

Title

0x/xx/2021

id. 19432825

Sample Grant Application

Agency Name

Agency City

Agency Main Phone number

Agency Email Address

Website URL

Agency Mailing Address

Is the street address the same as the mailing address?

Executive

Director/President/CEO

Executive

Director/President/CEO

Office Phone

Executive Director/President/CEO Cell Phone

Executive Director/President/CEO Email Address

Is the Executive Director/President/CEO completing this grant application?

Board President

Board President Phone

Board President Email Address

Fiscal Officer

Fiscal Officer Position Title

Fiscal Officer Phone Number

Fiscal Officer Email Address

Federal Employer ID #

Has the EIN changed in the last 12 months?

What is your agency's Mission Statement?

Who is responsible for informing crime victims of their statutory rights under K.S.A. § 74-7301; 74-7333; 74-7335? Please list employee's name(s) and position title(s).

Who is responsible for assisting crime victims in seeking available compensation benefits? Please list employee's name(s) and position title(s).

Are these responsibilities written into their job descriptions and this process written into your policy and procedure manual?

What type of organization is the agency?

Agency

Accomplishments

Accomplishment #1: Please limit your response to 300 words

Accomplishment #2: Please limit your response to 300 words

Accomplishment #3: Please limit your response to 300 words

OAG Grants
SFY2022

Please indicate each grant that you plan to apply for this grant cycle. Once you have indicated that you will apply for a grant, you will be asked to enter an estimated amount and submit a title for the grant. Check as many as apply.

Select all Grant Programs Through the OAG for which you intend to apply.

**Child Exchange and Visitation Center (CEVC)
Crime Victims Assistance Fund (CVAF)
Child Abuse: Crime Victims Assistance Fund (CVAF CA) or (CA)
Human Trafficking Victims Assistance Fund (HTVAF)
Protection from Abuse (PFA) (Open to DV/SA Agencies)
Child Advocacy Center (CAC) (New agencies: pre-approval is required to apply)**

CEVC Project Title

Amount Requested for CEVC

CVAF Project Title

Amount Requested for CVAF

CA Project Title

Amount Requested for CA

HTVAF Project Title

Amount Requested for HTVAF

PFA Project Title

Amount Requested for PFA

Select all counties that are served by your agency.

Select all judicial districts that are served by your agency.

Required uploads 1. KS SECRETARY OF STATE CERTIFICATE OF GOOD STANDING • If the applicant is a not-for-profit organization, submit a current copy of the organization'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.

2. AGENCY BUDGET – PROPOSED NEXT FISCAL YEAR: Use the link to the form. The budget will be accepted only on this form.

3. LIABILITY & CASUALTY INSURANCE COVER SHEET • Submit a current copy of the COVER SHEET ONLY of the organization'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 organization or government, provide a letter from that entity affirming this.

4. LIST OF CURRENT BOARD MEMBERS: Use the link provided to download the form. Do not attach any other forms.

5. SEXUAL HARASSMENT POLICY (SHP): Use the link provided to download the form. Sign the document and attach it to the application below.

6. Limited English Proficiency

(LEP): Please provide your policy for providing translation services to victims. This can be copied from your Policies and Procedures Manual.

7. MOST RECENT AUDIT REPORT: We will accept reports for 2019 and later. Note that you will no longer need to mail a bound copy of the audit report now or later in the year. The Office of the Attorney General will collect agency audits one time annually (at the time of application) and will accept these reports in a .pdf format (or other approved text format) only.

8. LETTER FROM AUDITORS TO BOARD AND MANAGEMENT: The auditor must provide a summary report in the form of a letter for board and agency management. Please attach that letter here.

9. LETTER OF RESPONSE FROM BOARD: The agency board of directors must respond to the audit report. If there are no deficiencies, they may simply report that they have reviewed the audit and that no deficiencies were identified.

10. ORGANIZATION CHART: Please provide a current organization chart listing both employees and positions.

Please upload the Certificate of Good Standing from the Secretary of State

Please upload your Agency Budget

Please upload the cover sheet for your insurance policies.

Please upload the list of current board members.

Please upload a signed and dated acknowledgement of the Sexual Harassment Policy (SHP).

Please upload the current Limited English Proficiency Policy (LEP)

Required Audit Information Before submitting your grant request, a copy of the most recent financial audit report must be attached. In addition, a copy of the letter from the auditor to the board and management, the board and management response to that letter and the auditor's letter to the OAG must also be attached. Audit must be for FYI 2019 or more recent.

What FY (Fiscal Year) does the attached audit cover?

Most recent audit report

Letter from the auditors to board and management

Letter of response from board and management

Please upload the current organizational chart.

Does your agency use the HT-DITR (Human Trafficking Definition and Identification Tool, Revised) to help identify victims of Human Trafficking?

Are you interested in training regarding the use of this tool?

Optional: In what other areas would you like to see the OAG provide additional training?

Certification of information **By clicking "submit form" on this grant application, I certify that I am a representative of the above listed agency and am authorized to submit this grant application on their behalf. I further declare that I have shared the application, its attachments, and budgets with the appropriate management and board members. All information is accurate and correct to the best of my knowledge. Should a discrepancy be discovered, I will notify the Office of the Attorney General Victim Services Division immediately.**