



OFFICE OF ATTORNEY GENERAL DEREK SCHMIDT
VICTIM SERVICES DIVISION
120 SW 10TH AVENUE, 2ND FLOOR
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SFY 2019

STATE CRIME VICTIMS' ASSISTANCE FUND

GRANT APPLICATION GUIDELINES AND INSTRUCTIONS

VICTIM SERVICES GRANT FUNDING IS ALWAYS CONTINGENT UPON THE RECEIPT OF ADEQUATE FUNDS AND APPROPRIATIONS TO THE OFFICE OF THE ATTORNEY GENERAL BY THE KANSAS LEGISLATURE.

AS OF THE POSTING DATE OF THIS GRANT APPLICATION, THE SFY 2019 BUDGET IS NOT YET SIGNED INTO LAW BY THE GOVERNOR.

DUE DATE OF APPLICATION: 6/8/2018
APPLICATIONS NOT POSTMARKED BY THIS DATE WILL NOT BE ACCEPTED

IF SUBMITTED IN PERSON, THE APPLICATION MUST BE DELIVERED TO THE ADDRESS ABOVE BY 5:00 P.M. ON THE DUE DATE.

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GRANT APPLICATION INSTRUCTIONS
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GUIDELINES

The Office of Attorney General Derek Schmidt is accepting applications for the State Fiscal Year (SFY) 2019 State Crime Victims' Assistance Fund (CVAF) grant program. Through the Grant Program, the Victims Services Division seeks to ensure that Kansas crime victims: 1) are aware of their rights, 2) have their rights protected, 3) are aware of the services available to them, and 4) have access to quality services. Please ensure that the application you submit describes fully how the proposed project will provide quality services to victims in the service area specified in the project proposal.

The following information defines eligibility and accountability criteria, and sets forth requirements for the application and administration of grants awarded from the State Crime Victims' Assistance Fund, as authorized by K.S.A. § 74-7334 et seq.

Please read the following document thoroughly before completing and submitting the grant application. If you have questions regarding this document or the grant program, contact Kathy Holm, Grant Monitor, at (785) 368-8305 or Kathy.Holm@ag.ks.gov.

APPLICATION DEADLINE

Each grant proposal must be submitted to the Office of the Attorney General postmarked no later than 6/8/2018. If submitted in person, the application must be delivered to the address below by 5:00 p.m. on 6/8/2018.

Note the name of the grant for which you are applying in the address block by using the following address:

OFFICE OF ATTORNEY GENERAL DEREK SCHMIDT
ATTN: KATHY HOLM
STATE CRIME VICTIMS' ASSISTANCE FUND
120 SW 10TH AVENUE, 2ND FLOOR
TOPEKA, KANSAS 66612-1597

NOTE: Applications cannot be submitted online.

GRANT PROJECT PERIOD

Each project funded under this grant shall be for a period of 12 months from 7/1/2018 to 6/30/2019.

PURPOSE AND CRITICAL ELEMENTS

The State Crime Victims' Assistance Fund (CVAF) was established in 1989 to assist programs in providing services and assistance to crime victims in order to speed their recovery from the financial loss, physical suffering, and emotional trauma of victimization, and to assure proper and sensitive treatment of crime victims in the criminal justice process.

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The CVAF Grant funding is usually limited to three years and is for innovative projects. Funds may be utilized to increase, enhance or expand an existing grant project as well as create innovative new grant projects to provide services to victims of crime. CVAF grant projects should not be viewed as an entitlement project, but, rather, short-term support for new or expanded innovative grant project activities. Eligible applicants should indicate how they are seeking other sources of funding to continue their grant projects and how their grant projects will continue to function without State Crime Victims' Assistance Fund monies.

It is the intention of this grant program to provide as wide a range of coverage to the citizens of the state as possible. Assistance may encompass a wide range of support services. Specific services to be provided and the specific target group should reflect local needs and priorities.

Activities may include, but are not limited to, twenty four hour crisis intervention and support or emergency services; counseling; assistance with compensation claims, creditors, community referrals and restitution, with the exception that no direct compensation may be paid to a crime victim; prosecutor or court related services; shelter support counseling, social services support and criminal justice advocacy.

No grant award will be made for more than \$25,000. If your agency received a grant in the previous fiscal year and is requesting funds for continuation of the same grant project, it is suggested to limit your requested grant amount to the same amount you received last year. NOTE: there is no guarantee that your full request will be awarded. To view the total amount and awards received last year, please visit the Victim Services Grant Program website at <http://ag.ks.gov/victim-services/grants>.

REPORTING REQUIREMENTS

All reporting requirements are described in the document posted on the Victim Services website: <http://ag.ks.gov/victim-services/grants>. Please read these requirements and be familiar with the reporting requirements of this grant prior to submitting the grant application.

RECORD RETENTION

Programmatic and financial records (copies of grant applications, assurances, reports, correspondence, expenditure receipts, etc.) must be maintained by your agency for a period of five years past the close of the grant project period.

UNEXPENDED GRANT FUNDS

The final Financial Status Report (FSR) will be due within 30 days of the end of the Grant Project Period. Expenditures submitted after that point will not be reimbursed. Any funds not expended by 6/30/2019 must be returned to the Office of the Attorney General by close of business on 7/31/2019. It is the responsibility of the agency awarded the grant funds to track expenditures and payments from the Office of the Attorney General and to return unused funds by this date.

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No future payments will be made until unexpended funds are returned to the Office of the Attorney General. Failure to return unused funds may also impact the ability to receive future awards. (See Grant Review Committee – Review of applications note).

Additionally, all required reports must be received before new grant funds will be disbursed.

