

Application Form

Please complete each item. Add extra rows if more space is needed to provide complete response.

A. Applicant Organization

Name		
Mailing Address		
Physical Address		
City & State		Zip (9-digit)
Federal Tax ID #		
DUNS #		

- B. Organization Type** 501(c)(3) Nonprofit Federally-recognized Tribal nation
 Other (please specify) _____

C. Geographic Area of Service *(Check applicable boxes & provide brief narrative of service area)*

<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Region <input type="checkbox"/> Statewide	
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D. Victim Populations to be served:

(Check applicable boxes & provide brief narrative if serving culturally specific populations and/or underserved populations)

<input type="checkbox"/> Domestic Violence	
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E. Application Type

- Immediate shelter & supportive services Supportive services & prevention Services

F. Agency Mission Statement

<input type="checkbox"/> Mission Statement	
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E. Program Point of Contact

Name	
Title	
Phone	
Email	

F. Fiscal Officer

Name	
Title	
Phone	
Email	

G. Subcontracting of Services

Does your organization subcontract its services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Subcontractor		
Mailing Address		
Physical Address		
City		Zip (9-digit)
Federal Tax ID #	(xx-xxxxxxx)	

H. Key Personnel

Name	Title	Resume included?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

I. Current Funding

Funding	Type	Project Period End Date	Amount Awarded (\$)

J. Funding Request

Funding	Current Request
American Recovery Plan (ARP) FVPSA	

K. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the legislation governing the grant as indicated by FVPSA and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Notice of Subaward and accompanying documents.

Name (type/print)

Phone

Title

Email

Signature

Date

Application: Narrative

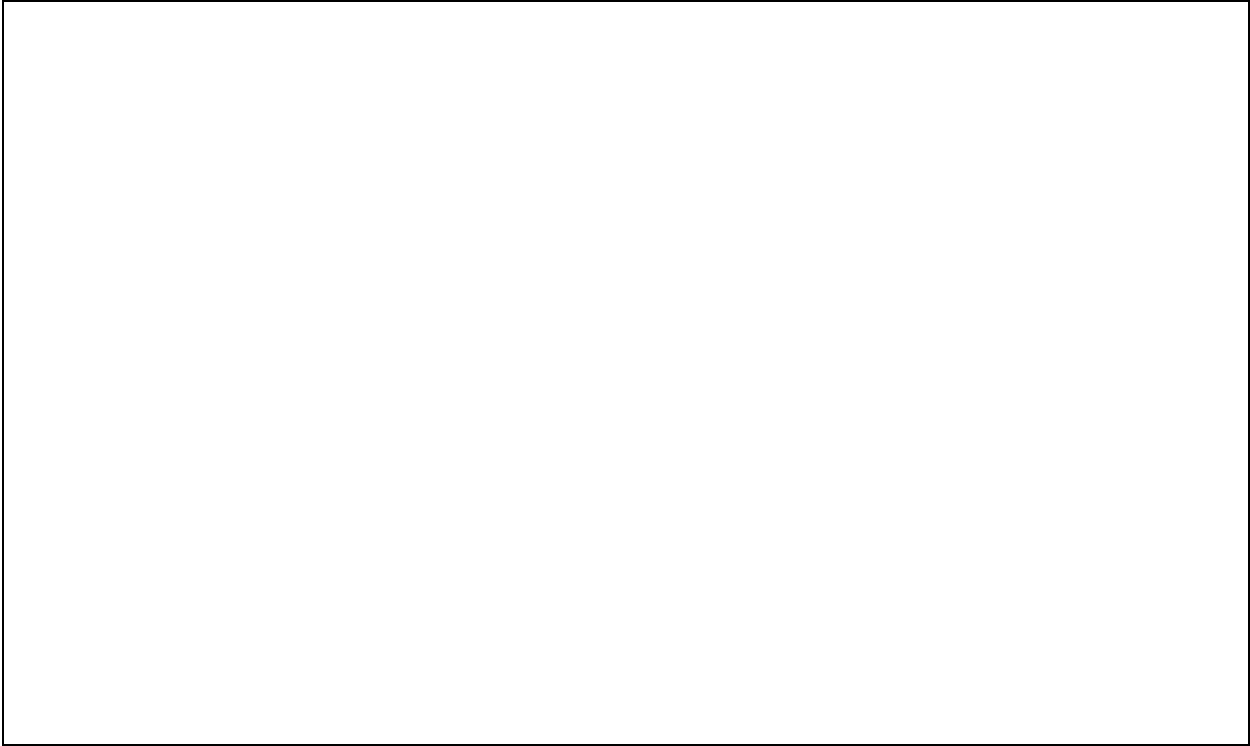
Application Narrative - 50 points

Begin typing below each field header.

