



2018 Grant Solicitation Workshop

South Carolina Office of the Attorney General

Crime Victim Services Division
Department of Crime Victim Assistance Grants

NEW ADDRESS

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DEPARTMENT OF CRIME VICTIM ASSISTANCE GRANTS
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IMPORTANT DATES

- ❖ GMIS opens for applications on
February 13, 2018
- ❖ ALL Applications due no later than
April 3, 2018 at 5:00:00 p.m.
- ❖ Grant projects begin on
October 1, 2018*

*contingent upon the availability of federal funds

ELIGIBLE APPLICANTS

- ❖ Units of Local Government (Counties, Cities, Towns)
- ❖ Private, Non-Profit Agencies
- ❖ State Agencies
- ❖ Tribal Organizations

Check guidelines and procedures handouts for more specific information about each program.

Victims of Crime Act (VOCA)

Oversight by the Office for Victims of Crime (OVC)

FFY2018 total expected to be
\$30 million

VOCA and SVAP PROGRAM PRIORITY AREAS

- ❖ Sexual Assault
- ❖ Spousal Abuse
- ❖ Child Abuse and Neglect
- ❖ Underserved Victims of Violent Crime

VOCA and SVAP Specialized Focus

- ❖ Projects that have statewide impact
- ❖ Projects that will be used to pilot evidence-based programming or promising practices
- ❖ Projects that focus on increasing capacity in underserved areas and populations
- ❖ Projects that focus on long-term solutions to sustainable survivorship

Allowable and required v. Unallowable: VOCA and SVAP

Allowable:

- ❖ DIRECT SERVICES TO VICTIMS OF VIOLENT CRIME

Unallowable:

- ❖ Prosecution
- ❖ Investigation
- ❖ Services to victims who also are criminals specifically for the crime in question

State Victims Assistance Program (SVAP)

FY2019 total expected to be
\$300 thousand

Violence Against Women Act (VAWA)

Oversight by the Office on Violence Against Women
(OVW)

FFY2018 total expected to be
\$2 million

VAWA PRIORITY PROGRAM AREAS

- ❖ VAWA funds may be used for projects that primarily focus on female victims of domestic violence, sexual assault, dating violence, and/or stalking over the age of 11.
- ❖ There are 20 priority purpose areas listed on the OVW website.
<http://www.justice.gov/ovw>

VAWA Specialized Funding Opportunities

❖ VAWA Courts Category Projects

- ❖ 5% of the total award is available for projects written directly from courts, and only courts.
- ❖ Proposals must include a collaborative component with non-profit organizations, law enforcement, courts, and legal providers.
- ❖ Proposals that offer statewide benefits will be favored.

Allowable and required v. Unallowable: VAWA

Allowable:

- ❖ COLLABORATIVE PROJECTS SERVING VICTIMS OF DOMESTIC VIOLENCE, SEXUAL ASSAULT, STALKING, TEEN DATING VIOLENCE ABOVE THE AGE OF 11.

Unallowable:

- ❖ Services to children under the age of 11
- ❖ Activities not focusing on domestic violence, sexual assault, stalking, or teen dating violence

MATCH

How to Calculate Match

Formula					
Step 1	Award Amount	÷	% of Federal Share	=	Total (Adjusted) Project Cost
Step 2	Total (Adjusted) Project Cost	x	% of Recipient's Share	=	Required Match
Example					
Match Requirement - 80/20 (Federal/Recipient) Federal Award = \$100,000					
Step 1	\$100,000	÷	80% Federal Share	=	\$125,000
Step 2	\$125,000	x	20% Recipient's Share	=	\$25,000

- ❖ VOCA is 80/20
- ❖ VAWA is 75/25

MATCH

Cash Match:

Hard Match that is listed on each line and totaled at the end of each category.

In-kind Match:

Soft Match that is listed once.

If volunteer hours or salary match is used, list in the “Personnel” category section

If rent is used, list once in the “Other” category section

MATCH

VOCA and SVAP Match Requirements:

- ❖ require a 20% cash or in-kind match
- ❖ Native American tribal organizations are exempt from match requirements

VAWA Match Requirements:

- ❖ requires a 25% cash or in-kind match
- ❖ non-profit victims service agencies in the Direct Services category and Native American tribal organizations are exempt from match requirements

MATCH

Possible Sources of Cash Match:

Funds from state or local units of government that have a binding commitment to grant programs or projects.

