BRIAN SANDOVAL
Governor

STATE OF NEVADA

MICHAEL J. WILLDEN
Director

AMBER HOWELL
Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
4126 Technology Way – 3rd Floor
Carson City, Nevada 89706
(775) 684-4400

Request for Proposals
for the data reporting and monitoring of:

- **Domestic Violence (DV);**
- **Victims of Crime Act (VOCA);**
- **Title IV-B, Subpart 2 (IV-B); and**
- **Independent Living (IL)**

Release date: **Tuesday, February 26, 2013**
Deadline for Submission Date and Time: **Friday, April 26, 2013**

For additional information, please contact:
Debbie Tanaka
4126 Technology Way, 3rd Floor
Carson City, NV 89706

Phone: (775) 684-7946
Email: dtanaka@dcfs.nv.gov

State of Nevada
Department of Health and Human Services
Division of Child and Family Services
GRANTS MANAGEMENT UNIT

REQUEST FOR PROPOSALS

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STATE OF NEVADA
Department of Health and Human Services
Division of Child and Family Services
Grants Management Unit
State Fiscal Years (SFY) 2014 through 2017

Domestic Violence (DV) and Victims of Crime Act (VOCA), Title IV-B, Subpart 2 and Independent Living (IL) funds awarded as a result of this Request for Proposals (RFP) will begin on July 1, 2013 and expire on June 30, 2017.

Funds are awarded on an annual State Fiscal Year (SFY) basis and dependent upon availability of funding. The State Fiscal Year starts on July 1st and ends on July 30th of each year. Unused funds from one year will not be automatically carried forward (re-awarded) to the next year.

Source and Purpose of Funds

The State of Nevada Department of Health and Human Services, Division of Child and Family Services will accept applications for the online programmatic reporting, monitoring and maintenance of the online reporting systems for various grant-funded projects.

Funding Source	Approximate Number of Projects	Approximate Funding
Domestic Violence (DV)	30	$ 25,000
Victims of Crime Act (VOCA)	35	$ 65,000
Title IV-B, Subpart 2 (IV-B)	30	$ 32,000
Independent Living (IL)	15	$ 30,000
Total	**110**	**$152,000**

Please contact Debbie Tanaka at 775-684-7946 if you would like a copy of the regulations for any of the above funding source(s).

This announcement is to implement a funding process that combines application review and grant allocation among funding sources administered by the DCFS Grants Management Unit (GMU). The intent is to streamline the process, with a single RFP to incorporate multiple funding sources. Collective review of applications will facilitate a broader understanding of available resources and opportunities for collaboration.

The successful applicant will be expected to provide monthly timesheets with an explanation of services provided for the time in which funding is requested for reimbursement.

Eligibility

All non-profit and public agencies (including state and local governmental agencies, universities and community colleges), can apply if interested in providing services under these funding sources.

Applicants interested in applying for funding from more than one grant source must provide separate and distinct information with sections clearly identified by grant type (DV; VOCA; IV-B; IL) to include details required for each grant type.

Insurance Requirements

Providers will be required to secure, maintain and pay for insurance coverage as determined by the Risk Management Division which may include but is not limited to: Workers' Compensation, General Liability and Professional Liability. Evidence of insurance is mandatory and must be submitted with the application to avoid rejection.

Match Requirements

Applicants must have a record of providing effective services and financial support in the amount of 20% of the total project from non-Federal sources for Domestic Violence (DV) and Victims of Crime Act (VOCA) and 25% for Title IV-B, Subpart 2 (IV-B) and Independent Living (IL).

Please see the Federal calculations of match below:

DV and VOCA:
Amount requested divided by .80 = Total Program Cost
Program Cost multiplied by .20 = Match

DV and VOCA Example:
$10,000 requested divided by .80 = $12,500 (Total Program Cost)
$12,500 (Total Program Cost) multiplied by .20 = $2,500 (Match)

IV-B and IL:
Amount requested divided by .75 = Total Program Cost
Program Cost multiplied by .25 = Match

IV-B and IL Example:
$10,000 requested divided by .75 = $13,333 (Total Program Cost)
$13,333 (Total Program Cost) multiplied by .25 = $3,333 (Match)

Awarding and Funding Process

DCFS staff along with application review subcommittee members will review and evaluate each application based upon the GMU Scoring Matrix (Attachment A). The review process will include a technical review of applicant information, executive summary, time table and budget forms. Limited opportunity will be provided for applicants to correct any technical problems related to their applications.

GMU staff will conduct negotiations with the applicants recommended for funding, to address any specific issues identified by the GMU or review subcommittee. Not all applicants who are contacted for final negotiation will receive an award. All questions and concerns must be resolved before a grant will be awarded.

Applicants will be notified of their status with a Letter of Intent after decisions have been made. Adjustment of budgets and goals may be required at that time. Upon successful conclusion of negotiations, GMU staff will complete and distribute Notice of Sub-Grant Award (NOSA) documents, general conditions, and grant instructions to sub-grantees.

Decisions will be based on GMU and subcommittee recommendations which will be provided to the Administrator of DCFS for final approval. There will be **no appeal process**.

Satisfaction Survey

The Division's sub-grantees will participate in providing feedback on the communication with the successful applicant through annual satisfaction surveys.

GRANT APPLICATION PROCESS AND INSTRUCTIONS

The application is available online at the Division of Child and Family Services' website located at www.dcfs.state.nv.us This application will be available online until the closing deadline.