ELIGIBLE APPLICANTS

Available funds may be awarded to units of state or local government or private, not-for-profit organizations for defined grant project activities. Private, not-for-profit organizations, duly registered with the Office of the Secretary of State, may receive funds under this act as subgrantees or subcontractors to a local entity of government or may receive funds as a direct applicant.

In order for a not-for-profit organization to qualify for funding, it must:

1. Meet the requirements of section 501(c) of the Internal Revenue Code of 1986.
2. Be registered and in good standing as a not-for-profit corporation.
3. Meet normally accepted standards for not-for-profit organizations.
4. Have trustees or board of directors who represent the racial, ethnic, and socioeconomic diversity of the county or counties served.
5. Have received fifty (50) percent or more of their agency budget from sources other than funds distributed through this fund. Other sources may be public or private, and may include contributions of goods or services, including materials, commodities, transportation, office space, or other types of facilities or personal services.
6. Demonstrate the ability to successfully administer programs that meet the criteria defined in this document.
7. Make available an independent certified audit of the previous year's financial records.
8. Have obtained appropriate licensing or certification, or both.
9. Serve a significant number of residents of the county or counties served.
10. Not duplicate services already adequately provided to county residents.
11. Agree to comply with reporting requirements.

MATCH

State funding may be used to offset the cost of up to 75 percent of the proposed grant project. The required match is calculated at 25 percent of the total proposed grant project and must be in cash. No "In-Kind" or "soft" match is allowed. Local appropriations that have been supporting these existing efforts may be used as a match against state funds. Other state funds and federal funds may not be used to match these state funds. (Note: an efficient way to calculate the CVAF Match amount is to divide the CVAF Award amount by three.)

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LIMITATIONS OF FUND USE

1. These grant funds shall not supplant federal, state, or local funds that would be available otherwise for grant projects for crime victims' assistance projects.
2. To be considered allowable, salaries, personnel costs, equipment, and hardware costs must be necessary and essential to the grant project's success.
3. Construction or land acquisitions, including mortgage payments, are not allowable costs.
4. The use of grant funds is prohibited for grant projects that offer a low probability of improving services to victims of crime as determined by fiscal and project audits and grant reviews.
5. Because of limited funding, items such as magazine subscriptions, membership dues, etc., will not be allowed.
6. The use of grant funds to pay for gift cards or fuel vouchers is not allowed.
7. Grant funds may not be used to reimburse mileage expenses in excess of **\$0.535** per mile or the applicant's approved policy rate, whichever is lower. If the applicant chooses to reimburse at a rate in excess of this amount, per their agency policy, the applicant should be aware that no grant funds administered by the Office of the Attorney General may be used to make up the difference.
8. For purposes of this application and grant program, equipment is defined as assets with a useful life of one year or more and a cost of \$500 or more.
9. Grant project funds cannot be used to attend conferences, training or meetings that occur outside the state of Kansas.
10. Indirect costs are not allowed.
11. Food may not be purchased with the use of grant funds, except for food purchased with PFA, CVAF and HTVAF grant funds for consumption by clients living in a domestic violence / sexual assault / human trafficking shelter.
12. CVAF grant funds may be used to pay for a portion of the cost of the agency's financial audit. The contract amount with the audit firm is an allowable cost and will be funded by the CVAF grant according to the following formula:

(Cost of audit) x (Percentage of the CVAF grant / Total Agency Budget – Attachment 2).

GRANT REVIEW COMMITTEE

A committee, appointed by the Attorney General, may assist the Attorney General in determining grant awards. The Attorney General or his designee will chair the grant review committee.

REVIEW OF APPLICATIONS

The grant review committee will evaluate and score each of the applications based on the following criteria:

- The degree to which the proposal focuses on the problems and needs of victims of crime;
- The quality of the needs assessment and documentation in terms of proposed services for victims of crime;
- The record of successful implementation of services to victims of crime;

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- Documentation and understanding of a problem as it relates to victims of crime in the applicant's community;
- Demonstration of clear, measurable, and appropriate proposed grant project objectives, consistent with the evaluation criteria outlined in the grant application instructions;
- The efficacy of evaluative components, both programmatic and fiscal;
- The degree of community support and collaboration for the grant project;
- Receipt of other state and local funding;
- Relevant budget information; and
- Number of persons served by the agency and the project.

Such indicators as number of staff assigned, the type of services provided, number of victims of crime served and the number of personnel and others trained may be used to evaluate the efficiency and impact of the grant project.

NOTE: If the applicant is applying for another year of funding, the committee will also consider the applicant's ability to find additional funding for the grant project, meet the goal(s) and objectives of the grant, submit reporting requirements in a timely manner, or any additional information the committee feels is necessary, including, but not limited to: financial stability; quality of management systems; history of performance, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards and reports and findings from audits.

AWARD INFORMATION

The application you submit must clearly define the goal(s), objectives, and tasks that will be achieved in SFY 2019. A grant assurance sent to awardees will state the amount awarded and will explain any special conditions affecting how the funds are to be utilized during the grant year.

A formula will not be used for calculating grant awards.

It is our goal that these funds are used to effectively serve victims, so there is a heightened focus on accountability. In keeping with that focus, the Victim Services Division will offer workshops on financial management, business practices and procedures, grant writing, and victim-centered service delivery. The Victim Services staff will continue to conduct site visits to ensure that quality services are provided for victims across the state. They will also conduct technical assistance visits to address the specific needs of your grant program.

Please refrain from calling concerning the status of the application. Applicants will receive notification of the award in writing.

CONDITIONS OF GRANT AWARD

All grantees must comply with the Guidelines developed by the Office of the Kansas Attorney General.