Funds contributed from private sources.

Possible Sources of In-kind Match:

Volunteer hours*

Salary match from supporting staff funded with allowable sources

In-kind Rent (if rented space is being donated)

*Allowable volunteer activities used as match are valued at \$25 per hour.

MATCH

- ❖ Matching funds are additional funds not previously allocated to activities funded under another project.
- ❖ Match funds cannot be other federal funds or funds being used to match another project.

VOCA Match Waivers

- ❖ New projects or substantially-increased projects may request a match waiver.
- ❖ The match waiver must accompany the application.
 - ❖ The waiver request must be submitted as an attachment in GMIS. *NEW*
- ❖ Forms and sample letters are included in the handouts and are available at <http://www.scdps.gov/ohsjp/voca.asp>
- ❖ Please be advised the if the agency match waiver is denied, the agency will be responsible for all required match.

Apply via the
**Grants Management Information System
(GMIS)**
located at

www.scdps.gov/ohsjp

Click “GMIS Login” on the right side of the page.


Allowable Expenditures

- ❖ Salary
- ❖ Fringe benefits
- ❖ Equipment
- ❖ Training expenses
- ❖ Travel
- ❖ Software
- ❖ Contractual services
- ❖ Communication expenses
- ❖ Publication/Printing expenses
- ❖ Supplies
- ❖ Indirect cost
- ❖ Administrative costs

Unallowable Expenditures

- ❖ Lobbying
- ❖ Fundraising
- ❖ Activities that endanger victims or hinder survivorship
- ❖ Purchases on behalf of another organization or for another organization's use
- ❖ Improper procurement
- ❖ Overtime, shift differential pay, bonuses
- ❖ Promotional items
- ❖ Prevention activities
- ❖ Capital improvements, construction, except as required for ADA compliance
- ❖ If your proposal contains an unallowable expense, a revision will be required to remove it.

<input type="button" value="Save & Close"/>	Pages	<input type="button" value=">"/>	<input type="button" value="Cancel"/>
<input type="button" value="Print This Page"/>	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29		<input type="button" value="Print Application"/>
STATE OF SOUTH CAROLINA DEPARTMENT OF PUBLIC SAFETY VICTIMS OF CRIME ACT GRANT APPLICATION			
FOR STATE FUNDING AGENCY (SFA) USE ONLY			
Grant #	<input type="text" value="1V17001"/>		
App #	<input type="text" value="AV17PA1"/>		
Award Date:	<input type="text"/>		
Prior Grant #1	<input type="text"/>		
#2	<input type="text"/>		
#3	<input type="text"/>		
Federal Fiscal Year:	<input type="text"/>		
Fund Year:	<input type="text"/>		
Program Area:	<input type="text"/>		

To Be Completed by Project Director	
Section 1	County Name: <input type="text" value="00 - STATE AGENCY"/> Other county/counties this project will serve: <input type="text"/>
Section 2	Grant Period: <input type="text" value="July 1, 2017 - September 30, 2021"/> Begin: <input type="text" value="7/1/2017"/> End: <input type="text" value="9/30/2021"/>
Section 3	Project Title: <input type="text" value="Planning and Administration"/>
Section 4	<p style="text-align: right;"> Check spelling <input type="button" value="v"/></p> Project Summary (max. 300 characters): <input type="text" value="To provide oversight and collaborative victim services provision"/>
Section 5	Type of Application a. <input type="text" value="Initial"/> b. Year of Funds : <input type="text" value="1"/> Other:(Specify) <input type="text"/> c. <input type="text"/>
Section 6	a. Organization Type : <input type="text" value="State"/> Other:(Specify) <input type="text"/> b. U. S. Congressional District <input type="text" value="00"/>

Section 4, Project Summary should be headline length; one or two sentences at most.

Other:(Specify) <input type="text"/>
b. U. S. Congressional District <input type="text" value="04,05"/>

Section 7

Agency DUNS number*:
fedgov.dnb.com/webform

Has your agency registered with Central Contractor Registration (CCR)?* Yes
www.sam.gov

No

For Central Contractor Registration (CCR) handbook [click here](#).