A. APPLICATION PROCESS

1. This RFP includes all forms necessary to apply for sub-grant funds. Specific application requirements such as the narrative are also detailed.
2. Applicants must include all required information at the time the application is submitted to assure that all materials are available for review.
3. Additional application materials not requested by DCFS are not necessary, and will not be considered as part of the grant application.
4. Any materials previously submitted are not valid for consideration as part of an application for funds.
5. Do not put applications in binders.
6. DCFS is not responsible for any costs incurred by applicants responding to any Request for Proposals. All materials submitted by an applicant become the property of DCFS.
7. DCFS believes that continuity and consistency of funding for victim services providers are key criteria for a mutually successful system of victim services. In this regard, priority for funding will be given to current programs that maintain quality services and fiscal accountability. Awards for up to three years will be available and every attempt will be made to accommodate appropriate funding levels for continuing or ongoing organizations.
8. DCFS reserves the right to make or deny an award without requesting further clarification of the proposal received. Therefore applicants are encouraged to submit proposals, which are technically correct and self-explanatory. All applications should be prepared simply and economically, and should provide a straightforward and concise description of the proposed services and the applicant's ability to meet the program requirements.
9. Late or incomplete applications will not be considered for funding.

B. INSTRUCTIONS

Formatting (5 points possible)

Application must be submitted on white paper, 12 font, single-spaced, single-sided, Times New Roman, black font color.
The name of the applicant agency and page numbers must be clearly indicated in a footer at the bottom of every page.

The original (clearly labeled) and two (2) copies of all application materials must be submitted.

The technical elements of the application must be completed using the forms provided in this RFP. For electronic copies of these forms, please contact Debbie Tanaka at 775-684-7946.

No additional materials will be accepted. This includes support letters, brochures, newspaper clippings, photographs, media materials, etc. This does **not** include Memorandums of Understanding (MOU) from collaborative partners.

Provide a response to each category in the order provided.

1. **Application Checklist**

   Complete the checklist in Appendix A, identifying those items included in the application that you are submitting.

2. The **Executive Summary** must not exceed 2 pages covering the following five topics:

   a. Brief description of the project(s) and the need(s) to be addressed, clearly specified for each funding source (DV; VOCA; IV-B and IL).

   b. What services will be offered and by whom.

   c. The funding requested for state fiscal years 2010 thru 2013 and the amount and source of additional support, if applicable.

   d. How the project accomplishments will be documented and project outcomes measured.

3. The **Project Narrative** section must not exceed 12 pages total and must include:

   a. **Describe the project** (20 points possible)

      Clearly describe the services to be provided by your program or project, and the method(s) for delivery of those services.

   b. **Recruitment and use of volunteers (VOCA and DV)**

      Explain the recruitment process, continual use of volunteers throughout the grant periods and proposed duties.

   c. The **Scope of Work** narrative section needs to include:

      Documenting and measuring outcomes. (20 points possible)

      i. Describe the measures that you will use to track both outputs and outcomes of your project. Output measures define either the quantity or quality of **effort** put forth for the project, and answer questions such as:

         1) How much service did we deliver?;
         2) How well did we deliver service?; and
         3) Describe how the program will evaluate customer / client satisfaction and include any satisfaction surveys currently in use.

ii. Outcome measures should determine the **effect** of services.

iii. Address the outcome criteria. Clearly define your selected measures and the procedures you will implement to track them.

The successful applicant will participate in Scope of Work revision(s) and development.

d. **Cost effectiveness of the project.** (10 points possible)

Describe non-cash resources (other than a grant through the GMU) that will be used to create, sustain, or expand the service. These can include, but are not limited to, in-kind support, staff and volunteer hours **(required for VOCA and DV funding),** and collaborative efforts with other agencies.

If there is a cost benefit to the state by provision of these services under the RFP, please document these cost savings.

e. **Potential for ongoing sustainability of the project.** (10 points possible)

Describe resources or planning that support sustainability, including diverse funding resources, staff commitments, and longevity of the organization.

f. **Leveraging of additional resources.** (5 points possible)

Describe other grant resources that have been examined to maximize expenditures through local, federal and private contributions.

g. **Staff qualifications.** (10 points possible)

Describe how proposed services will be staffed and explain how staff is qualified to provide the anticipated services. Resumes may be attached to your proposal. Describe the capacity to provide a 24-hour response to DCFS and DCFS' sub-grantees and justify exceptions. The successful applicant will be required to maintain and submit a monthly contact log sheet identifying the date the agency received and responded to calls and / or emails, the name of the agency and person seeking technical assistance.

4. **Scope of Work Form**

Complete the enclosed Scope of Work Form (Appendix C) by stating the target population, goal, objective and timeframe, documentation, and projected services.

5. **Time Table**

Construct a table to identify timelines for implementation of services / new services on a State Fiscal Year basis.

6. **Budget Forms and Budget Narrative** (20 points possible)

a. See Appendix D Budget Request and Justification Forms included this RFP.

b. Be sure all figures add up correctly and that totals match within and between all forms and sections.

c. In your budget narrative, include fiscal management capacity of your organization with an overview of internal controls.

7. **Assurances and Agreements** (Appendices E and F)

a. Provide the name and title of the authorized representative for your organization.

b. Obtain that person's signature and date of signature.

NOTE: Failure to follow these instructions will disadvantage your application as compared to those submitted according to the guidelines.

C. TECHNICAL ASSISTANCE

Debbie Tanaka, Grants and Projects Analyst, is available to help applicants requiring clarification or technical assistance in preparing the proposal. If you need either, please call 775-684-7946 or send her an email at dtanaka@dcfs.nv.gov

D. APPLICATION SUBMITTAL

Applications may be mailed or hand-delivered to:

Division of Child & Family Services
4126 Technology Way, 3rd Floor
Carson City, NV 89706
Attn: Debbie Tanaka

1. **All eligible applications must be received by 5:00 p.m. on the deadline date of April 26, 2013. Postmarks will not be used to determine eligibility.**

2. **NO FAXES OR E-MAILS WILL BE ACCEPTED.**

3. DCFS in coordination with the GMU and the grants application subcommittee, reserves the right to reject any and all proposals or waive any minor irregularity or technicality in proposals received.

