
2023 HTVAF Grant Application

Agency Name

Agency City

Primary Contact for Grant Project/Program *

First Name

Last Name

Email address for Primary Contact *

email@example.com

Phone Number for Primary Contact *



State Human Trafficking Victims' Assistance Fund (HTVAF)

No maximum or minimum dollar amount has been established for individual grant awards. However, our agency has been notified by the Governor’s Division of the Budget that grant funds comprised of State General Fund dollars could be reduced in SFY 2022. Other grant funds could also be impacted by a reduction in their funding streams as well. 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. **The HTVAF Grant funding is to be limited to three years and is for new and/or continuing innovative projects.** Funds may be utilized to continue an existing grant project for the second or third year, as well as create new grant projects to provide services to victims of human trafficking. HTVAF grant projects should not be viewed as an entitlement project, but, rather, short-term support for new or expanded 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 HTVAF grant funding. 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>.

Amount Requested *

\$ USD

Brief Description of the HTVAF (State Human Trafficking Victims' Assistance Fund) Grant Project *

Limit: 100 words

Did you receive HTVAF funds last year? *

- Yes
- No

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

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

- Yes
 No

Please list all Special Conditions on the HTVAF 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

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

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.

Choose File

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

Describe the identified need that will be addressed by the grant project for which HTVAF (Human Trafficking 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 **under-served 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.

Upload a file. No files have been attached yet.

Acceptable file types: .pdf

This form is available on our website or via this link. (<https://ag.ks.gov/docs/default-source/forms/victims-grants/2023-community-partners.xlsx>)

Please upload letters of support for the project.

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 community partners.

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

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 project.

Check State Judicial Districts served by this grant.

Number of unduplicated children served by the HTVAF (Human Trafficking Victims' Assistance Fund) during the SFY 2021? *

Number of unduplicated adults served by the HTVAF (Human Trafficking 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 7/1/2022–
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, .wpl, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff, .xls, .xlsx

Form may be downloaded from the OAG website or from this link (<https://ag.ks.gov/docs/default-source/forms/victims-grants/2023-project-budget-narrative-htvaf.xlsx>).

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: Create a Human Trafficking service division within the existing structure of our agency.

Sample Objective: Hire and contract with a capacity building consultant in quarter 1 to provide input on how to best offer HT victims victim-centered services.

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

Goal #4

Objective 4.1

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

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

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Limit: 400 words

- 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.

Save Draft

Submit Form