* This data is not required to submit this application but will become necessary for federal reporting requirements if this project is awarded.

FEIN:

FEIN:

Agency Name

Address

City

State

(Please use the Name/Address above instead of this field)

ABC [Check spelling](#)

Name and Address of Implementing Agency

10 Digit Zip

(Area) Phone #:

(Area) Fax #:

BUDGET DESCRIPTION: APPLICATION PAGE NUMBER 2

WHOLE DOLLARS ONLY		BUDGET DESCRIPTION				Page 2	
MATCHING FUNDS CATEGORIES			GRANTOR	CASH	IN-KIND	TOTAL	
PERSONNEL							
SALARIES		% of Time					
Position Title	On Project	Quantity					
<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
<input type="text"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
<input type="button" value="Add New"/>							
TOTAL SALARIES:			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
EMPLOYER CONTRIBUTIONS (Fringe Benefits)							
Social Security & Medicare (FICA)			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Retirement			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Worker's Compensation Insurance			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Unemployment Insurance (on first \$7,000 only)			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Health Insurance			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Dental Insurance			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Pre-Retirement Death Benefit			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Accident Death Benefit (Police Officers)			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
Other Employer Contributions (Itemize)			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
TOTAL EMPLOYER CONTRIBUTIONS:			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
TOTAL PERSONNEL:			<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	

Itemize fringe benefits. If it does not appear on page two, break it down on page four.

BUDGET DESCRIPTION: APPLICATION PAGE NUMBER 2

CONTRACTUAL SERVICES:

(Itemize - DO NOT include professional fees for doctors, psychologists, etc.)

<input type="text"/>	\$0	\$0	\$0	\$0
----------------------	-----	-----	-----	-----

Add New

TOTAL CONTRACTUAL SERVICES	\$0	\$0	\$0	\$0
----------------------------	-----	-----	-----	-----

TRAVEL:

(Itemize-include mileage, airline cost, lodging, per diem, parking, car rental)

<input type="text"/>	\$0	\$0	\$0	\$0
----------------------	-----	-----	-----	-----

Add New

TOTAL TRAVEL:	\$0	\$0	\$0	\$0
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Travel expenses need to be separate line items

BUDGET DESCRIPTION: APPLICATION PAGE NUMBER 3

USE WHOLE DOLLARS ONLY		BUDGET DESCRIPTION				Page 3
MATCHING FUNDS						
CATEGORIES		GRANTOR CASH	IN-KIND	TOTAL		
EQUIPMENT (\$1,000 or more per Unit):						
<small>(Itemize - DO NOT USE BRAND NAME - Also, DO NOT include leased or rented items)</small>						
ITEM	QUANTITY					
<input type="text"/>	<input type="text"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	
<input type="button" value="Add New"/>						
TOTAL EQUIPMENT:		<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	

If an item, as a unit, has a “single” cost of \$1,000 or more, it requires a line item in the “equipment” category. If the unit cost is less than \$1,000, it belongs in the “other” category.

BUDGET DESCRIPTION: APPLICATION PAGE NUMBER 3

Other (Itemize)				
<input type="text"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<input type="text"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<input type="text"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<input type="button" value="Add New"/>				
TOTAL OTHER:				
	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>

You can group items as long as you itemize and explain in the budget narrative on page four.

If it fits in a drawer, it can be an office supply. If not, it requires an individual line item.

Do not use “such as”, or “etc.”

BUDGET NARRATIVE: APPLICATION PAGE NUMBER 4


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Print This Page		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, <u>16</u> , 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29		Print Application
BUDGET NARRATIVE				Page 4
List items under each Budget Category heading. Explain exactly how each item in your budget (both grantor and match) will be utilized. It is important that the necessity of these items, as they relate to the operation of the project, be established. Dollar amounts DO NOT have to be provided.				

Use the same order and description you used on pages two and three.
Break the narrative page into categories: "Personnel", "Travel", etc.

Everything on pages two and three must have a corresponding narrative on page four, describing how many, why, and for whom

Give the quantity of an item larger than office supplies: four chairs, two computers...