4. As the best interest of DCFS may require, DCFS may make an award for up to three years, dependent upon available funding. Each year of the award requires a year-end close out. If an organization is unable to expend the approved budget of Year 1 by the end of Year 1, a letter requesting to re-award the remainder of the approved Year 1 budget must be submitted along with a revised budget for Year 2 in order to be considered for the re-award. The same procedure applies to an organization not expending their approved budget in Year 2. However, approval of re-awards is dependent on a variety of factors, including reason for under-spending, use of funds in the subsequent year and plan to spend awarded amount in addition to any re-awarded amount within prescribed timelines. Requests for re-awarding of

previous year funding and revised budgets must be submitted with the final Monthly Financial Status and Request for Funds Report form for the previous grant year.

5. DCFS is not responsible for any costs incurred in the preparation of the application. Projects awarded funding are those deemed best for the people of the State of Nevada.

Upon Approval of Award

A. Monthly Financial Status and Request for Funds Report filing

DCFS requires the use of a standardized Excel spreadsheet reimbursement request form that self-populates certain financial information. This form is to be used for all reimbursement requests. Monthly reports are required even if no reimbursement is requested for a month. Instructions and technical assistance will be provided upon award of funds.

A copy of the detailed billing matching the reported expenditures must be submitted with the Monthly Financial Status and Request for Funds Reports.

B. On-Site Review

Sub-grantees who receive an award must participate in the on-site review process. On-site reviews are intended to provide ongoing technical support to sub-grantees and gather information reportable by DCFS to the federal granting agency. To facilitate the review process, materials referred to in the review documents should be gathered prior to the review. The sub-grantee's primary contact person and appropriate staff should make themselves available to answer questions and assist the on-site reviewer(s) throughout the process.

The on-site review reports along with a letter identifying necessary action items will be sent to your agency within 30 working days following the conclusion of the on-site review.

Appendix A

Checklist for:
Domestic Violence (DV); Victims of Crime Act (VOCA); Title IV-B, Subpart 2 (IV-B); and Independent Living (IL)

(Please compile your proposal in the following order)

- ☐ Completed Checklist
- ☐ Coversheet
- ☐ Executive Summary
- ☐ Project Narrative
- ☐ Scope of Work Form
- ☐ Timetable
- ☐ Budget Forms
- ☐ Budget Narrative
- ☐ List of Current Organization Services
- ☐ Organizational Chart
- ☐ List of Board or Governing Body with Officers' Affiliations and Terms
- ☐ IRS Designation 501(c)(3), if applicable
- ☐ Most recent completed Independent Audit / Financial Opinion
- ☐ Copies of Insurance Coverage (not applicable to local government agencies):
  - ☐ Worker's Compensation
  - ☐ General Liability
  - ☐ Vehicle Liability
  - ☐ Professional Liability
  - ☐ Fire Insurance
  - ☐ Other Insurance Policies

☐ Signed Additional Requirements

Signed Assurances and Agreements:

Signed Certifications:

- ☐ Certification of Application
- ☐ Certification #1: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower-Tier Covered Transactions
- ☐ Certification #2: Certification Regarding Drug-Free Workplace Requirements
- ☐ Certification #3: Certification Regarding Lobbying
- ☐ Certification #4: Certification Regarding Environmental Tobacco Smoke
- ☐ Certification #5: Certification Regarding Equal Treatment for Faith-Based Organizations

☐ Two (2) copies, plus one (1) original, with the original clearly marked, for a total of three (3) documents

APPENDIX B

COVERSHEET

- **Domestic Violence (DV);**
- **Victims of Crime Act (VOCA);**
- **Title IV-B, Subpart 2 (IV-B); and**
- **Independent Living (IL)**

Organization:

Physical Address:

Mailing Address:

Phone:
Fax:
Email:

Contact Person:

Submitted To: Division of Child and Family Services
4126 Technology Way, 3rd Floor
Carson City, NV 89706
775-684-7946
Attn: Debbie Tanaka

Funding Source									
DV		**VOCA**		**IV-B**		**IL**		**Total Requested**	
Year 1	**$**	**Year 1**	**$**	**Year 1**	**$**	**Year 1**	**$**	**$**	
Year 2	**$**	**Year 2**	**$**	**Year 2**	**$**	**Year 2**	**$**	**$**	
Year 3	**$**	**Year 3**	**$**	**Year 3**	**$**	**Year 3**	**$**	**$**	
Total DV	**$**	**Total VOCA**	**$**	**Total IV-B**	**$**	**Total IL**	**$**	**Grand Total**	**$**

Appendix C

SCOPE OF WORK FORM

AGENCY NAME: _____

GRANT NAME (DV, VOCA, IV-B and / or IL): _____

Goal: Global Problem Statement	Objective and Timeframe	Documentation	Services	Estimated Number of Clients / Services
EXAMPLE 1 Increase public awareness of domestic violence in Northern NV	_____ Agency will provide 10 presentations each year	Calendar, sign in sheets media records, spreadsheets etc.	Presentations Public service announcements	10 presentations x 20 individuals per presentation = 200 individuals
EXAMPLE 2 Increase safety for domestic violence victims and their children	_____ Agency will provide 50 clients a total of 2,000 shelter bed nights each year	Admission sheets, case files, etc.	Shelter bed nights	50 clients x 40 shelter bed nights (average per client) = 2,000 shelter bed nights

Appendix D

ASSURANCES AND AGREEMENTS – FEDERAL GRANTS

As the duly authorized representatives of the applicant organization, we certify that by submitting this proposal, the applicant will:

1. Establish safeguards to prohibit employees or board members from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest or personal gain.

2. Have a copy of its official organizational by laws and amendments available for review. (Required of Community Based Organizations only)

3. Have resumes for key personnel on file.

4. Initiate and complete the Scope of Work within the applicable time frame after receipt of approval from the Division of Child and Family Services (DCFS).

5. Inform the awarding agency within 30 days of any substantial material situations affecting the successful completion of this project.

6. Comply with all federal and state statutes relating to nondiscrimination, including, but not limited to Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

7. Comply with the provisions of the Hatch Act which limits the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

8. Comply with P.L. 93-34B regarding the protection of human subjects involved in research, development and related activities supported by this award.

