TO: Emergency Shelter and Domestic Violence Providers

FROM: Joan M. Cochran, Section Manager

THROUGH: Thurl B. Snell, Deputy Director

DATE: January 10, 2001

SUBJECT: 2001 – 2002 Emergency Shelter and Violence Funding Applications

We are pleased to provide the combined Emergency Shelter, (ESG) Domestic Violence and Sexual Assault application packet. Renitra Moore-Marion, ESG Program Specialist, and Lena Harris, Program Specialist, have worked vigorously on refining and shortening the application process.

Each year the Division of Family and Children (DFC) awards funds to agencies statewide providing Emergency Shelter Grant (ESG) services (including transitional housing) and/or Family Violence programs. The programs combined in this packet are Emergency Shelter (0306); Social Service Block Grant (0600); Domestic Violence Prevention and Treatment (0640); Federal Family Violence Services (0620); and Sexual Assault Services (0900). We do hope you find this process more efficient.

Before your submission, please note the following:

1. Agencies may apply for any or all ESG/Violence funding they are qualified to administer.
2. The application format has been updated. Please read each question carefully and answer as fully as possible.
3. All sections for which you are applying must be fully completed. Incomplete answers or missing documents will result in a reduction of the application's score.
4. Please be advised that certain items must be included in the application. Each application will be evaluated and scored by no less than two members of the Review Committee. The scores will be averaged and funding awards will be based on the averaged scores. ***A minimum score of 70 is required to receive funding***.

5. Each program section is designated by a different color: ESG, Section 1 – Blue; Social Service Block Grant, Section 2 – Beige; DVPT, Section 3 – Pink; Federal Family Violence, Section 4 – Yellow; and Sexual Assault Services, Section 5 – Green. ***Only complete and return those sections where funds are being requested. Pages are to be sequentially numbered. Sections are to be tabbed. Proposals are to be submitted in a file folder.***
6. Please read carefully the "Description of Grants and Funding Opportunities" section. These service descriptions detail the programs that an agency must provide in order to apply for funding.
7. ESG funds are awarded on a statewide competitive basis. **ESG awards will have a maximum of $50,000 and a minimum of $10,000.**
8. ESG funds will only be awarded to organizations that provide actual shelter for the homeless. This includes day shelters.
9. The Secretary of State's Certificate of Existence must be in the agency's legal, incorporated name, ***not doing business as.*** This will expedite the application process and assist in ensuring you receive your grant timely.
10. All Funded Programs are ***required*** to have Internet access by July 01, 2001. This will facilitate the mandatory reporting of statistics and demographics to federal funding sources.

Staff will be offering an opportunity for training on the application process on February 1, 2001, in the Government Center South Auditorium. Please contact Ms. Moore-Marion if you plan on attending at 800.341.3614, extension 7117.

The application deadline is Monday, March 5, 2001. Applications received after 4:30 p.m. on that date, faxed proposals, or incomplete submissions will ***NOT*** be considered.

Please submit one original application and one copy to the attention of:

PATRICIA LANE
DIVISION OF FAMILY AND CHILDREN
HOUSING AND COMMUNITY SERVICES SECTION
402 W. WASHINGTON ST., ROOM W 381
P. O. BOX 6116
INDIANAPOLIS, IN 46206-6116

Should you have any questions regarding the ESG or the family violence applications, the process, or procedures, please contact Renitra Moore-Marion, ESG Program Specialist, at 317.232.7117, or Lena Harris, Family Violence Program Specialist, at 317.232.4241. They can also be reached toll free at 1.800.641.3614, extension 7117 or extension 4241. We look forward to your participation in this process.

Cc: James M. Hmurovich
DFC Regional Managers
DFC Deputy Directors (Letter Only)
HCSS Staff (Letter Only)
Local Offices of the Division of Family and Children (Letter Only)

FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF FAMILY AND CHILDREN
Housing and Community Services Section

EMERGENCY SHELTER AND VIOLENCE PROGRAMS

FY 2002
APPLICATION FOR FUNDS
COVER PAGE

Contact Information

Emergency Shelter

Renitra Moore-Marion
Housing and Community Services
P.O. 6116
402 W. Washington St.
Indianapolis, Indiana 46206
317.232.7117
800.341.3614, ext. 7117
rmoore-marion@fssa.state.in.us