ORGANIZATION DESCRIPTION: APPLICATION PAGE NUMBER 7

Page 7	
PROGRAM NARRATIVE	
1. ORGANIZATION DESCRIPTION: Describe your organizational activities. A copy of your organizational chart, organizational structure, agency/program brochure, relevant job descriptions, etc. must be submitted. All organizations must justify and document how they currently/or plan to provide effective services to victims. For an existing program, describe your past success with victims. If your organization is new, provide information that your organization is structured and well organized in both fiscal and programmatic areas.	
TYPE OF IMPLEMENTING AGENCY: <input type="text" value="Criminal Justice - Government -- Law Enforcement"/>	
County/Counties Implementing Agency Serves:	<input type="text" value="Sumter"/>
County/Counties this Project will Serve:	<input type="text" value="Sumter"/>
 Check spelling ▼	

Describe what your agency does and how.

How long has your agency been in existence?

Document your collaborations with other agencies in your area.

INTERAGENCY COORDINATION: APPLICATION PAGE NUMBER 8

Page 8
PROGRAM NARRATIVE
II. INTERAGENCY COORDINATION: Outline exactly how your agency promotes interagency coordination in public or private efforts to aid victims of crime. Document your involvement in victims of crime organizations, task forces, coordinating groups, etc. Also, define any procedures your organization has implemented or plans to assist victims seeking assistance through the victim's compensation fund and other related organizations or victim services. If your project is funded, you will be required to submit a Memorandum of Agreement. This document must be customized for your region and signed by all agencies listed on this page.

How do other entities in your area benefit your agency?

How does your agency benefit them?

Do you have formal agreements outlining responsibilities?

Be prepared to document and submit your collaborations with other agencies in your area.

VOLUNTEER COORDINATION: APPLICATION PAGE NUMBER 9

Page 9
PROGRAM NARRATIVE
III. VOLUNTEER COORDINATION: Outline your volunteer program, including any activities and illustrations on how the volunteer program is organized and coordinated. List the number of volunteers and how the volunteers are trained, including future plans. Attach any policies for volunteers at the end of this proposal. Even if volunteer hours are not being used as match, documentation of volunteer hours is required under the VOCA guidelines.
Indicate the number of active volunteers who will participate with this project. <input type="text" value="2"/>

If you have a VOCA project, you must have at least one volunteer whether you are using them for match or not.

If you are using volunteers as in-kind match on any of the VOCA, VAWA, SVAP projects, you must document.

How does your agency recruit volunteers?

How does your agency train volunteers?

How does your agency supervise your volunteers?

This is all narrative documentation that must be addressed.

PROBLEM DEFINITION: APPLICATION PAGE NUMBER 10

PROGRAM NARRATIVE

IV. PROBLEM DEFINITION: Describe the problem exactly as it exists in your particular community. The problem definition identifies the nature and magnitude of the specific problem that you wish to address through the proposed program. In addition, analyze the causes of the problem. Remember to document the problem and not the symptoms or solutions of the problem. Document any statements with valid, updated statistical data, outlining the source/date of your information. A needs assessment for victims of crime in your local area is recommended.

What are the problems confronting your community?

What recent authoritative statistics can you provide to indicate the problems?

Has your agency considered the service area demographics?

Does your agency have the capacity and expertise to serve effectively and adequately?

Have you considered special populations' needs?

Describe your agency's outreach efforts to special populations

How often does your agency assess response?

PROBLEM DEFINITION: APPLICATION PAGE NUMBER 11

TOP PORTION OF THE PAGE

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<input type="button" value="Print This Page"/>		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,		<input type="button" value="Print Application"/>
		12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22,		
		23, 24, 25, 26, 27, 28, 29		

Page 11

PROGRAM NARRATIVE

V. VOCA GRANT STATISTICS:

A. THESE VOCA FUNDS WILL BE USED TO:

- Expand Services into a new geographic area
- Offer new types of services
- Serve additional victim populations
- Continue existing services to crime victims
- Other

Other:(Specify)

B. CHECK THE SERVICES TO BE PROVIDED BY THIS VOCA-FUNDED PROJECT:

- Crisis Counseling
- Information and Referral
- Follow-up Contact
- Criminal Justice Support/Advocacy
- Therapy
- Emergency Financial Assistance
- Group Treatment
- Emergency Legal Advocacy
- Crisis Hotline
- Assistance in Filing Compensation Claims
- Shelter/Safe House
- Personal Advocacy
- Other:(Specify)

PROBLEM DEFINITION: APPLICATION PAGE NUMBER 11

BOTTOM PORTION OF THE PAGE

PROGRAM AREA: Check the program area under which your organization is applying for funds.

