Agend	y Name		
Agenc	ry City		
Primai	y Contact for Grant Proje	ct/Program *	
First Na	me		
_ast Naı	me		
	address for Primary Conta	act *	
email@	Dexample.com		
Phone	Number for Primary Con	tact *	
			

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. (Hint: an efficient way to calculate the CVAF Match Amount is to divide the CVAF Award Requested Amount by three).

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 2024. 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. 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 (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.

Amo	ount Requested *
\$	USD
Brie	f Description of the CVAF (Crime Victims' Assistance Fund) Grant Project
	Limit: 100 words
Did	you receive CVAF funding last year? *
	Yes
	No
	the grant funds awarded be used for an existing project/program or a new ect/program? *
	Existing Project/Program: continue existing grant project or program currently funded with grant funds

New Project/Program: Create a new with grant funds	w project, program, or service activity not previously funded
New projects will require additional forms	s and questions to be completed.
	at will be addressed by the grant project for which e Fund) grant funds are requested.
Please list your community partr	ners.
Or upload the 2024 Community below.	Partners form from our website or through the link
	Choose File
Upload a file. No files have been attached	d yet.
Acceptable file types: .pdf, .xls, .xlsx	
	osition or employee, please upload the job
description.	
	Choose File

Selec	ct up to 4 files to attach. No files have been attached yet. You may add 4 more files.
Acce	ptable file types: .doc, .docx, .pdf, .txt
Che	eck county or counties served by this grant funding.
	Allen
	Anderson
	Atchison
	Barber
	Barton
	Bourbon
	Brown
	Butler
	Chase
	Chautauqua
	Cherokee
	Cheyenne
	Clark
	Clay
	Cloud
	Coffey
	Comanche
	Cowley
	Crawford
	Decatur
	Dickinson

Doniphan
Douglas
Edwards
Elk
Ellis
Ellsworth
Finney
Ford
Franklin
Geary
Gove
Graham
Grant
Gray
Greeley
Greenwood
Hamilton
Harper
Harvey
Haskell
Hodgeman
Jackson
Jefferson
Jewell

Johnson
Kearny
Kingman
Kiowa
Labette
Lane
Leavenworth
Lincoln
Linn
Logan
Lyon
McPherson
Marion
Marshall
Meade
Miami
Mitchell
Montgomery
Morris
Morton
Nemaha
Neosho
Ness
Norton

Osage
Osborne
Ottawa
Pawnee
Phillips
Pottawatomie
Pratt
Rawlins
Reno
Republic
Rice
Riley
Rooks
Rush
Russell
Saline
Scott
Sedgwick
Seward
Shawnee
Sheridan
Sherman
Smith
Stafford

	Stanton
	Stevens
	Sumner
	Thomas
	Trego
	Wabaunsee
	Wallace
	Washington
	Wichita
	Wilson
	Woodson
	Wyandotte
Che	ck State Judicial Districts served by this grant.
Che	ck State Judicial Districts served by this grant. 1st Judicial District
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Che	1st Judicial District 2nd Judicial District 3rd Judicial District 4th Judicial District 5th Judicial District 6th Judicial District 7th Judicial District

11th Judicial District
12th Judicial District
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20th Judicial District
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25th Judicial District
26th Judicial District
27th Judicial District
28th Judicial District
29th Judicial District
30th Judicial District
31st Judicial District

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



	Α	В	С	D	Е
1	Number served	ACTUAL SFY 2022 grant project	ACTUAL SFY 2023 7/1/2022- 3/31/2023 Q1-	PROJECTED SFY 2023 7/1/2022-6/30/2023 (use •	PROJECTED SFY 2024 grant project 7/1/2023-
2	Children				
3	Adults				
4	Total Individuals	0	0	0	0

U	bsold	the	Proje	ct Bud	laet N	Narrative 1	^{لا} رح
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Choose File	
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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 (https://ag.ks.gov/docs/default-source/forms/victims-grants/2022-project-budget-narrative-cvaf-and-match.xlsx)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. *



	А	В	С
1	Source of Match	Type of Match	Amount of Match
2			
3			
4			
5			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.

	Limit: 200 word
Objective 1.1 *	
	Limit: 300 word
Data provided to the OAG, person(s) responsible, to	
Data provided to the OAG, person(s) responsible, to	Limit: 300 word
Data provided to the OAG, person(s) responsible, to	

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

bjective 1.3	
	Limit: 300 wor
ata provided to the OAG, person(s) re	esponsible, tasks, and timeframe.
ioal #2	
	Limit: 200 wor
bjective 2.1	
Pata provided to the OAG, person(s) re	esponsible, tasks, and timeframe.

Limit: 300 words

ata provided to the OAG, person(s) responsible, tasks, and timeframe.	
bjective 2.3	
	Limit: 300 word
ata provided to the OAG, person(s) responsible,	tasks, and timeframe.
oal #3	
	Limit: 200 word
bjective 3.1	
	1: " 200
	Limit: 300 word

Objective 3.2

	Limit: 300 word
Dat	a provided to the OAG, person(s) responsible, tasks, and timeframe.
Эbj	ective 3.3
Dat	a provided to the OAG, person(s) responsible, tasks, and timeframe.
)ro	act Staffing Dattern and Draiget Coordination (see description below) *
Pro	ect Staffing Pattern and Project Coordination (see description below) *
Pro B	ject Staffing Pattern and Project Coordination (see description below) * $I \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $

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".

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		

• State how the proposed grant project will coordinate with existing agencies and local resources for

the population to be served.

Save Draft

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