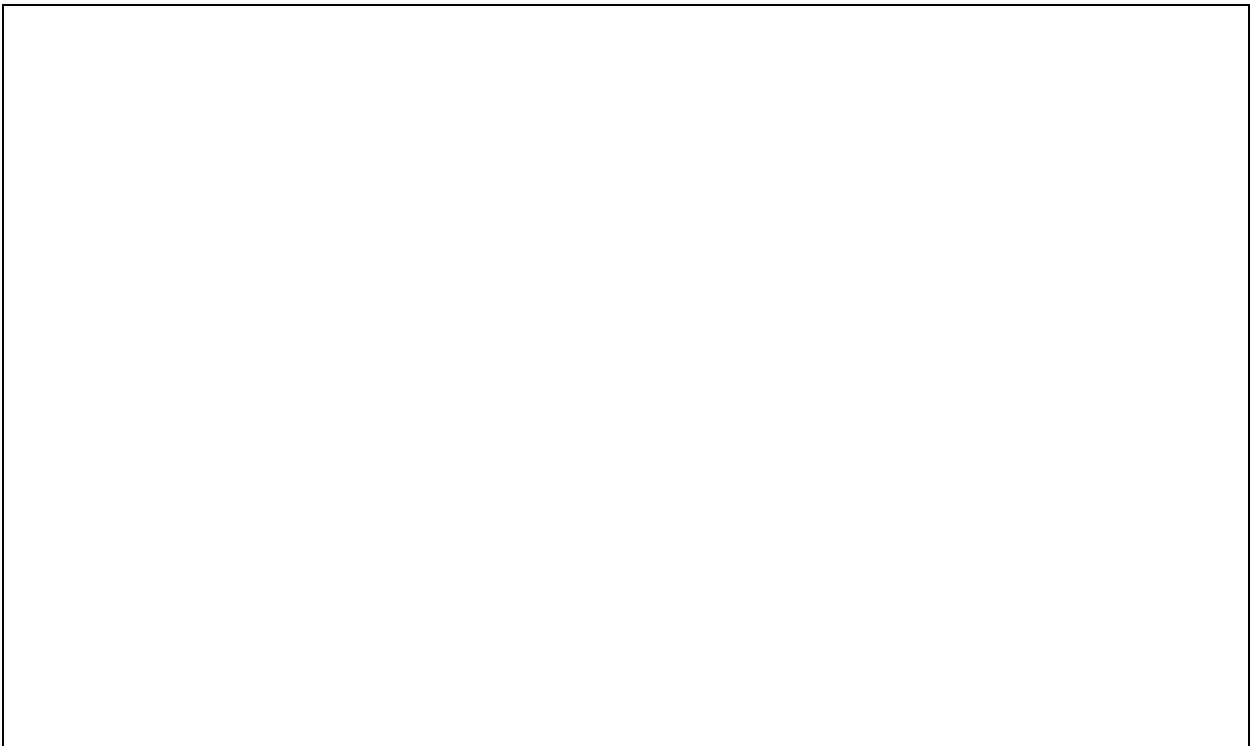
1. Overview

2. Statement of Need

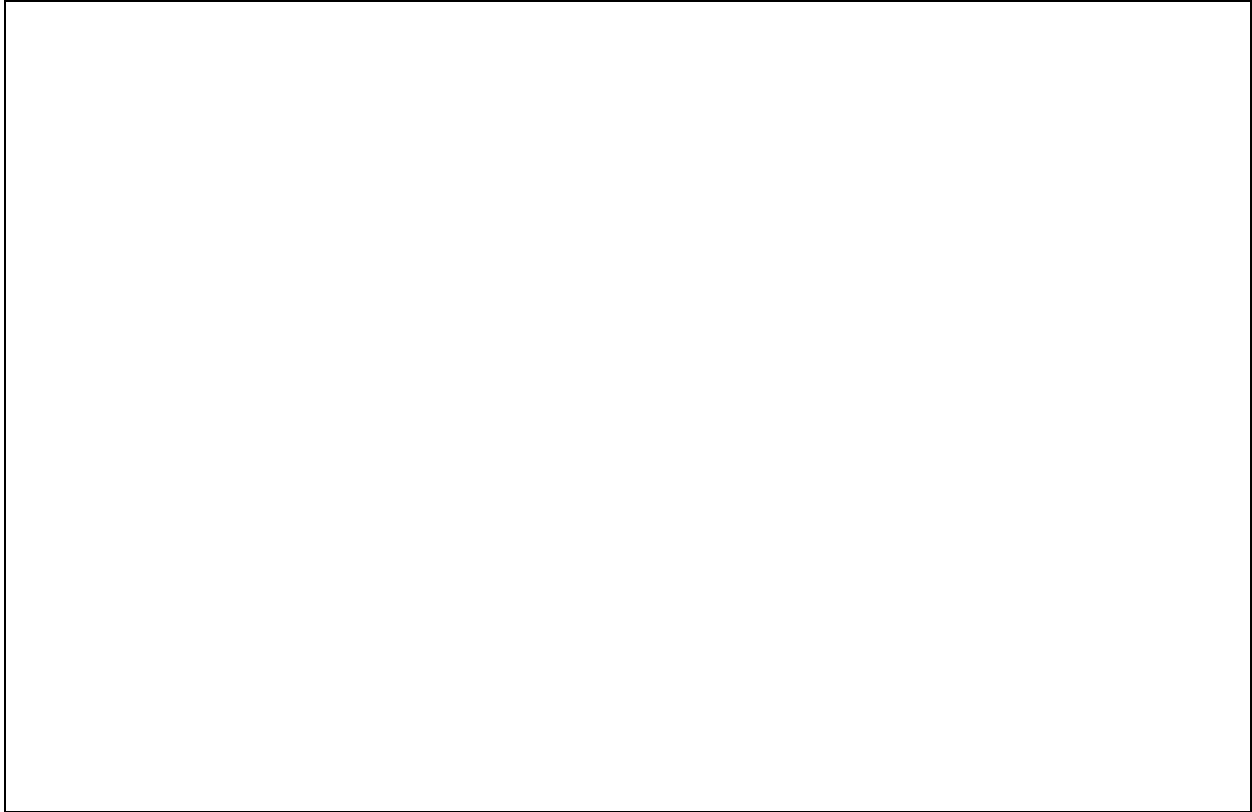
3. Target Population

A large, empty rectangular box with a thin black border, intended for the user to provide details about the target population.

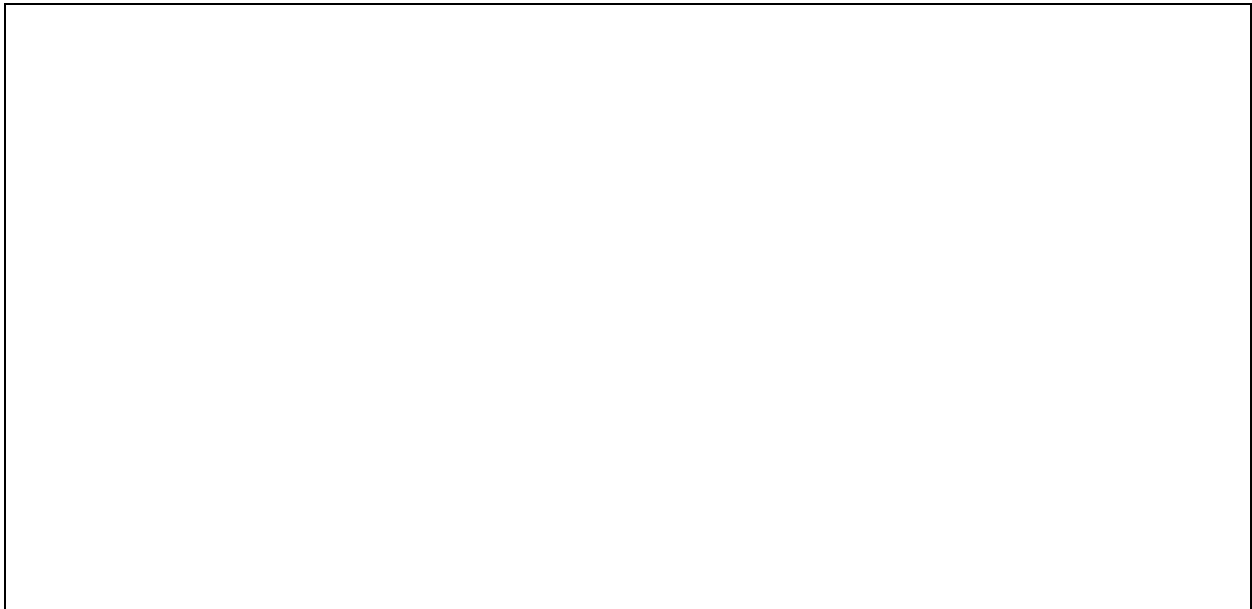
4. Services Proposed

A large, empty rectangular box with a thin black border, intended for the user to describe the services proposed.

5. Goals and Objectives

A large, empty rectangular box with a thin black border, intended for the user to write their goals and objectives.

6. Community Coordination/Collaboration

A large, empty rectangular box with a thin black border, intended for the user to describe their community coordination and collaboration efforts.

Application: Budget

Budget - 20 points

1. Proposed Project Budget

Category	SFY21 3/14/21- 6/30/21	SFY22 7/1/21- 6/30/22	SFY23 7/1/22- 6/30/23	SFY24 7/1/23- 6/30/24	SFY25 7/1/24- 6/30/25	Total Amount Requested
Personnel						
Travel/Training						
Operating						
Equipment						
Contractual/Consultant						
Other						
Indirect						
Total Funding Requested (\$)						