PLEASE CHECK ONLY THE ONE THAT BEST DESCRIBES THIS GRANT'S PURPOSE.

- Sexual Assault
- Domestic Violence
- Child Victims
- Previously Underserved Victims of Violent Crime
- Other Violent and Serious Crime/Comprehensive Multiple Services

D. IDENTIFY THE VICTIMS TO BE SERVED BY THE TYPE OF VICTIMIZATION THROUGH THIS VOCA FUNDED PROJECT.

- Child Victims of Physical Abuse
- Child Victims of Sexual Abuse
- Victims of DUI/DWI
- Victims of Domestic Violence
- Adult Victims of Sexual Assault
- Adult Survivors of Incest or Child Sexual Abuse
- Survivors of Homicide Victims
- Other Victims of Crime (Identify):

E. Identify the counties this project will serve:

F. Projected number of victims this project will serve:

PROJECT DESCRIPTION: APPLICATION PAGE NUMBER 12

Save & Close	<	Pages	>	Cancel
Print This Page		1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29		Print Application
PROGRAM NARRATIVE				Page 12
<p>VI. PROJECT DESCRIPTION: The purpose of this section is to describe the broad goals of your program. In addition, describe a specific plan for conducting the program and a rationale for the tasks and activities to be employed to address the problem outlined in Section IV. Please outline in detail your overall program so that it is very clear to the reader what you plan to do. This documentation should include all activities from the time you initiate identifying the client to the job descriptions of all positions being funded by VOCA.</p>				

How many staff will you need?

What will they do?

Provide job descriptions

What sort of supplies and equipment will they need?

Provide explanations for the supplies and equipment. List each item with a separate line item for the larger items.

Note: do not use such as, etc., or other encompassing language.

PROJECT DESCRIPTION: APPLICATION PAGE NUMBER 13

PROGRAM NARRATIVE

VII. PROJECT OBJECTIVES: Objectives are specific, quantified statements of expected results of the project. The objectives must be described in terms of measurable events that can be realistically expected under time constraints and resources. Objectives must be related to the problem(s) outlined in Section IV. They should describe who would do what. PLEASE DO NOT LIST ANY TASKS. There should be no more than five (5) objectives and indicators.

What are your agency's specific goals?

How will your agency measure progress toward goals?

How will your agency track activities and progress?

PROJECT ASSESSMENT: APPLICATION PAGE NUMBER 14

Page 14
PROGRAM NARRATIVE
IX. PROJECT ASSESSMENT AND EVALUATION: In addition to performance indicators, describe any planned methods or measurement tools that will be used to demonstrate how project activities were successful. Please note that VOCA funds may not be used to perform any needs assessments, surveys, evaluations, and/or studies. For the purpose of this section, agency resources must be used for gathering and compiling this information.
<small>ABC</small> Check spelling ▼
<div style="border: 1px solid black; height: 200px; width: 100%;"></div>

How will you measure impact or change?

Refer back to objectives and indicators.

Do you have recent authoritative statistics to back it up?

PROJECT CONTINUATION: APPLICATION PAGE NUMBER 14

X. PROJECT CONTINUATION: Do you feel that this project will be self-sufficient if federal assistance is no longer available? If no, please explain. Private non-profit agencies: 1) Are you receiving funds from City/County Council? If yes, how much will go toward the continuation of this project? If no, provide extensive, valid documentation that the project cannot be continued with other funding sources (other than these grant funds).

What happens to your project without grant funds?

What is your sustainability plan?

What are your sources of income?

Does your agency have a contingency plan?

SOURCES OF INCOME: APPLICATION PAGE NUMBER 15

PROGRAM NARRATIVE

XI. SOURCES OF INCOME: List the total income your agency received in the previous fiscal year and is receiving or is expecting to receive in the current fiscal year. Complete ALL the information requested below, showing total budget, including but NOT limited to victim assistance funding. You must demonstrate that at least 25% of your agency's financial support comes from non-federal sources.