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- The Grant Assurance and Budget Spreadsheets must be signed by the Executive Director, President of the Board, and Treasurer of the Board.
- Grant Assurances with the appropriate signatures, revised project budgets and revised goals and objectives (if applicable) based on the final grant award, and all other items specified in the special conditions must be returned to the Office of the Attorney General with a postmark no later than 9/14/2018. When the due date falls on a weekend or holiday, the assurances are due the next business day.
- No faxes are permitted to meet these award requirements. Documents must be mailed or hand delivered originals.
- Per the terms of the award, funds may be withheld if grantees do not submit the signed assurances, revised budgets and revised goals and objectives (if applicable), and other items specified in the special conditions by the due date.
- Funding is always contingent upon the receipt of adequate funds and appropriations to the Office of the Attorney General by the Kansas Legislature. In the unlikely event that state funds are insufficient, grant awards may be reduced from the approved amount.

APPLICATION INSTRUCTIONS

In an effort to streamline the grant application process, the grant application is divided into two sections, Section 1, the Agency Information Section and Section 2, the Grant Specific Section. The Agency Information Section is information about your entire organization and can be completed once and filed with each 2019 Victim Services grant application. Section 2 contains the narrative and information specific to each grant.

- Section 1 - Agency Information Section – organizations will be required to file ONE original and TWO copies.
- Audit and related documents - organizations will be required to file ONE original Audit in the original binding from the auditor and ONE copy of the related documents with each grant application.
- Section 2 - Grant Specific Section - organizations will be required to file ONE original and FIVE copies.

Complete the template for the SFY 2019 grant application. The template includes instructions inserted in each section. **Remove the instructions once completed, leaving only your response.** The instructions are in bulleted format, but you may also select “normal” formatting for your response. This will shorten the length of the application.

Applicants must use the Excel spreadsheets for the Goal(s) and Objectives, Agency Budget, Agency Budget History, Budget Narrative, Community Partners list and the Board of Directors / Advisory Board Listing. The Excel templates are posted on the Office of the Attorney General’s website. **No substitutes may be submitted for the current Excel spreadsheets.** These templates in Microsoft Excel format will calculate and perform functions within the document and will be submitted as attachments to the application.

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To download the documents posted on our website, www.ag.ks.gov, right click on the document and select "Save Target As." A window will open and you may select the folder in which to store the document. We suggest creating a new folder for the 2019 Attorney General Grants.

WORD DOCUMENTS

- Submit the application narrative in Times New Roman - 12-point font.
- Information entered into tables may be in 11-point font, per formatting in the template.
- Some information on the Agency Grant Information page is formatted in 9-point font, per formatting in the template.
- Limit your written responses to the number of words specified in the instructions. Keep the information as brief as possible and explanatory statements clear and concise.
- The header in the application template is set to describe the title of the grant, fiscal year and funding period. Do not remove this information. The header provides clarity to the grant review committee as to the grant for which an agency is applying.
- The footer in the application template has been created to allow the applicant to fill in the name of the agency, in addition to numbering the pages. Enter the agency name in the footer in the application template to replace the words **"INSERT NAME OF AGENCY & CITY"** and make sure that all pages are numbered in the bottom right-hand corner.
- Add and/or delete rows to the tables in the application as necessary.

EXCEL ATTACHMENTS

- Please enter information into the spreadsheets in Times New Roman - 10-point font.
- The Agency Budget, Budget History and Project Budget Narrative spreadsheets must be printed in landscape orientation for proper readability.
- Place all landscape oriented documents with the top of the page on the left and the bottom of the page on the right.
- Preview all spreadsheets before printing to ensure that the proper print area is set.
- Use only the official "Position Title" for each employee. The "Position Title" and the "Employee's Name" in that position must be consistent throughout the entire grant application and all attachments. Names of employees must be listed as well. If the position is vacant, please specify as "Vacant". If a name change occurred, please note the former name in parentheses.

AGENCY BUDGET and AGENCY BUDGET HISTORY

- Please note that minor updates have been made to the Agency Budget template this year. Applicants must use the Agency Budget template posted on the OAG VS Grant Application website: <http://ag.ks.gov/victim-services/grants>
- Prepare one Agency Budget that has been approved by the Board of Directors. The approved Agency Budget must be signed by the required Board members, Fiscal Officer and the Executive Director.

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- NOTE: an original printed Agency Budget with original signatures must be submitted with each OAG Grant Application. No scanned or faxed versions of the Agency Budget are allowed in the grant application.
- If the Agency Budget is revised during the grant writing process, please indicate the date the revised Agency Budget was approved by the Board of Directors, write the date of the revision at the top of the Agency Budget, and obtain the required signatures.
- The column labels offered in the Agency Budget template are examples of funding sources common to many of our agencies. An agency may rename a column heading as appropriate.
- Applicants may remove any unused “revenue source” columns in the Agency Budget Spreadsheet. This will decrease the width of the spreadsheet and allow the form to be printed in an easily read font.
- Please do not combine too many revenue sources. This spreadsheet is intended to serve as a management tool for your agency, in addition to providing information for the grant review committee. If too many revenue resources are combined into one column, the benefit of showing the revenues and expenditures separately decreases.
- Applicants may add extra rows and rename the Position Title in the Agency Budget “Personnel” category as appropriate for your agency.
- Applicants may delete unused rows in the Agency Budget “Personnel” category as appropriate for your agency. Many “Position Titles” are listed on the Agency Budget template. If you do not employ certain types of positions within your agency, you may delete the personnel lines not applicable to your agency.
- If a position is listed on the Agency Budget History, but will not be filled during the current Agency Fiscal Year, please note the end date of the position in the comments section.
- Do not delete any “Categories” or line items in the Agency Budget spreadsheets. This allows the grant review committee to review all applicants’ revenues and expenditures.