9. Comply with all applicable requirements of all other state and federal laws, executive orders, regulations and policies governing the program.

10. Abide by all appropriate provisions and procedures of DCFS.

11. Comply with the DCFS Business Associate Addendum (effective 4-20-05).

12. Comply with the minimum wage and maximum hours of the federal Fair Labor Standards Act.

13. Provide reports as required as well as additional information requested by the awarding agency.

14. Provide the awarding agency with a copy of each outside audit conducted for the organization, whether that audit is a formal audit or a report from a qualified, independent source which provides an opinion regarding the financial practices and solvency of the applicant organization. **(Formal audits are required for organizations that received $500,000.00 or more in federal funds during a Federal Fiscal Year.)**

Printed Name	Date
Signature	Date
Signature of President / Chairperson of Governing Body, Tribal Authority or Director of Public Agency	Date

ADDITIONAL REQUIREMENTS AGREED TO BY SUB-GRANTEE IN RECEIVING FUNDS PURSUANT TO THIS AWARD OR IN APPLICATION FOR SAME

1. The sub-grantee agrees to abide by all appropriate provisions and procedures of the Division of Child and Family Services (DCFS).

2. The sub-grantee agrees to comply with arrangements for review of accounting procedures, back-up documentation and programmatic information, as initiated by DCFS.

3. The sub-grantee agrees to facilitate and participate in annual on-site reviews, where fiscal and programmatic documents will be reviewed and discussed.

4. The sub-grantee agrees to comply with the Basic Accounting Requirements.

5. The sub-grantee agrees to provide the agreed upon Scope of Service(s).

6. The sub-grantee agrees to comply with general financial requirements and submit the Monthly Financial Status and Request for Funds Report form (Reimbursement form) as prescribed by DCFS Grants Management Unit (GMU). Payment for services rendered under this grant will only be made after the complete and correct financial request has been approved by the GMU.

7. The sub-grantee agrees to submit quarterly program performance reports utilizing the online reporting system.

8. The sub-grantee certifies that the proposal upon which these grant funds are based was authorized by the governing body of the applicant.

9. The sub-grantee agrees to comply with Public Law 103-227, Part C, Environmental Tobacco Smoke (Pro Children Act of 1994) requiring that smoking not be permitted in any portion of any indoor area routinely owned or leased or contracted for by any entity and used routinely or regularly for provision of health, day care, education or library services to children under the age of 18, if the services are funded by federal programs either directly of through state or local governments, by federal grant, contract, loan or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 per day and/or imposition of an administrative compliance order on the responsible entity. By signing and submitting this application the applicant certifies that the agency/organization will comply with this Act (Public Law 103-227).

10. The sub-grantee acknowledges that this sub-grant award may be terminated with 30 days written notice by either party.

11. The sub-grantee has provided DCFS GMU with verification that the following insurance coverage meets State of Nevada insurance requirements: Worker's Compensation Insurance, Commercial General Liability Insurance, Business Automobile Insurance (for agency owned vehicles) and Professional Liability Insurance (as applicable).

12. The sub-grantee will cooperate with DCFS GMU and any contractor hired by the GMU in establishing a professional program evaluation system to include outcome measures and the measurement of consumer impact.

13. Require its employees, board members and volunteers to maintain the confidentiality of any information, which would identify persons receiving services.

14. The sub-grantee agrees to mark equipment purchased with grant funds with the grant name, track equipment by the acquisition date, cost, percentage of grant funds used and disposition information. Equipment must be returned to DCFS if the sub-grant is terminated or if the sub-grantee is no longer funded by the particular grant source in the following grant cycle.

15. The sub-grantee acknowledges that this sub-grant award is contingent upon available funding and may be reduced within the sub-grant period.

16. The sub-grantee agrees to have a 5-year record retention schedule for the ML / DV, FVPSA and VOCA sub-grant documentation.

17. The sub-grantee agrees to make its services available to clients who may not be specified within their Scope of Work and upon the request of DCFS, in the event of a disaster.

18. The sub-grantee must promptly refer to the Department of Justice (DOJ) Office of the Inspector General (OIG) any credible evidence that a principal, employee, agent, contractor, subgrantee, subcontractor, or other person has either 1) submitted a false claim for grant funds under the False Claims Act; or 2) committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving grant funds. The condition also applies to any sub-recipients. Potential fraud, waste, abuse or misconduct should be reported to the OIG by:

    Mail:

    Office of the Inspector General
    U.S. Department of Justice
    Investigations Division
    950 Pennsylvania Avenue, N.W.
    Room 4706
    Washington, DC 20530

    Email: oig.hotline@usdoj.gov

    Hotline: (contact information in English and Spanish): (800) 869-4499

    Or Hotline fax: (202) 616-9881

    Additional information is available from the DOJ OIG website at www.usdoj.gov/oig

19. Sub-grantee understands and agrees that it cannot use any federal funds, either directly or indirectly, in support of any contract or subaward to either the Association of community Organizations for Reform Now (ACORN) or its subsidiaries, without the express prior written approval of the Office of Justice Programs (OJP).

20. Pursuant to Executive Order 13513, "Federal Leadership on Reducing Text Messaging While Driving", 74 Fed. Reg. 51225 (October 1, 2009), the Department encourages sub-grantees and sub recipients to adopt and enforce policies banning employees from text messaging while driving any vehicle during the course of performing work funded by this grant, and to establish workplace safety

policies and conduct education, awareness, and other outreach to decrease crashes caused by distracted drivers.

