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## 2023 CVAF Grant Application

Agency Name

Agency City

Primary Contact for Grant Project/Program \*

First Name

Last Name

Email address for Primary Contact \*

Phone Number for Primary Contact \*



## State Crime Victims' Assistance Fund (CVAF)

The CVAF Award Requested amount must not exceed \$ 32,500 for Award and \$ 10,833 for Match. The Match amount must equal 25% of the TOTAL CVAF PROJECT AMOUNT. CVAF Requested Amount plus the Match Amount = Total Project Amount. (To calculate the CVAF Match Amount, divide the CVAF Award Requested Amount by three).

If your agency received a grant in the previous state fiscal year and is requesting funds for continuation of the same grant project, it is strongly suggested to limit your requested grant amount to the same or a lesser amount than 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 <https://ag.ks.gov/victim-services/grants>.

The CVAF Grant funding may be utilized to increase, enhance or expand an existing grant project or program, as well as create new grant projects to provide services to victims of crime. CVAF funds are not guaranteed for a specific time-frame and will be competitively reviewed annually.

### Amount Requested \*

\$  USD

### Brief Description of the CVAF (Crime Victims' Assistance Fund) Grant Project

Limit: 100 words

### Did you receive CVAF funding last year? \*

Yes

No

Please upload your 3rd Quarter PNR if available. (Do not upload any other quarters).

**Did the CVAF grant assurance list any Special Conditions for SFY 2022? \***

- Yes  
 No

**Please list all Special Conditions on the CTVAF grant assurance for State Fiscal Year 2022. \***

**Were all of the Special Conditions resolved? \***

- Yes  
 No

**If resolved, please describe how. \***

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf, .xls, .xlsx

This will be used by the grant review committee to demonstrate progress toward 2021 project goals and objectives. Do **not** upload Q2.

**Will the grant funds awarded be used for an existing project/program or a new project/program? \***

- Existing Project/Program: continue existing grant project or program currently funded with grant funds
- New Project/Program: Create a new project, program, or service activity not previously funded with grant funds

List the names of grant funded individuals (or pre-approved alternate attendee), their position title and the number of hours of training in the April 2021 Crime Victim's Rights Conference.



Name of grant funded staff attending CVRC	Position	Total Hours attended CVRC

**OR: Upload the training logs for grant funded individuals.**

Select up to 4 files to attach. No files have been attached yet. You may add 4 more files.

Acceptable file types: .doc, .docx, .odt, .pdf, .rtf, .txt

**Will the grant funds awarded be used for an existing project/program or a new project/program? \***

- Existing Project/Program: continue existing grant project or program currently funded with grant funds
- New Project/Program: Create a new project, program, or service activity not previously funded with grant funds

New projects will require additional forms and questions to be completed.

**Describe the identified need that will be addressed by the grant project for which CVAF (Crime Victims' Assistance Fund) grant funds are requested.**

**Are other agencies providing this same service within your service area? \***

Limit: 200 words

If there is duplication of services, please explain why you believe your agency needs to offer this service. (Is the other agency at capacity?)

**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. \***

Limit: 200 words

**Describe your plan to reach and provide services to those populations. \***

Limit: 200 words

**Address the process within the agency for serving limited English proficiency victims. \***

Limit: 200 words

**List community partners.**

**Or upload the 2022 Community Partners form from our website or through the link below.**

[Choose File](#)

Upload a file. No files have been attached yet.

Acceptable file types: .pdf, .xls, .xlsx

**This form is available on our website or via this link.**

**Please upload letters of support for the project. \***

[Choose File](#)

Select up to 6 files to attach. No files have been attached yet. You may add 6 more files.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpl

Three letters of support are required from government entities and three from local community partners.

**If your project includes a new position or positions, please upload the job description.**

[Choose File](#)

Select up to 4 files to attach. No files have been attached yet. You may add 4 more files.