Domestic Violence

Lena Harris
Housing and Community Services
P.O. Box 6116
402 W. Washington St.
Indianapolis, Indiana 46206
317.232.4241
800.341.3614, ext. 4241
lharris@fssa.state.in.us

Please check which application(s) you are completing:

_____ESG (0306) _____SSBG (0600) _____DVPT (0640)

_____FFV (0620) _____SOS (0900)

Application for Funds
Indiana Family and Social Services Administration
Division of Family and Children
Housing and Community Services Section
FY 2002
(Required Information for all Proposals)

Agency's Legal Name:	Agency Mailing Address, including City/State/Zip:
Is agency's mailing address confidential? Yes No	Federal ID/Employer ID:
Agency CEO/Executive Director:	Agency Program Director:
Agency Physical Address, including City/State/Zip	Is agency's physical address confidential? Yes No
Telephone: ( ) FAX: ( ) Email:	Principal counties your project serves:
Please circle the most accurate description of your agency: non-profit for-profit county city town educational institution	Has this agency ever contracted with any other division of the Family and Social Services Administration? (If yes, please specify which Division.) Yes No

GENERAL INSTRUCTIONS

- Completed applications for Emergency Shelter and Violence funding from the Division of Family and Children, for fiscal year FY'2002 must be received by the Division of Family and Children at the address below by **4:30 PM (EST) on Monday, March 6, 2001**. **Materials received after the deadline or apart from the application are ineligible for funding and will not be considered. Faxed copies will not be accepted for funding**. The Division of Family and Children will review and make all decisions on funding. For acknowledgment that the proposal has been received, include a self-addressed stamped postcard that will be mailed to the applicant when the proposal is received. **A copy of the application is available on disk upon request.**
- Applications may be mailed to or dropped off in person to following address:

  PATRICIA LANE
  DIVISION OF FAMILY AND CHILDREN
  HOUSING AND COMMUNITY SERVICES SECTION
  402 W. WASHINGTON ST., ROOM W 381
  P. O. BOX 6116
  INDIANAPOLIS, IN 46206-6116

Application materials delivered to any other address will not be considered.

- Applications must be consistent with the service description and comply with requirements contained in this notice of grant availability.
- Submit **one (1) original and one copy** of the application. The original must be signed in ***blue*** ink. Applications will not be accepted through email.
- The application must be typed (no smaller that 12 pitch) and single-spaced. **Each page must be numbered sequentially beginning with the Cover Sheet**. **Sections are to be tabbed. Proposals are to be submitted in a file folder.**
- Certain sections of the narrative have **page limits**, which must not be exceeded.
- The application must follow the format and order presented herein. The forms provided with this notice **must be** utilized in completing the application, but may be reproduced on your computer.
- **The application will not be reviewed if all required documents (e.g. Certificate of Existence, Board Member Information, budget, etc.) are not submitted**.
- Do not send in, attach, or include any pamphlets, publications, or brochures with your grant application.
- Refer to the Unallowable Expenses Section when preparing program budget forms.

DESCRIPTION OF GRANTS AND FUNDING OPPORTUNITIES

This section provides information regarding each grant available for application. If your agency is applying for the grant listed, please indicate that you wish to apply by marking Yes. If you are not applying, mark No and move to the next section. If you are applying, complete the funding questions. If there is a required match, it should be included in the total project costs.

Each grant opportunity has a color-coded section within this application packet. If your agency indicates that it is applying for a grant, the corresponding color-coded section for that grant must be completed. If you are not applying for a grant, please do not complete the color-coded section for that grant.

SERVICE DESCRIPTIONS

EMERGENCY SHELTER GRANT (0306) Section 1, Blue – The program is designed to help improve the quality of existing emergency shelters for homeless people, to help make available additional emergency shelter space, to help meet the costs of operating shelters and of providing certain essential social services to homeless individuals and families. Homelessness is basically defined as an individual or family who lacks a fixed, regular, and adequate nighttime residence. Thus, persons will have access not only to safe and sanitary shelter, but also the supportive services and other kinds of assistance needed to improve their lives. Further, the program is also intended to restrict the increase of homelessness through the funding of preventive programs and activities. **100% match is required for this grant**.