21. The sub-grantee agrees to comply with applicable requirements to report first-tier subawards of $25,000 or more and, in certain circumstances, to report the name and total compensation of the five most highly compensated executives of the sub-grantee and first-tier subrecipients of award funds. Such data will be submitted to the Federal Funding Accountability and Transparency Act (FFATA) Subaward Reporting System (FSRS). The details of sub-grantee obligations, which derive from the Federal Funding Accountability and Transparency act of 2006 are posted on the Office of Justice Programs website at http://www.ojp.gov/funding/ffata.htm (Award condition: Reporting Subawards and Executive Compensation), and are incorporated by reference here. This condition, and its reporting requirement does not apply to grant awards made to an individual who received the award as a natural person (i.e., unrelated to any business or non-profit organization that he or she may own operate in his or her name).

22. The sub-grantee understands and agrees that penalties and interest are not allowable expenditures.

All documents, certifications and Public Laws addressed in this document are considered part of the conditions under which this sub-grant is offered and must be adhered to by the sub-grantee. Additional requirements of the sub-grantee may also apply.

Printed Name	Date
Signature	Date
Signature of President / Chairperson of Governing Body, Tribal Authority or Director of Public Agency	Date

CERTIFICATION # 1

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal" and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549: 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations or the definitions.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, the prospective lower tier participant shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions" will be included, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon the certification of a prospective participant in a lower tier covered transaction that the prospective participant is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless the participant in a covered transaction knows that the certification is erroneous. A participant may decide the method and frequency of determining the eligibility of the principals. Each participant may, but is not required to, check the Non-procurement List (of excluded parties).

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under Paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is debarred, suspended, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including debarment and/or suspension.

Certification Regarding Debarment, Suspension,Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither the prospective participant or the prospective participant's principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any transaction by any Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Suspension. An action taken by a suspending official in accordance with these regulations that immediately excludes a person from participating in a covered transaction for a temporary period, pending completion of an investigation and such legal, debarment, or Program Fraud Civil Remedies Act proceedings as may ensue. A person so excluded is "suspended".

Voluntary Exclusion or Voluntarily Excluded. A status of nonparticipation or limited participation in covered transactions assumed by a person pursuant to the terms of a settlement.

Signature	Title
Grantee Legal / Corporate Entity Name	Date

CERTIFICATION # 2

Certification Regarding Drug-Free Workplace Requirements

Instructions for Certification

1. By signing and/or submitting this application or grant agreement, the grantee is providing the certification set out below.

2. The certification set out below is a material representation of fact upon which reliance is placed when the agency awards the grant. If it is later determined that the grantee knowingly rendered a false certification, or otherwise violates the requirements of the Drug-Free Workplace Act, the agency, in addition to any other remedies available to the Federal Government, may take action authorized under the Drug-Free Workplace Act.

3. For grantees other than individuals, Alternate I applies.

4. For grantees who are individuals, Alternate II applies.

5. Workplaces under grants, for grantees other than individuals, need not be identified on the certification. If known, they may be identified in the grant application. If grantee does not identify the workplace at the time of the application, or upon award, if there is no application, the grantee must keep the identity of the workplace(s) on file in the office and make the information available for Federal inspection. Failure to identify all known workplaces constitutes a violation of the grantee's drug-free workplace requirements.

6. Workplace identifications must include the actual address of buildings (or parts of buildings) or other areas where work under the grant take place. Categorical descriptions may be used (e.g. all vehicles of a mass authority of State highway department while in operation, State employees in each local unemployment office, performance in concert halls or radio studios).

7. If the workplace identified to the agency changes during the performance of the grant, the grantee shall inform the agency of the change(s) if it previously identified the workplaces in question (see paragraph five).

8. Definitions of terms in the Nonprocurement Suspension and Debarment common rule and Drug-Free Workplace common rule apply to the certification. Grantee's attention is called, in particular, to the following definitions from these rules:

   Controlled substances means a controlled substance in Schedules I through V of the Controlled Substance Act (21 U.S.C. #12) and as further defined by regulations (21 CFR 1308.11 through 1308.15);

   Conviction means a finding of guilt (including a plea of Nolo Contendere) or imposition of sentence, or both, by any judicial body charged with the responsibility to determine violations of the Federal or State criminal drug statues;
   Employee means the employee of a grantee directly engaged in the performance of work under a grant, including: (I) All direct charge employees; (II) All indirect charge employees under their impact or involvement is insignificant to the performance of the grant; and (III) Temporary personnel and consultants who are directly engaged in the performance of work under the grant and who are on the payroll of the grantee (e.g., volunteers, even if used to

meet a matching requirements consultants or independent contractors not on the grantee's payroll; or employees of sub-recipients or subcontractors in covered workplaces).

Alternate I - Grantees Other Than Individuals

The grantee certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about:

(1) The dangers of drug abuse in the workplace;
(2) The grantee's policy of maintaining a drug-free workplace;
(3) Any available drug counseling, rehabilitation, and employee assistance programs;
(4) The penalties that may be imposed upon employees or drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

(1) Abide by the terms of the statement; and
(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction.

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d) (2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is convicted:

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency; Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(g) The grantee may insert the space provided below the site(s) for the performance of work done in connection with the specific grant:

PLACE OF PERFORMANCE:

STREET ADDRESS	CITY	COUNTY	STATE	ZIP CODE

Are there workplaces on file that are not identified here? ☐ YES ☐ NO

Alternate II - Grantees Who Are Individuals

(a) The grantee certifies that, as a condition of the grant, he or she will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of controlled substance in conducting any activity with the grant;

(b) If the convicted of a criminal drug offense resulting form a violation occurring during the conduct of any grant activity, he or she will report the conviction, in writing, within 10 calendar days of the conviction, to every grant officer or other designee, unless the Federal agency designates a central point for the receipt of such notices. When notice is made to such a central point, it shall include identification number(s) of each affected grant.

[55 FR 2160, 21702, May 25, 1990]

Signature	Title
Grantee Legal / Corporate Entity Name	Date

CERTIFICATION # 3

CERTIFICATION REGARDING LOBBYING

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loam or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form 111, "Disclosure Form to Report Lobbying", in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Signature	Title
Grantee Legal / Corporate Entity Name	Date

CERTIFICATION #4

Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C – Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (ACT), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision or health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 per day and/or the imposition of an administrative compliance order on the responsible entity.

