| Is the subgrantee able to meet the performance reporting deadlines?  | [ ]  Yes [ ]  No |
| Total budget amount | $122,807.02 |
| Is the subgrantee able to utilize the full award amount by the project/contract end date of **August 31, 2025**? | [ ]  Yes [ ]  No |
| Does your organization have sufficient staff and resources to manage and execute this project?  | [ ]  Yes [ ]  No*If yes, how many full-time equivalents will work on this project?*     *Note: A timesheet that tracks multiple funding sources will be required with all reimbursement reports that claim staff time.* |
| Are there any issues in staffing that could delay spending? | [ ]  Yes [ ]  No*If yes, describe your efforts to resolve those issues:*       |
| Are the staff involved in this project aware of the spending deadline? | [ ]  Yes [ ]  No |
| UEI Number and expiration date **NOTE: Unique Entity Identifier (UEI) replacing Dun & Bradstreet Data Universal Numbering System**: UEIs are replacing Data Universal Numbering System (DUNS) numbers. As of April 4, 2022, all applicants must have a Unique Entity Identifier (UEI) on file to apply for federal funds. The UEI is a 12-character alphanumeric value, and it is managed, granted, and owned by the government. UEIs are generated directly in SAM.gov |       |
| Does the organization expend more than $750,000 in Federal grant funds?  | [ ]  Yes [ ]  No*If yes, a single audit is required and a copy must be forwarded to CFWYI. Note that this threshold will increase to $1 million on October 1, 2024.*  |

**Financial Controls and Oversight**

|  | Questions | Applicant Responses |
| --- | --- | --- |
| 1 | Designated Positions for Financial Oversight1. 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 Controls1. 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: |       |

**Please select the area(s) of focus that this funding will be utilized for and describe the activities/programs/ services that are involved and how they will be implemented. (500 word minimum)**

**AREAS of FOCUS** *(check all that apply from the “Allowable Uses of Funds” section of the funding announcement and describe below)*

[ ] [ ]  1. Staff Wellness & Retention

[ ] [ ]  2. Technology

[ ] [ ]  3. Supports for Survivors’ Basic/Essential Needs

[ ] [ ]  4. Health and Safety (*includes Hurricane Helene relief, which will require a specific performance report*)

[ ] [ ]  5. Workforce Expansion, Capacity Building, and Supports and Partnerships

|  |
| --- |
| Area(s) of Focus (500 words minimum)      |

**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 |       |