PROJECT BUDGET NARRATIVE

- If a line item in the Project Budget Narrative template is not applicable to your agency, delete the **description** offered in the template. Removing the description will allow the cell size to decrease, and the Budget Narrative will print using less paper.
- All items requested in the Project Budget Narrative must clearly tie back to the proposed goals and objectives articulated in the Project Narrative.
- All “Budget Description” fields must include a detailed, accurate and concise description of the calculation of the expenditure. For example, the applicant must indicate when a planned increase in salary/wages for grant funded staff will occur, and the new rates as well. Other examples – health and other insurance rates, retirement contribution rates, unemployment and workers compensation rates, etc.
- Calculations should include the full salary or wage for the grant year and the percentage of time devoted to the proposed Grant Project.
- All requests must include reductions for event-provided meals, if applicable, and should be clearly reflected in the computation.
- Do not delete any “Categories” or line items in the Project Budget spreadsheets. This allows the grant review committee to review all applicants’ revenues and expenditures.

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ASSEMBLY OF APPLICATION PACKET

- Note the name of the grant for which you are applying in the address block by using the following address:

OFFICE OF ATTORNEY GENERAL DEREK SCHMIDT
ATTN: KATHY HOLM
STATE CRIME VICTIMS' ASSISTANCE FUND
120 SW 10TH AVENUE, 2ND FLOOR
TOPEKA, KANSAS 66612-1597

- DO NOT STAPLE APPLICATION - USE A BINDER CLIP TO BIND THE APPLICATION PACKET IN THE UPPER LEFT CORNER.
- **Section 1** - Submit ONE original and TWO copies of Section 1 of the application.
- Submit ONE original current audit report (as bound by auditor) and related items.
- **Section 2** - Submit ONE original and FIVE copies of Section 2 of the application.
- Place all landscape oriented documents with the top of the page on the left and the bottom of the page on the right.
- DO NOT SUBMIT COVER PAGES TO INTRODUCE ATTACHMENTS. To reduce paper consumption, simply label the attachment with the appropriate number and title at the top of the attachment.
- Do not submit any items not specified in the Summary of Contents (i.e. covers, appendices, bindings, artwork, brochures, pictures, news articles, etc.) These items will be removed prior to the review.

TRANSMITTAL OF APPLICATION PACKET

- No faxed or emailed applications will be accepted.
- The Office of Attorney General strictly adheres to grant application deadlines.
- It is not necessary to overnight applications. Make every effort to use the least expensive means of filing this application. To encourage this effort, the Office of the Attorney General sets deadlines with a "postmark" date.

ATTENTION

Due to the competitive nature of the grant award process, the Grant Review Committee may not consider applications that are incomplete or not submitted correctly.

An incomplete application means the following:

- Application is missing information;
- Audit Report and related documents are not submitted
- Incorrect forms were used;
- Application is not in the correct order; or
- The correct number of copies was not submitted.

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**INSTRUCTIONS FOR AGENCY INFORMATION AND COMPLIANCE SECTION
(SECTION 1)**

AGENCY INFORMATION

- Please complete the agency information with current information.

SUMMARY OF CONTENTS

- Please complete this table to ensure complete compliance with filing requirements for this grant application.

ATTACHMENT #1.1: PROOF OF 501(c)(3) STATUS

- If the applicant is a not-for-profit organization, submit proof of the applicant's tax-exempt status as determined by the Internal Revenue Service.

ATTACHMENT #1.2: KS SECRETARY OF STATE CERTIFICATE OF GOOD STANDING

- If the applicant is a not-for-profit organization, submit a **current** (less than one year old) copy of the agency's Certificate of Good Standing with the Kansas Secretary of State's Office available at <http://www.kssos.org>
- You may contact the Secretary of State's office for assistance at (785) 296-4564 during the hours of 8am-5pm, Monday - Friday.

ATTACHMENT #1.3: LIABILITY & CASUALTY INSURANCE COVER SHEET

- Submit a current copy of the COVER SHEET ONLY of the agency's liability and casualty insurance policies. Do not include the entire policy, even if a coversheet is not available; if this is the case, include an explanation of the coverage, not the entire policy. If coverage is provided by another agency or government, provide a letter from that entity affirming this.

- **SEND THE COVER SHEET ONLY! DO NOT INCLUDE THE ENTIRE POLICY(IES) IN THE APPLICATION PACKET.**

ATTACHMENT #1.4: CONFIDENTIALITY POLICIES

Attach a copy of the policies and procedures developed and implemented by the agency to assure confidentiality of records pertaining to any victim who receives services from the agency. Please be sure to note in the CVAF Grant application the sections of the Confidentiality Policy that apply specifically to the CVAF program.

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ATTACHMENT #1.5: LIST OF COMMUNITY PARTNERS

- List the name of the contact person for each agency with whom the proposed grant project will coordinate in providing services or making referrals. Such agencies and resources would be, for example: law enforcement, mental health centers, schools, regional prevention centers, prosecuting attorneys' offices, private foundations, etc.

ATTACHMENT #1.6: LIST OF CURRENT BOARD MEMBERS

- Complete the Board and Advisory Board Excel spreadsheet, adding or deleting rows as necessary.
- Please include the position of each member at their work place. This will allow the Grant Review Committee to understand the various types of experience and expertise contributed by the Board members.
- To ensure appropriate checks and balances for grant funds, appropriate separation of Board and staff roles and responsibilities, with no potential conflict of interest, is essential. For example, no Board member may be an employee of the agency, or derive benefit, from board decisions, financially or otherwise.
- The Office of the Attorney General recommends that not-for-profit agencies have a sufficient number of members to ensure proper oversight. In addition, we also recommend that members are representative of the demographic profile of the area the agency serves.