Apply for: YES NO

(If yes, complete **Blue** section of application packet)

ESG dollars requested: $_____

ESG Match funds: $_____

Total Project Cost: $_____

SERVICE DESCRIPTIONS

SOCIAL SERVICE BLOCK GRANT (0600) Section 2, Beige – Comprehensive Residential Services to victims of domestic violence will be purchased from facilities that have been providing this service for two years and have been reviewed and found in compliance with the State Standards for Domestic Violence Shelters. Victims of family violence are persons who have experienced or who believe they are in danger of experiencing abuse caused by a spouse, ex-spouse, partner, other family members or persons in a shared domicile. Service is intended to be short-term for emergency and crisis situations and are not to exceed forty-five days per incident. Comprehensive Residential Services provides temporary shelter and meals, 24-hour crisis intervention, case work services and emergency/essential transportation for victims of family violence and their dependent children. **No match is required**.

Apply for: YES NO

(If yes, complete **Beige** section of application packet)

SSBG dollars requested:$_____

Total Project Cost: $_____

SERVICE DESCRIPTIONS

DOMESTIC VIOLENCE PREVENTION AND TREATMENT FUND (DVPT) Section 3, Pink - The goal for DVPT service is to prevent or remedy abuse, neglect, or exploitation of victims of domestic violence. Victims of domestic violence are defined as those who have experienced or believe themselves to be in danger of experiencing abuse caused by a spouse, ex-spouse, partner, other family member or person in a shared domicile. Comprehensive Residential Services provides for victims of domestic violence (18 years or older) and their dependent children, in residence at a shelter. Services are intended to be short-term for emergency and crisis situations and are generally limited to 45 days per client episode from point of intervention. Non-Residential Services provides for victims of domestic violence to receive counseling and supportive services without being in-residence at a DV shelter. **A match of 25% is required.**

Apply for: YES NO

(If yes, complete **Pink** section of application packet)

DVPT dollars requested: $_____

DVPT Match funds: $_____

Total Project Cost: $_____

SERVICE DESCRIPTIONS

FEDERAL FAMILY VIOLENCE SERVICES (0620) Section 4, Yellow – This service is to assist in establishing, maintaining and expanding programs and projects to prevent family violence and to provide immediate shelter and other related assistance for victims of violence; information and referral and victim advocacy services in the areas of health cases, social and mental health services, family counseling, job training and employment opportunities, legal assistance and counseling for victims and their children. **If an existing grantee, a 20% match is required for this grant. If your agency is a new grantee, then a match of 35% is required**.

Apply for: YES NO

(If yes, complete **Yellow** section of this application packet)

Family Violence funds requested: $_____

Family Violence Match funds: $_____

Total Project Cost: $_____

SERVICE DESCRIPTIONS

SEXUAL ASSAULT SERVICES (0900) Section 5, Green – This program utilizes funds for preventive health service program activities consistent with making progress toward achieving the directives established for the health status of the population for the year 2002. Program guidelines allow for services to victims of sex offenses and for the prevention of sex offenses, especially rape. The program provides for planning, administration and educational activities related to the project. Program funds may also be used for monitoring, evaluation, and start-up for performance activities to prevent diseases and improve the health status of citizens. **No match is required.**

Priorities:

1) Identify at-risk potential for sexual assault victims with focus on housing communities and high-risk crime areas.
2) Develop unserved and undeserved areas to make services available.
3) Outreach to minority populations by providing educational programs regarding reporting, availability of services and prevention education programs.
4) Develop a place to educate male sex offenders under the age of thirty.

Apply for: YES NO

(If yes, complete **Green** section of application packet)

Sexual Assault Services dollars requested: $_____

Total Project Cost: $_____

COMMON INFORMATION SECTION

PLEASE ATTACH THE FOLLOWING INFORMATION.

- Overall description of agency – A description of your agency that should provide a reviewer with a clear, concise overview of your organization. By reading this description, a reviewer should understand the purpose of your agency, mission, goals, major programs, projects and accomplishments, certifications, services provided, targeted population you serve, etc. (Not to exceed one page)
- History of agency (Not to exceed one page)
- List of current board members (Form enclosed)
- Most recent agency organization chart
- Articles of Incorporation
- Secretary of State Certificate of Existence (Must be current)
- Agency Rules and Termination Policy, where applicable.
- A copy of current fire inspection and health department inspection. (Facilities only)
- Letters of support: One from the local Office of Division of Family and Children, (from no less than three (3) counties of operation) plus two additional letters or Memorandums of Understanding from social service providers (i.e. community action agencies, churches, hospitals, schools, mental health facilities, etc.)