Acceptable file types: .doc, .docx, .pdf, .txt

**Check county or counties served by this grant funding.**

Check State Judicial Districts served by this grant.

Number of unduplicated children served by the CVAF (Crime Victims' Assistance Fund) during the SFY 2021?

Number of unduplicated adults served by the CVAF (Crime Victims' Assistance Fund) during the SFY 2021?

Please complete the table below to indicate service numbers for both children and adults \*



Number served	ACTUAL SFY 2021 grant project	ACTUAL SFY 2022 7/1/2021–3/31/2022	PROJECTED SFY 2022 7/1/2021–6/30/2022 (use actuals for first 3	PROJECTED SFY 2023 grant project
Children				
Adults				
Total Individuals	0	0	0	0

Upload the Project Budget Narrative. \*

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .xls, .xlsx

**This form may be download from the OAG website or using this link.**

(<https://ag.ks.gov/docs/default-source/forms/victims-grants/2023-project-budget-narrative-cvaf-and-match.xlsx>)

**Please list all sources of the grant match and what type it is (state grant, federal grant, private foundation, private donor, cash on hand, etc.) and the amount. \***



Source of Match	Type of Match	Amount of Match
		0

### **Proposed Grant Project Goals and Objectives**

New Projects or Agencies: Please provide goals that are consistent with the needs statement.

Objectives: Must be SMART. Specific, Measurable, Attainable, Relevant, and Time Limited. The objectives will be used on quarterly reports to measure progress of the project.

List the objectives to be accomplished in order to reach each goal.

Sample Goal: The agency will provide child victim and family services in a neutral, child-focused and culturally sensitive location.

Sample Objective: Provide forensic services for approximately 175 victims of sexual, physical, and/or emotional abuse.

#### **Goal #1 \***

Limit: 200 words



**Objective 1.1 \***

Limit: 300 words

**Data provided to the OAG, person(s) responsible, tasks, and timeframe. \***

Limit: 300 words

**Objective 1.2**

Limit: 300 words

**Data provided to the OAG, person(s) responsible, tasks, and timeframe.**

Limit: 300 words

**Objective 1.3**

Limit: 300 words

**Data provided to the OAG, person(s) responsible, tasks, and timeframe.**

Limit: 300 words

**Goal #2**

Limit: 200 words

**Objective 2.1**

**Data provided to the OAG, person(s) responsible, tasks, and timeframe.**

Limit: 300 words

**Objective 2.2**

Limit: 300 words

**Data provided to the OAG, person(s) responsible, tasks, and timeframe.**

Limit: 300 words

**Objective 2.3**

Limit: 300 words

**Data provided to the OAG, person(s) responsible, tasks, and timeframe.**

Limit: 300 words

**Goal #3**

Limit: 200 words

**Objective 3.1**

Limit: 300 words

**Data provided to the OAG, person(s) responsible, tasks, and timeframe.**

**Objective 3.2**

Limit: 300 words

**Data provided to the OAG, person(s) responsible, tasks, and timeframe.**

Limit: 300 words

**Objective 3.3**

**Data provided to the OAG, person(s) responsible, tasks, and timeframe.**

Limit: 300 words

**Project Staffing Pattern and Project Coordination (see description below) \***

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- Describe the staffing pattern that will meet the proposed grant project goal(s), objectives, and evaluation. Describe grant funded job duties or functions of personnel listed, noting any new duties and functions to be done as a result of the grant.
- Include persons responsible for achieving objectives and the supervisors of the individuals, who may not be grant-funded employees.
- Include all staff responsible for monitoring and evaluating the proposed grant project's progress.
- Use 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. If the position is vacant, please specify as "Vacant".
- State how the proposed grant project will coordinate with existing agencies and local resources for the population to be served.

### **Project Monitoring (see description below) \***

Limit: 300 words

- 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 \***

Limit: 300 words

- 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.

**By submitting 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 for their review and approval. 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.**



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