ATTACHMENT #1.7: THREE (3) LETTERS OF SUPPORT

- **If the applicant is a not-for-profit organization, then it MUST submit three current letters of support. These three letters MUST be from local government agencies and they must accompany the grant proposal.**
- Letters from other non-profit agencies or contractors will not fulfill this requirement.
- If an agency is applying for several grants from the Office of the Attorney General, it is allowable to use the same letters of support in the Agency Information section. However, if this is done, the letters must address the services provided in each of the projects for which OAG Victim Services grant funding is requested.
- To be considered a valid letter of support, a letter must be written on the supporter's letterhead, and must be signed and dated by the supporter.
- Please be sure to pursue these required letters of support early in your grant writing process.
- If unable to get government support, state reasons as to why.

- **NOTE: If an agency is submitting a grant application for a new program or project within the agency, three letters, demonstrating support from three separate community partners, must be provided in Section 2 of the specific grant application. Please refer to Section 2 for full instructions regarding letters of support for new programs and projects within the agency.**

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INSTRUCTIONS FOR GRANT SPECIFIC INFORMATION (SECTION 2)

SECTION 2 – PROJECT NARRATIVE
PLEASE SUBMIT ONE (1) ORIGINAL AND FIVE (5) COPIES OF SECTION 2

AGENCY INFORMATION AND GRANT SPECIFIC INFORMATION

- Please complete the agency information and the grant specific section with current information.

SUMMARY OF CONTENTS

- Please complete this table to ensure complete compliance with filing requirements for this grant application.

ASSURANCE OF COMPLIANCE WITH FY 2018 TRAINING REQUIREMENT

- Please complete this table and obtain the signature of the Executive Director.

MANAGEMENT AND BOARD SIGNATURE PAGE

- Please ensure that the required Board members and Fiscal Officer have sufficient time to review the grant application and attachments. Upon approval of the grant application and required attachments, obtain the signatures of the required Board members, Fiscal Officer and the Executive Director.

PRIOR ACCOMPLISHMENTS

Part 1 – Agency Accomplishments

Through the OAG Grant Program, the Victims Services Division seeks to ensure that Kansas crime victims: 1) are aware of their rights, 2) have their rights protected, 3) are aware of the services available to them, and 4) have access to quality services.

Please ensure that the accomplishments described in this section fully demonstrate how your agency has provided quality services to victims in your service area. Please address the following questions: What did you do for victims during the past grant year? How has your agency done this? How has the agency incorporated the values and purpose stated above into the progress made on your goals and objectives for this grant? Additionally, it is important for you to address information including, but not limited to, the following: new programs within the agency, accreditation, increased services, new or different services, awards, and recognitions, etc. **Remove the directions for this section and any unused rows after completion of the table.**

<p>Accomplishment 1: Share the three most significant agency accomplishments from July 1, 2017 through March 31, 2018. It is essential that applicants represent their agency's accomplishments for this period, in order for the Grant Review Committee to compare</p>

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accomplishments for agencies during the same reporting periods. Limit your response to 300 words or less.

Accomplishment 2: Share the three most significant **agency accomplishments** from July 1, 2017 through March 31, 2018. It is essential that applicants represent their agency's accomplishments for this period, in order for the Grant Review Committee to compare accomplishments for agencies during the same reporting periods. Limit your response to 300 words or less.

Accomplishment 3: Share the three most significant **agency accomplishments** from July 1, 2017 through March 31, 2018. It is essential that applicants represent their agency's accomplishments for this period, in order for the Grant Review Committee to compare accomplishments for agencies during the same reporting periods. Limit your response to 300 words or less.

Part II – 2018 Grant Project Accomplishments

- If the project existed last year, describe any evidence of the success of the grant project and share progress on meeting the goal(s) and objectives. Share information regarding accomplishments that cover the period July 1st through March 31st in the table below.
Remove these directions prior to submitting the grant.
- Include statistical information regarding the number of victims of crime served by the agency.
- Describe any evaluations conducted regarding the program and explain the results.
- **Remove the directions for this section and any unused rows after completion of the table.**

Goal 1: List the goal as it was approved for the 2018 grant year. Was the goal met? Describe any evidence of success and share progress regarding accomplishments that cover the period July 1, 2017 through March 31, 2018. Limit your response to 150 words or less.

	Goal 1 Objective 1: List the objective as it was described in the previous grant application. Was the Objective met? Describe any evidence of success and share progress regarding accomplishments that cover the period July 1, 2017 through March 31, 2018. Limit your response to 150 words or less.
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	Goal 1 Objective 2: List the objective as it was described in the previous grant application. Was the Objective met? Describe any evidence of success and share progress regarding accomplishments that cover the period July 1, 2017 through March 31, 2018. Limit your response to 150 words or less.
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	Goal 1 Objective 3: List the objective as it was described in the previous grant application. Was the Objective met? Describe any evidence of success and share progress regarding accomplishments that cover the period July 1, 2017 through March 31, 2018. Limit your response to 150 words or less.
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Goal 2: List the goal as it was approved for the 2018 grant year. Was the goal met? Describe any evidence of success and share progress regarding accomplishments that cover the period July 1, 2017 through March 31, 2018. Limit your response to 150 words or less.