CERTIFICATES OF INSURANCE AND BONDING

Attach a copy of the Insurance Declaration Page indicating the current amount of coverage:

1. General Liability (minimum coverage: if your agency receives ESG funding the minimum is $500,000. If your agency receives DV funding ***only,*** the minimum is $300,000).
2. Automobile Liability (must include non-owned vehicles)
3. Workmen's Compensation and Unemployment Compensation
4. Bond of insurance coverage for all persons who will be handling funds in an amount equal to one-half (1/2) of the total annual funding provided by the State or $250,000, whichever is less
5. Coverage for losses due to fire, flood, and natural disasters.

TOTAL AGENCY BUDGET

Attach a copy of your organization's current budget. (Total agency)

FINANCIAL STATEMENTS

Attach a copy of your organization's most recently completed year-end financial statements. (Annual or Fiscal Year-End, Audited if Applicable)

CERTIFICATION STATEMENT AND SIGNATURE: Please complete the enclosed form certifying that authority has been given for the agency to apply for funding. (Form enclosed)

BOARD MEMBER INFORMATION
DUPLICATE FORM AS NECESSARY

ORGANIZATION:_____

MEMBER:_____ POSITION:_____
MAILING ADDRESS:_____
TERM BEGAN:_____ TERM ENDS:_____
COUNTY REPRESENTED:_____ PHONE:_____
GROUP REPRESENTED:_____

MEMBER:_____ POSITION:_____
MAILING ADDRESS:_____
TERM BEGAN:_____ TERM ENDS:_____
COUNTY REPRESENTED:_____ PHONE:_____
GROUP REPRESENTED:_____

MEMBER:_____ POSITION:_____
MAILING ADDRESS:_____
TERM BEGAN:_____ TERM ENDS:_____
COUNTY REPRESENTED:_____ PHONE:_____
GROUP REPRESENTED:_____

MEMBER:_____ POSITION:_____
MAILING ADDRESS:_____
TERM BEGAN:_____ TERM ENDS:_____
COUNTY REPRESENTED:_____ PHONE:_____
GROUP REPRESENTED:_____

MEMBER:_____ POSITION:_____
MAILING ADDRESS:_____
TERM BEGAN:_____ TERM ENDS:_____
COUNTY REPRESENTED:_____ PHONE:_____
GROUP REPRESENTED:_____

MEMBER:_____ POSITION:_____
MAILING ADDRESS:_____
TERM BEGAN:_____ TERM ENDS:_____
COUNTY REPRESENTED:_____ PHONE:_____
GROUP REPRESENTED:_____

MEMBER:_____ POSITION:_____
MAILING ADDRESS:_____
TERM BEGAN:_____ TERM ENDS:_____
COUNTY REPRESENTED:_____ PHONE:_____
GROUP REPRESENTED:_____

BOARD MEMBER INFORMATION
DUPLICATE FORM AS NECESSARY

ORGANIZATION:_____

MEMBER:_____ POSITION:_____
MAILING ADDRESS:_____
TERM BEGAN:_____ TERM ENDS:_____
COUNTY REPRESENTED:_____ PHONE:_____
GROUP REPRESENTED:_____

MEMBER:_____ POSITION:_____
MAILING ADDRESS:_____
TERM BEGAN:_____ TERM ENDS:_____
COUNTY REPRESENTED:_____ PHONE:_____
GROUP REPRESENTED:_____

MEMBER:_____ POSITION:_____
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COUNTY REPRESENTED:_____ PHONE:_____
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MEMBER:_____ POSITION:_____
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GROUP REPRESENTED:_____

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COUNTY REPRESENTED:_____ PHONE:_____
GROUP REPRESENTED:_____

MEMBER:_____ POSITION:_____
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COUNTY REPRESENTED:_____ PHONE:_____
GROUP REPRESENTED:_____

MEMBER:_____ POSITION:_____
MAILING ADDRESS:_____
TERM BEGAN:_____ TERM ENDS:_____
COUNTY REPRESENTED:_____ PHONE:_____
GROUP REPRESENTED:_____