SOURCE OF FUNDS (e.g., DHEC, DSS)	TYPE OF FUNDS (e.g., local, state, federal VOCA, VAWA, SVAP, Act 141 funds)	TYPE OF PROGRAM ACTIVITIES (e.g., child abuse, domestic violence)	AMOUNT OF FUNDS PREVIOUS FISCAL YEAR	AMOUNT OF FUNDS CURRENT FISCAL YEAR
--------------------------------------	--	--	---	--

TERMS AND CONDITIONS: APPLICATION PAGES 17 - 26

Read carefully.

CERTIFICATIONS: APPLICATION PAGES 27 - 28

CERTIFICATION BY PROJECT DIRECTOR *

I certify that I understand and agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Project Director as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the subgrantee; and, that the receipt of grantor funds through the State Funding Agency will not supplant state or local funds.

CERTIFICATION BY FINANCIAL OFFICER *

I certify that I understand and agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Financial Officer as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the subgrantee; and, that the receipt of grantor funds through the State Funding Agency will not supplant state or local funds.

CERTIFICATION BY OFFICIAL AUTHORIZED TO SIGN *

I certify that I understand and agree to comply with the general and fiscal terms and conditions of this application including special conditions; to comply with provisions of the Act governing these funds and all other federal laws; that all information presented is correct; that there has been appropriate coordination with affected agencies; that I am duly authorized by the Applicant to perform the tasks of Project Director as they relate to the terms and conditions of this grant application; that costs incurred prior to grant approval may result in the expenses being absorbed by the subgrantee; and, that the receipt of grantor funds through the State Funding Agency will not supplant state or local funds.

The Omnibus Appropriations Act of 1996 requires that subgrantees provide assurance that subgrant funds will not be used to supplant or replace local or state funds or other resources that would otherwise have been available for law enforcement and/or criminal justice activities. In compliance with that mandate, I certify that the receipt of federal funds through the State Funding Agency shall in no way supplant or replace state or local funds or other resources that would have been made available for law enforcement and/or criminal justice activities.

CHECKLIST: APPLICATION PAGE 29

CHECK LIST

THE FOLLOWING IS A CHECKLIST FOR THE ORGANIZATION SUBMITTING THE PROPOSAL.

- Proposal addresses priority areas as established by guidelines.
- Documentation is included that existing program provides effective services and has adequate financial support.
- Documentation is included that project utilizes volunteers, and states approximate number of volunteers currently working.
- Documentation clearly outlines significant involvement in coordinating services with all other applicable victim organizations.
- Documentation is included that illustrates the organization assists victims in seeking victim compensation benefits.
- All appropriate signatures for the proposal have been obtained. Each of the three different official people have listed three different addresses and emails.
- Proposal is received by 5:00 pm by due date.**
- Proposal outlines that an evaluation of victims' needs in a particular community has been or will be conducted.
- Letter from Board Chairman is included, if private non-profit.
- Organizational Chart is included.
- IRS written certification is included.
- Terms and Conditions pages have been read.
- Objectives state who, will do what, by when and also state the approximate number of victims and/or trainees who will receive services through this project.
- Statements made in "Problem Definition" section are documented with current, valid, statistical data, outlining the source/date of the information provided.
- "Source of Income" page is complete with all requested information, showing total agency income and budget, including, but not limited to, victim assistance funding.
- Job description(s) for staff/volunteer(s) who will be funded by this project, or a job description of the person using the equipment purchased by this project (if this is an equipment-only grant), is included in the proposal.
- Continuation Proposal contains documentation that efforts have been made to obtain permanent funding.

Helpful Tips

- ❖ Applicants must reapply every year
- ❖ No limit to the number of years a project may apply
- ❖ GMIS does not calculate, nor does it carry-forward numbers to other pages
- ❖ GMIS works with Internet Explorer.... ONLY
- ❖ Always keep a copy of your work external to GMIS
- ❖ Do not miss the deadline
- ❖ Check your email and check GMIS messages
- ❖ Ask questions to avoid problems later
- ❖ Plan ahead and begin your application early to avoid disaster later
- ❖ Please document everything with application number and agency name.

IMPORTANT DATES

- ❖ GMIS opens for applications on February 13, 2018
- ❖ ALL Applications due no later than April 3, 2018 at 5:00:00 p.m.
- ❖ Grant projects begin on October 1, 2018*

* contingent upon the availability of federal funds