	Goal 2 Objective 1: List the objective as it was described in the previous grant application. Was the Objective met? Describe any evidence of success and share progress regarding accomplishments that cover the period July 1, 2017 through March 31, 2018. Limit your response to 150 words or less.
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	Goal 2 Objective 2: List the objective as it was described in the previous grant application. Was the Objective met? Describe any evidence of success and share progress regarding accomplishments that cover the period July 1, 2017 through March 31, 2018. Limit your response to 150 words or less.
	Goal 2 Objective 3: List the objective as it was described in the previous grant application. Was the Objective met? Describe any evidence of success and share progress regarding accomplishments that cover the period July 1, 2017 through March 31, 2018. Limit your response to 150 words or less.

Goal 3: List the goal as it was approved for the 2018 grant year. Was the goal met? Describe any evidence of success and share progress regarding accomplishments that cover the period July 1, 2017 through March 31, 2018. Limit your response to 150 words or less.	
	Goal 3 Objective 1: List the objective as it was described in the previous grant application. Was the Objective met? Describe any evidence of success and share progress regarding accomplishments that cover the period July 1, 2017 through March 31, 2018. Limit your response to 150 words or less.
	Goal 3 Objective 2: List the objective as it was described in the previous grant application. Was the Objective met? Describe any evidence of success and share progress regarding accomplishments that cover the period July 1, 2017 through March 31, 2018. Limit your response to 150 words or less.
	Goal 3 Objective 3: List the objective as it was described in the previous grant application. Was the Objective met? Describe any evidence of success and share progress regarding accomplishments that cover the period July 1, 2017 through March 31, 2018. Limit your response to 150 words or less.

UNDERSERVED POPULATIONS

- Define the population(s) identified in the applicant's community considered to be underserved because of ethnic, racial, or cultural background; language diversity; differently-abled; or geographic isolation, etc.
- Provide the applicant's plan to reach and provide services to those populations.
- Address the process within the agency for serving limited English proficiency victims.

NEEDS ASSESSMENT

- The submission of an application indicates there is an identified need that will be addressed either in whole or in part by the grant project for which CVAF grant funds are requested.
- Explain how addressing the need is related to the mission of the organization.
- As other agencies are competing for limited resources, document as factually and concisely as possible the definition and severity of the problem identified in the needs assessment.
- **Remove the directions for this section after completion.**

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PROPOSED GRANT PROJECT GOAL(S) & OBJECTIVES

NOTE: The general goal(s) and measurable objectives of the proposed grant project should be directly related to the findings of the needs assessment. The grant project's evaluation plan should be used to demonstrate progress made toward achieving the goal(s) and objectives.

- Submit no more than three overarching goals for the project.
- State the goal(s) of the proposed grant project for SFY 2019 for which the applicant is requesting funds. The goals must be consistent with the needs assessment.
- List the objectives to be accomplished in order to reach each goal.
- Objectives should be expressed in terms of reaching the proposed grant project goal(s) and resolving the need.
- Objectives should be specific, measurable, realistic, and consistent with the goal(s) of the proposed grant project, and cover a single event or outcome. Test your objectives to ensure that they are **SMART**:

S Specific
M Measurable
A Attainable
R Relevant
T Time Limited

- Include the proposed grant funded activities, tasks, grant funded staff assigned to each task and time period required meet to each objective.

NOTE: Once the applicant is awarded a grant for the project, the grant goal(s) and objectives listed in this spreadsheet will be used to report project progress on the quarterly work plan progress report.

Through the OAG Grant Program, the Victims Services Division seeks to ensure that Kansas crime victims: 1) are aware of their rights, 2) have their rights protected, 3) are aware of the services available to them, and 4) have access to quality services.

When planning the 2019 CVAF project, please ensure that the goals and objectives describe fully how the proposed project will provide quality services to victims in the service area specified in the project proposal. Please address the following questions: What will you do for victims during the 2019 grant year?; How will the 2019 CVAF project do this? How will this project incorporate these important values stated above into the goals and objectives for this grant?

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Use the following table to convey the goal(s) and objectives for this grant project. The goals and objectives listed in this table must align with the budget narrative for this grant funding. Remove the directions for this section and any unused rows after completion of the table. Please be sure to include the name of the staff and their position in the last column. If the position is currently vacant, please indicate.

Goal 1: Describe the goal for the SFY 2019 grant year.			
Objectives	Performance Measures and Milestones	Data Grantee Provides to the OAG	Name and Position of Responsible Party(ies), Tasks, and Time Frame
Objective 1.1:			
Objective 1.2:			
Objective 1.3:			
Goal 2: Describe the goal for the SFY 2019 grant year.			
Objectives	Performance Measures and Milestones	Data Grantee Provides to the OAG	Name and Position of Responsible Party(ies), Tasks, and Time Frame
Objective 2.1:			
Objective 2.2:			
Objective 2.3:			

PROPOSED GRANT PROJECT STAFFING PATTERN AND PROJECT COORDINATION

- Describe the staffing pattern that will meet the proposed grant project goal(s), objectives, and evaluation.
- Include all persons responsible for achieving proposed objectives as well as the supervisors of those individuals, who may not be grant-funded employees.
- Include all staff responsible for monitoring and evaluating the proposed grant project's progress.
- Use only the official "Position Title" for each employee. The "Position Title" and the "Employee's Name" in that position must be consistent throughout the entire grant application and all attachments. Names of employees must be listed as well. If the position is vacant, please specify as "Vacant". If a name change occurred, please note the former name in parentheses.
- State how the proposed grant project will coordinate with existing agencies and local resources for the population to be served.
- Remove the directions for this section after completion.