By signing and submitting this application, the applicant/grantee certifies compliance with the requirements of the Act. The applicant/grantee further agrees that the language of this certification will be included in any sub-awards which contain provisions for children's services and that all sub-grantees shall certify accordingly.

Signature	Title
Grantee Legal / Corporate Entity Name	Date

CERTIFICATION # 5

Certification Regarding
Equal Treatment for Faith-Based Organizations

A final rule of the Department of Health and Human Services (DHHS) went into effect on August 16, 2004, which created, among other things, a new Part 87 Equal Treatment for Faith-Based Organizations, and revised the Department's uniform administrative requirements at 45 CFR Parts 74, 92 and 96 to incorporate the requirements of Part 87.

The Administration of Children and Families (ACF) is committed to providing State Administrators, State Grant Managers and subsequently sub-grantees with the most accurate and concise information to help guide program activities. This regulation addresses several key Equal Treatment issues that require full compliance by Federally-funded State Programs, sub-grantees, grantees and contractors.

Issues include:

- Nondiscrimination against religions organizations;
- Ability of religious organizations to maintain their religious character, including the use of space in their facilities, without removing religious art, icons, scriptures, or other religious symbols;
- Prohibition against the use of Federal funds to finance inherently religious activities, except where Federal funds are provided to religious organizations as a result of a genuine and independent private choice of a beneficiary or though other indirect funding mechanisms, such as certificates or vouchers; and
- Application of State or local government laws to religious organizations.

NOTE: Neither the Department (DHHS) nor any State or local government and other intermediate organizations receiving funds under any Department (DHHS) program shall, in the selection of service providers, discriminate for or against an organization on the basis of the organization's religious character or affiliation.

It is imperative that State sub-grantees, grantees and contractors policies reflect the Equal Treatment Regulations. The full text of the final rule may be accessed via the Internet at http://www.hhs.gov/fbci/regs.html

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 45 CFR Part 87, Equal Treatment for Faith-Based Organizations as revised in the Department's uniform Administrative requirements identified above. Any organization that fails to file the required certification shall be subject to disqualification of their application.

Signature	Title
Grantee Legal / Corporate Entity Name	Date

CERTIFICATION OF APPLICATION

The applicant certifies the following:

To the best of our knowledge and belief, the information in this application is true and correct and all documents requiring signature and date have been appropriately signed and dated. The application for funds has been authorized by the governing body of the applicant. The applicant will comply with the Assurances and Agreements if the application is funded.

Signature	Title
Grantee Legal / Corporate Entity Name	Date

Domestic Violence (DV)		
Please indicate how match will be met in Years 1, 2, 3 and 4.		
Please remember that other Federal funding sources cannot be used as match.		
	Amount Requested	**Required Match** (please see match calculation instructions to determine the amount of match your agency will need to meet)
Year 1 (July 1, 2013 through June 30, 2014)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		
Year 2 (July 1, 2014 through June 30, 2015)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		
Year 3 (July 1, 2015 through June 30, 2016)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		
Year 4 (July 1, 2016 through June 30, 2017)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		

Victims of Crime Act (VOCA)		
Please indicate how match will be met in Years 1, 2, 3 and 4.		
Please remember that other Federal funding sources cannot be used as match.		
	Amount Requested	**Required Match** (please see match calculation instructions to determine the amount of match your agency will need to meet)
Year 1 (July 1, 2013 through June 30, 2014)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		
Year 2 (July 1, 2014 through June 30, 2015)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		
Year 3 (July 1, 2015 through June 30, 2016)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		
Year 4 (July 1, 2016 through June 30, 2017)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		

Title IV-B, Subpart 2		
Please indicate how match will be met in Years 1, 2, 3 and 4.		
Please remember that other Federal funding sources cannot be used as match.		
	Amount Requested	**Required Match** (please see match calculation instructions to determine the amount of match your agency will need to meet)
Year 1 (July 1, 2013 through June 30, 2014)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		
Year 2 (July 1, 2014 through June 30, 2015)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		
Year 3 (July 1, 2015 through June 30, 2016)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		
Year 4 (July 1, 2016 through June 30, 2017)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		

Independent Living (IL)		
Please indicate how match will be met in Years 1, 2, 3 and 4.		
Please remember that other Federal funding sources cannot be used as match.		
	Amount Requested	**Required Match** (please see match calculation instructions to determine the amount of match your agency will need to meet)
Year 1 (July 1, 2013 through June 30, 2014)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		
Year 2 (July 1, 2014 through June 30, 2015)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		
Year 3 (July 1, 2015 through June 30, 2016)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		
Year 4 (July 1, 2016 through June 30, 2017)		
Non-Federal Grants		
Volunteer Services		
Cash Donations		
In-kind Donations		
Other (please specify)		
Total		

Attachment A

GMU – Scoring Matrix / Form

Reviewer ID Number: ____ Agency Reviewed: _____
Total Score: _____ / 100

1. Formatting: **_____ / 5 points**

- ❖ Is the Executive Summary within the 2-page limit? ☐ Yes ☐ No
- ❖ Is the narrative section within the 12-page limit? ☐ Yes ☐ No
- ❖ Is the font black and size 12-point? ☐ Yes ☐ No
- ❖ Is the proposal printed on 8-1/2" white paper, single-sided, single-spaced and the agency name and page numbers in the footer of each page? ☐ Yes ☐ No

Comments:

2. Project Description: **_____ / 20 points**

- ❖ Did the applicant clearly describe the services to be provided and the method(s) for delivery of those services? ☐ Yes ☐ No

Strengths:

Weaknesses:

Comments:

3. Documenting and Measuring Outcomes: **_____ / 20 points**

Did the applicant describe measures that will track project outputs and outcomes? ☐ Yes ☐ No

Output measures define either the quantity or quality of effort put forth for the project and answer:

- o How much service did they deliver? ☐ Yes ☐ No
- o How well they delivered the service? ☐ Yes ☐ No
- o How the program will evaluate client satisfaction? ☐ Yes ☐ No
- o Outcome measures determine the effect of services? ☐ Yes ☐ No

Strengths:

Weaknesses:

Comments:

4. Cost Effectiveness of Project: **/ 10 points**

Did the applicant:

- ❖ Describe the non-cash resources that will be used to create, sustain or expand the service? ☐ Yes ☐ No

Strengths:

Weaknesses:

Comments:

5. Potential for Ongoing Sustainability of the Project: **/ 10 points**

Did the applicant:

- ❖ Describe resources of planning that support sustainability, including:
  - o Diverse funding resources ☐ Yes ☐ No
  - o Staff commitments ☐ Yes ☐ No
  - o Longevity of the organization? ☐ Yes ☐ No

Strengths:

Weaknesses:

Comments:

6. Leverage: **/ 5 points**

Did the applicant:

- ❖ Describe other grant resources that have been examined to maximize expenditures through local, federal and private contributions? ☐ Yes ☐ No

Strengths:

Weaknesses:

Comments:

7. Staff Qualifications: **/10 points**

Did the applicant:

- ❖ Describe how proposed services will be staffed? ☐ Yes ☐ No
- ❖ Explain how staff is qualified to provide anticipated services? ☐ Yes ☐ No

Strengths:

Weaknesses:

Comments:

8. Budget Forms and Budget Narrative **/ 20 points**

- ❖ Are budget items clear and appropriate for the project as outlined? ☐ Yes ☐ No
- ❖ Does the narrative accurately describe each expense listed in the budget detail? ☐ Yes ☐ No
- ❖ Does the applicant identify the source of matching funds? ☐ Yes ☐ No

Strengths:

Weaknesses:

Comments:

Attachment B

Budget Definitions and Format Guidelines / Examples

Personnel: Staff members who are employees of the applicant organization should be identified here.

Fringe Benefits: List each position and provide a breakdown of the amounts and percentages comprising the fringe benefits provided such as health insurance, FICA, etc.

Contractual: Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Identify and justify the costs by explaining the need and/or purpose for the contractual/consultant service.

Operating:

Occupancy: Identify and justify any facilities costs associated with the project, such as rent, maintenance expenses, insurance, as well as utilities such as power and water. Costs for installing or maintaining services specifically for this project purpose can be charged accordingly.

Communications: Identify and justify any communications costs associated with the project, such as telephone services, internet services, cell phones, fax lines, etc.

Supplies: List and justify tangible and expendable property, such as office supplies, program supplies, etc. As a general rule, specific supplies do not need to be priced individually, but a list of typical program supplies is helpful. Items that have particularly high costs should be identified specifically.

Travel: Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. State rates for mileage (55.5 cents per mile) per diem and lodging (U.S. General Services Administration rates) should be used. Out of state travel, or non-standard fares or rates require special justification and must adhere to the U.S. General Services Administration rates.

Public Information: Identify and justify any costs for brochures, project promotion, media buys, etc. DCFS, ML, VOCA and FVPSA should be identified as a funding source as appropriate.

Background checks: For staff and/or volunteers who work directly with clients, a background check is required. You may request funding for background checks in your proposal under the Operating Category.

Equipment: List equipment to purchase or lease costing $1,000 or more, and justify these expenditures. "Equipment" costing less than $1,000 should be listed under "Supplies." Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed. Equipment purchased for this project must be labeled and tracked as such. **Refer to specific grant requirements under Attachments B, C and D for additional restrictions.**

Other:

Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc.

Note: In the event of disallowed federal or state expenditures, these expenditures shall not be reimbursable.

Match:

Match can include: in-kind contributions, volunteer services, cash contributions or other non-federal funding. When costing out volunteer time, remember to calculate the cost based on the duties, not the volunteer's qualifications. Match type and amount must be detailed in the budget justification.

Budget Narrative and Budget Request and Justification Instructions

Provide an explanation / justification for each expense listed in the budget detail for each category. Ensure that the budget items are clear and appropriate for the project. Include fiscal management capacity of your organization with an overview of internal controls.

Separate Budget Request and Justification Forms must be completed for each funding source in which the agency/organization is requesting funding.

Note: In the event of disallowed federal or state expenditures, these expenditures shall not be reimbursable.

Additional Resources (In-Kind, Volunteer or Cash Donations)

Additional resources are not required as a condition of these grants but will be a factor in the scoring. Such resources might include in-kind contributions, volunteer services **(requirement for VOCA funding),** or cash contributions. In-kind items must be non-depreciated or new assets with an established monetary value

Definition of In-Kind: Any property or services provided without charge by a third party to a second party are in-kind contributions.

When costing out volunteer time, remember to calculate the cost based on the duties, not the volunteer's qualifications. For example, an attorney may donate his or her time to drive clients a certain number of hours per month but the donation are to be calculated on the normal and expected pay received by drivers, not attorneys!

Match is not required for each category and does not need to be met within the category / categories in which funding is requested. For example, Personnel grant funds can be requested and match may be met with resources that fall under the Operating category.

Program Income

Program income means gross income earned by the recipient that is directly generated by a supported activity or earned as a result of the grant award. For programs receiving federal funds, program income shall be added to funds committed to the project and used to further eligible project or program objectives.

BUDGET REQUEST AND JUSTIFICATION INSTRUCTIONS AND INFORMATION

Separate BUDGET REQUEST and JUSTIFICATION forms must be completed for each Categorical Project or Service Area for which the agency/organization is requesting funding.

Please refer to the definitions to determine the appropriate categories.

For the Personnel form:

Column 1: Type the position title.
Column 2: Type the position's annual salary.
Column 3: Type the Full-Time Equivalent (FTE) percentage of each position dedicated to the program.
Column 4: The Grant Funds Requested column automatically calculates the information entered in previous columns.
Column 5: Type the total amount of match.
Column 6: The Total Program Budget is automatically calculated.