CERTIFICATION STATEMENT AND SIGNATURE

Grantee Name:
In order for your agency to be considered for a contract, the following certification Statement must be SIGNED BY THE INDIVIDUAL AFFILIATED WITH YOUR AGENCY WHO IS AUTHORIZED (in your by-laws) TO SIGN YOUR CONTRACT. This certification must be submitted with all proposal materials. I have read the request for proposal materials and understand the Intent, Limitations, and Requirements of services purchased through this proposal and the Contractual requirements of the State. I hereby certify that all program information in the program proposal forms is true and correct and accurately reflects the agency's program. I understand and will comply with the programmatic contractual requirement placed upon this agency if we are awarded a contract. I hereby certify that the FY'02 Projected Budget page completed for this agency is true and accurately reflects the agency's projected cost of service delivery. I certify that no collusion has contractual requirements placed upon the agency, if we are awarded a contract. Signature:
Name: (typed or printed)
Title:
Agency's Legal Name:
Date:

UNALLOWABLE EXPENSES

Unallowable expenses include, but may not be limited to the following:

Advertising
Advertising other than for recruitment of personnel or volunteers or for specialized materials is not allowable.

Bad Debt
Bad dept expense is not an allowable expense.

Capital Expenditures
The cost of any capital purchase of $5000 or more is not allowed as an expense except through yearly depreciation unless the provider has prior written approval from the Indiana Division of Family and Children.

Client Wages
Wages paid by the provider to recipients of purchased services should be offset by program income and are not allowable as expense.

Contingencies or Reserve Funds
Funds reserved for specific or unforeseen future expenses are not allowable as expenses for purchased services.

Contributions
Contributions or donations made by providers to others are not allowable expenses for purchased services or grants.

Depreciation on Assets Purchased with Federal or State Funds
Depreciation on building or equipment furnished by the federal government, purchased through federal grants or by state monies is not an allowable expense.

Entertainment Cost
Cost of entertainment, meals, diversions and ceremonials are not allowable expenses.

Expenses Offset by Other Federal Revenue
Expenses allocated to other federal programs are not allowable expenses.

Fines and Penalties
Fines and penalties are not allowable as expenses for purchased services.

Fund Raising Costs
Costs incurred for fund raising should be offset by fund raising revenue and are not allowable as expenses.

In-Kind Expenses
In-Kind expenses recorded to recognize the value of donated space, goods, and services are not allowable as service or grant expenses, but may qualify as required match.

Legal Expenses
Legal expenses not directly benefiting purchased services are not allowable expenses.

Interest Expense
Interest expense is not an allowable expense.

Contract Supplies
Supplies used in the production of goods to be sold should be offset by program income and are not allowable as expenses.

Moving Costs
The provider's cost of moving is not an allowable expense.

Organization Costs
The provider's cost of organizing or reorganizing as a legal entity are not allowable as expenses.

Taxes
Taxes for which the provider could be exempted are not allowable as expenses. Related penalties from prior years are not allowable as expenses.

SECTION 1 - BLUE

EMERGENCY SHELTER GRANT

FUNDING APPLICATION

(0306)

JULY 1, 2001 THROUGH JUNE 30, 2002

EMERGENCY SHELTER GRANT
APPLICATION INSTRUCTIONS

SECTION PROPOSAL PAGE LIMIT: Seven pages, including program narrative information, financial narrative and certification of local approval for nonprofit organizations.

Emergency Shelter funds may be used for:

1. Essential Services: Such services include, but are not limited to, those concerned with employment, health, substance abuse, education, child care, transportation, assistance in obtaining other federal, state, and local assistance, and assistance in obtaining permanent housing. Staff salaries that provide direct case management services necessary to offer such services are allowable costs.
2. Shelter Operating Costs: These costs include rent, utilities, essential equipment, supplies, insurance, and administrative staff costs, (which do not provide direct client services).
3. Homeless Prevention Activities: These activities include, but are not limited to, short term subsidies to defray rent and utility arrearages, security deposits or first month's rent, landlord mediation programs, legal services for indigent tenants, payments to prevent home foreclosure, and other innovative programs and activities designed to prevent the incidence of homelessness.

Program Narrative: The Emergency Shelter program narrative section must contain the following components:

- Abstract: This section should clearly and concisely summarize the ESG program request.

- Needs Statement: This section documents the needs to be met or problems to be solved by the proposed project. The Needs Statement should provide data that supports the need in the applicant's proposed service area. It should outline the coordination of services in the area and the agency's involvement in the area's continuum of care. This section should answer the following questions:
  1. Identify whom the program will serve including factors that characterize the population.
  2. Where is this population located geographically?
  3. How will the identified population be referred or directed to your program?

This section should contain necessary statistics to demonstrate relevant physical, economic, social, financial, institutional, or other problems.