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PROPOSED GRANT PROJECT MONITORING AND EVALUATION

Project Monitoring

- Describe the procedure for monitoring the proposed grant project.
- Who will track the proposed grant project throughout the grant project period?
- What data will be collected?
- How will the information that is monitored be used to encourage success of the proposed grant project?

Project Evaluation

- Describe the criteria that will be used to evaluate the effectiveness and quality of services provided through the proposed grant project.
- The evaluation should be designed to provide an objective assessment of the effectiveness or input of the proposed grant project.
- Specify the procedures to be used and how the information/data collected will be used to improve the proposed grant project.
- At a minimum, explain how the proposed objectives will be measured and how it will be determined whether the grant project is effectively and efficiently reaching the proposed goal(s) and objectives.

PROJECT BUDGET NARRATIVE

Project Budget Narrative - Excel spreadsheet

- Complete the Excel Budget Narrative Attachment #1 prior to completing the Budget Summary table below.

Project Budget Narrative – Application Summary

Summarize the amounts calculated in the Excel project budget narrative in the table below to provide a budget overview for the grant review committee.

- Describe in detail each item listed.
- Describe grant funded job duties or functions of personnel listed, noting any new duties and functions to be performed as a result of the grant.
- Show all calculations used to arrive at each line item request on the Excel Budget Narrative. For example, for items such as personnel, show the per hour wage, the number of hours worked at the agency for the entire year in order to provide the annual amount. Indicate the percentage of each position funded by the CVAF grant. If the position is not for the entire 12 month grant period, prorate the salaries and fringe benefits to reflect the same time frame used in the goal(s) and objectives.
- For fringe benefits, show the specific rates, etc.
- Grant funds may not be used to reimburse mileage expenses in excess of **\$0.535** per mile or the applicant's approved policy rate, whichever is lower. If the applicant chooses to reimburse at a rate in excess of this amount, per their agency policy, the

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applicant should be aware that no grant funds administered by the Kansas Attorney General's Office may be used to make up the difference.

- For purposes of this application and grant program, equipment is defined as assets with a useful life of one year or more and a cost of \$500 or more.

Please use the table below for a template for the grant application. Please remove the sample descriptions and insert the description of your agency's grant application budget information.

Name/Position or Item with Description	Purpose	Location, if applicable	Computation	Request
Personnel: Project Director (N)	Supervision of direct service provided in grant project;		\$12.00 per hour x 2080 hours = 24,960 x .75	\$ 18,720
Fringe Benefits: FICA	To provide Fringe Benefits to staff		(24.960 x 7.65%) x .75	\$ 1,432
Supplies	For use by the project director			\$ 218
Travel:* Conferences/ Workshops	Training	Wichita/Topeka, KS	200 miles x .40 \$95 x 2 nights lodging; meals at \$30/day x 2 days	\$ 80 190 <u>60</u> \$ 330
Equipment:** 1 ABC computer with 17" monitor	For use by the project director	Administrative office	computer \$900 monitor \$400	\$ 1,300
TOTAL				\$ 22,000

STATEMENT OF NON-DUPLICATION

- Explain how this project will not duplicate services already adequately provided to residents in the community by other agencies or organizations.
- Explain how this project will not duplicate funding from other sources.

ASSURANCE OF CONFIDENTIALITY

- Briefly summarize the information regarding your agency's confidentiality policies as they relate to this grant project.

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ATTACHMENTS

NOTE: Applicants **MUST** use the Excel spreadsheets available on the website for the Budget Narrative, Agency Budget, and Agency Budget History. These forms are required documents and must be submitted as attachments to the application. No substitutions can be made for these documents; the Excel spreadsheets must be used.

ATTACHMENT #2.1: ORGANIZATIONAL CHART

- Attach a current Organizational Chart of the agency. Be sure that the current Organizational Chart includes the grant funded staff. If the positions are proposed, rather than existing, please indicate that on the chart.

ATTACHMENT #2.2: PROJECT BUDGET NARRATIVE

- Complete the Budget Narrative Excel spreadsheet and include it as an attachment to the application. This Excel spreadsheet is posted on the our website, www.ag.ks.gov, with this application.
- **Do not use legal-sized paper. Print this form on regular 8.5 x 11 paper.**
- Describe in detail each item listed in the Budget Narrative Form.
- All amounts should be rounded to the nearest whole dollar.
- The request should be reasonable to reach the proposed goal(s) and objectives.
- When listing personnel positions, indicate whether it is a new position (N) or an existing position (E) to the agency.
- State the name of the current employee in each position. Specify if a position is currently vacant.
- Use only the official "Position Title" for each employee. The "Position Title" and the "Employee's Name" in that position must be consistent throughout the entire grant application and all attachments. Names of employees must be listed as well. If the position is vacant, please specify as "Vacant". If a name change occurred, please note the former name in parentheses.
- Briefly describe job duties or functions covered by the grant, noting any new duties and functions to be performed as a result of the grant.
- **Show all calculations used to arrive at each line item request.** For example, for items such as personnel, show the annual salary rate and the percentage of time devoted to each personnel position to be paid for with these funds. If the position is not for the entire 12 month grant period, prorate the salaries and fringe benefits to reflect the same time frame used in the goal(s) and objectives.
- For fringe benefits, show the specific applicable rate, etc.
- Refer to the section "Limitations on Grant Funding" for further instructions regarding allowable and non-allowable use of grant funds.
- The section of the spreadsheet showing the calculations is not included in the print area. The print area is set to print only the main portion of the budget narrative. You

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may change the print area if you wish to print the area on the right hand side of the spreadsheet, showing the calculations for fringe benefits.