For the Payroll Taxes and Fringe Benefits form:

Column 1: The position title is automatically pulled from the Personnel form.
Column 2: Type the cost for Payroll Taxes and Fringe.
Column 3: The percentage of Payroll Taxes and Fringe automatically uses the FTE percentage entered in the Personnel form.
Column 4: The Grant Funds Requested column automatically calculates the information entered in previous columns.
Column 5: Type the total amount of match.
Column 6: The Total Program Budget is automatically calculated.

For the Contractual, Operating, Equipment and Other categories:

Column 1: Provide a description of expenses.
Column 2: Type the amount of grant funds requested.
Column 3: Type the matching amount of total program costs (cash or in-kind).
Column 4: The Grant Funds Requested column automatically calculates the information entered in previous columns.
Column 5: Type the total amount of match.
Column 6: The Total Program Budget is automatically calculated.

Budget Narrative Instructions:

Provide an explanation / justification for each expense listed in the budget detail for each category. Ensure that the budget items are clear and appropriate for the project.

Budget Request and Justification Form

Electronic Form

Agency / Organization Name:	
Grant (ML/FVPSA/VOCA):	

Personnel

Position Title	Annual Salary	Percent of FTE dedicated to the sub-grant program	Grant Funds Requested	Match (FVPSA and VOCA) 25% Matching amount of total program costs, cash or in-kind	Total Program Budget
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
Total	**$0**		**$0**	**$0**	**$0**

Budget Request and Justification Form

Electronic Form

Agency / Organization Name:	**0**
Grant (ML/FVPSA/VOCA):	**0**

Payroll Taxes and Fringe Benefits

Position Title	Total Cost for Payroll Taxes and Fringe	Percent of FTE dedicated to the sub-grant program	Grant Funds Requested	Match (FVPSA and VOCA) 25% Matching amount of total program costs, cash or in-kind	Total Program Budget
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
0		0%	$0		$0
Total	**$0**		**$0**	**$0**	**$0**

Budget Request and Justification Form

Electronic Form

Agency / Organization Name:	**0**
Grant (ML/FVPSA/VOCA):	**0**

Total Personnel, Taxes and Fringe

Position Title	Annual Salary + Total Cost for Payroll Taxes and Fringe	Percent of FTE dedicated to the sub-grant program	Grant Funds Requested	Match (FVPSA and VOCA) 25% Matching amount of total program costs, cash or in-kind	Total Program Budget
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
0	$0	0%	$0	$0	$0
Total	**$0**		**$0**	**$0**	**$0**

Budget Request and Justification Form

Electronic Form

Agency / Organization Name:	**0**
Grant (ML/FVPSA/VOCA):	**0**

Contractual

Provide Description of Expenses	Grant Funds Requested	Match (FVPSA and VOCA) 25% Matching amount of total program costs, cash or in-kind	Total Program Budget
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
Total	**$0**	**$0**	**$0**

Budget Request and Justification Form

Electronic Form

Agency / Organization Name:	**0**
Grant (ML/FVPSA/VOCA):	**0**

Operating

Provide Description of Expenses	Grant Funds Requested	Match (FVPSA and VOCA) 25% Matching amount of total program costs, cash or in-kind	Total Program Budget
Occupancy			$0
Communication			$0
Supplies			$0
Travel			$0
Others (describe)			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
Total	**$0**	**$0**	**$0**

Budget Request and Justification Form

Electronic Form

Agency / Organization Name:	**0**
Grant (ML/FVPSA/VOCA):	**0**

Equipment

Provide Description of Expenses	Grant Funds Requested	Match (FVPSA and VOCA) 25% Matching amount of total program costs, cash or in-kind	Total Program Budget
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
Total	**$0**	**$0**	**$0**

Budget Request and Justification Form

Electronic Form

Agency / Organization Name:	**0**
Grant (ML/FVPSA/VOCA):	**0**

Other

Provide Description of Expenses	Grant Funds Requested	Match (FVPSA and VOCA) 25% Matching amount of total program costs, cash or in-kind	Total Program Budget
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
			$0
Total	**$0**	**$0**	**$0**

Budget Request and Justification Form

Electronic Form

Agency / Organization Name:	**0**
Grant (ML/FVPSA/VOCA):	**0**

Total

Category	Grant Funds Requested	Match (FVPSA and VOCA) 25% Matching amount of total program costs, cash or in-kind	Total Program Budget
Personnel	$0	$0	$0
Payroll Taxes and Fringe	$0	$0	$0
Total Personnel, Payroll Taxes and Fringe	$0	$0	$0
Contractual	$0	$0	$0
Operating	$0	$0	$0
Equipment	$0	$0	$0
Other	$0	$0	$0
Total	**$0**	**$0**	**$0**

Family Violence Prevention & Services Act	
Agency / Organization Name:	**0**
Please indicate how match will be met.	
Please remember that other Federal funding sources **cannot** be used as match.	
Match Source	**Required Match:**
	(Please see match calculation instructions to determine the amount of match your agency will need to meet)
Non-Federal Grants	
Volunteer Services	
Cash Donations	
In-kind Donations	
Other (please specify)	
Other (please specify)	
Total	**$0**

Victims of Crime Act (VOCA)	
Agency / Organization Name:	**0**
Please indicate how match will be met.	
Please remember that other Federal funding sources **cannot** be used as match.	
Match Source	**Required Match:**
	(Please see match calculation instructions to determine the amount of match your agency will need to meet)
Non-Federal Grants	
Volunteer Services	
Cash Donations	
In-kind Donations	
Other (please specify)	
Other (please specify)	
Total	**$0**

Budget Request and Justification Form

Electronic Form

Agency / Organization Name:	**0**
Grant (ML/FVPSA/VOCA):	**0**

Program Revenues

All revenue for the agency/organization must be listed on this form.

Funding Source	**Pending or Secured**	**Time Period**	**Amount**
Total	**$0**		**$0**