- Obtain all appropriate signatures.

ATTACHMENT #2.3: AGENCY BUDGET – PROPOSED NEXT FISCAL YEAR

- Complete the Agency Budget Excel spreadsheet and include it as an attachment to the application to present the entire agency budget for the next fiscal year. This Excel spreadsheet is posted on the our website, www.ag.ks.gov, with this application.
 - If the applicant is a governmental entity, the agency budget will be for the grant program only, not for the entire governmental entity.
- Record the applicant's next fiscal year budget, including balanced income **and** expenses, using the template provided on the website.
- The Agency Budget is for the agency's fiscal year, not the grant year, which is the state fiscal year. This document is intended to be a useful tool to the Board and Management to develop the agency's budget each year.
- Agency income should list all sources of financial support (i.e. foundations, government agencies, fund-raising events, individual contributions, etc.).
- For each income source, state the amount, the awarding agency and its status (received, requested, committed, or projected).
- If the income is requested or projected, state the date the agency expects to be notified of the funding decision or the date the agency anticipates collecting the income.
- Include the appropriate pro-rated portion of this grant application request as budgeted income with a "requested" status.
- Add columns to the spreadsheet as required to represent each of the following sources separately:
 - Grants from the Office of Attorney General
 - Grants from the Kansas Governor's Grants Program (KGGP)
 - Other federal grants
- Local sources may be grouped together in one column
- Columns may be re-labeled to display your agency's specific funding sources.
- Columns may be removed from the Agency Budget spreadsheet, if an agency has only a few sources of funding.
- **Do not use legal-sized paper. Print this form on regular 8.5 x 11 paper in landscape orientation.**
- The number of columns in the spreadsheet affects the scaling of the document. Do not send Agency Budget spreadsheets scaled to anything less than 70% of normal size.
- All documents printed in landscape orientation must be placed in the packet with the bottom of the page on the right side.
- List all staff positions separately with their respective salaries.
- State the name of the current employee. Specify if a position is currently vacant.
- Use only the official "Position Title" for each employee. The "Position Title" and the "Employee's Name" in that position must be consistent throughout the entire grant application and all attachments. Names of employees must be listed as well. If the position is vacant, please specify as "Vacant". If a name change occurred, please note the former name in parentheses.

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- All line items requested in this application must be addressed in the agency's budget for expenses.

ATTACHMENT #2.4: AGENCY BUDGET HISTORY

- Complete and attach the Agency Budget History Excel spreadsheet to present the agency's current fiscal year budget and the agency's next fiscal year's budget. This Excel spreadsheet is posted on our website, www.ag.ks.gov, with this application.
- If the applicant is a governmental entity, the agency budget history will be for the program only, not for the entire governmental entity.
- Explain all line item changes greater than five (5) percent in the comments column.
- All documents printed in landscape orientation must be placed in the packet with the bottom of the page on the right side.
- The agency's next fiscal year's budget must be the exact same budget presented in the Agency Budget.
- The final Agency Budget, approved by the Board of Directors, and used during the current agency fiscal year must be listed in the column titled Current Year Budget.
- Follow the same instructions and example as listed for the Agency Budget.

ATTACHMENT #2.5: RESUMES FOR GRANT FUNDED STAFF

- Attach resumes for all staff funded by this proposed project.

ATTACHMENT #2.6: THREE (3) LETTERS OF SUPPORT

THIS REQUIREMENT IS FOR NEW PROGRAMS OR NEW PROJECTS WITHIN AN ORGANIZATION ONLY

NOTE: If an agency is submitting a grant application for a new program or project within the agency, three additional letters, demonstrating support from three separate community partners, must be provided in Section 2 of the specific grant application. To be considered a valid letter of support, a letter must be an original, written on the community partner's letterhead, and be signed and dated by the community partner. Please be sure to pursue these three letters of support early in your grant writing process.

- If the applicant is applying for funding for a new program / project within the organization, the applicant must submit **three** additional current letters of support.
 - **These letters MUST be from community partners and they must accompany the specific grant proposal.**
 - Letters from non-profit agencies not related to this specific proposal, or from contractors, will not fulfill this requirement.
 - If unable to obtain community support, state the reasons as to why.

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ATTACHMENT #2.7: OPTIONAL CVAF PROGRAM BUDGET



OPTIONAL AGAIN THIS YEAR: For the SFY 2019 grant year, we are providing an optional new budget document – the “Program” Budget.

- The Grant Review Committee (GRC) has recommended that a Program Budget be a part of the application process. A Program Budget would assist them in determining overall community support and investment in the Program. For instance, if the agency is requesting \$25,000 from CVAF to fund the Program in their agency, and has raised \$75,000 from community members for the project, the GRC would see that there is tremendous community support and investment in the Program. The Program Budget will assist the GRC in understanding the complete funding needs for the Program.
- This is an optional budget and intended to assist the GRC and the organization. The Program Budget is intended to be a useful tool for the management – a “cost accounting” tool that supplies management and the board with the overall costs of running the Program within the organization.
- The Program Budget will list all revenues and all expenditures that will be required to run this program successfully during the SFY 2019 grant year. The budget will include fees collected and all other sources of revenue, as well as all expenses related to the entire “program” – not just this proposed CVAF project.
- Example: In many grantee organizations, various programs are offered to victims of crime in the community. An organization may offer a CASA program, a Child Exchange and Visitation Program, a Child Advocacy Program, and a Domestic Violence/Sexual Assault Program. In this example, if the SFY 2019 CVAF grant will fund staff in the Domestic Violence/Sexual Assault Program, please submit a “Domestic Violence/Sexual Assault Program” Budget.