- Objectives: This section should outline the primary measurable objectives of this project on which evaluation will be based. The Objectives are the "outcomes" of your activities. Objectives should: (1) Tell who (2) is going to do what (3) when (4) how much and (5) how you will measure it.

- Action Plan: This section should describe the activities to be employed to achieve the desired results. The Action Plan describes the steps to be taken and should flow from the objectives. Actions should be understandable, clear and accompanied by an

explanation of the rationale underlying your choice of method. The Action Plan should describe staffing, clients and time frames.

- Evaluation: This section presents your plan for determining the degree to which objectives are met and action plans are followed. The Evaluation should determine the extent to which the program has achieved its stated objectives. The section should explain who will be performing evaluation activities, define evaluation criteria, explain methods for gathering data, describe tools and instruments used in evaluation, and describe how evaluation will be used to improve the program.

Financial Narrative**: (Use enclosed form and See attached instructions)** This Financial Narrative is for the Emergency Shelter Grant program only. Do not include the entire budget for your agency. Indicate on any or all of the line items the amount you propose to spend in those areas. The instructions for completing the Financial Narrative are located on the back of the form. Under Operations, Shelter Staff is the salary for personnel that actually operate the shelter and can not exceed 10% of the total funding award. Equipment Costs are for purchases that **exceed** $5,000 per unit, i.e. if a computer is purchased for $2,000 it is **not** equipment, it is noted under Office Supplies. The Financial Narrative is completed for the amount of Emergency Shelter funds you are requesting. After the proposal review and awards are announced, an Emergency Shelter Grant **Budget Form** will be mailed along with the contract agreement. The budget form should be completed using the revised funding amount.

ESG Certification of Local Approval for Nonprofit Organizations: (Signed by a local elected official). Use the attached form. This form is a **required document** for receiving ESG funding.

INDIANA FAMILY AND SOCIAL SERVICES ADMINISTRATION
HOUSING AND COMMUNITY SERVICES SECTION
Emergency Shelter Grant
FINANCIAL NARRATIVE

DATE	GRANTEE NAME	GRANT YEAR	FEDERAL ID#
BUDGET PERIOD 6000/114100	THRU	SERVICE CODE: 0306	ACCOUNT #

ESSENTIAL SERVICES

CHILD CARE	$	JOB TRAINING	$
CLOTHING	$	MEDICAL/DENTAL	$
EDUCATION	$	SUPPORTIVE TRANSPORT	$
FOOD PANTRY	$	OTHER COSTS	$
HOUSING PLACEMENT	$	**SUBTOTAL**	$

OTHER COSTS (Specify) _____

OPERATIONS

SHELTER STAFF (NO MORE THAN 10% OF AWARD)

BLDG./GROUND MAINT	$	POSTAGE	$
CLEANING SUPPLIES	$	RENT	$
COMMERCIAL SPACE	$	SHELTER SUPPLIES	$
ELECTRIC	$	TELEPHONE - OFFICE	$
EQUIPMENT	$	TELEPHONE - SHELTER	$
FOOD/COOKING	$	TOILETRY ITEMS	$
GAS	$	TRASH REMOVAL	$
INSURANCE	$	WATER/SEWAGE	$
OFFICE SUPPLIES	$	OTHER COSTS	$
		SUBTOTAL	$

EQUIPMENT AND OTHER COSTS (Specify) _____

HOMELESS PREVENTION

LANDLORD/MEDICATION	$	SECURITY DEPOSITS	$
LEGAL SERVICES	$	UTILITY ASSISTANCE	$
RENT/MORT. ASSISTANCE	$	OTHER COSTS	$
		SUBTOTAL	$

OTHER COSTS (SPECIFY) _____

TOTAL

INDIANA FAMILY AND SOCIAL SERVICES
HOUSING AND COMMUNITY SERVICES SECTION
EMERGENCY SHELTER GRANT FINANCIAL NARRATIVE INSTRUCTIONS

Please type.

GRANTEE NAME - Enter in agency's name as registered with the Secretary of State's Office.

AGREEMENT NUMBER - This is the number located at the top of first page of the ESG Agreement. The number is made up of four parts - county number - fiscal year - account code - provider #, i.e. 02-6-09-999. Enter the number in this block.

FEDERAL ID - Enter the agency's nine digit federal identification number.

ESSENTIAL SERVICES - Enter by item the amount spent in this line item. Enter the total on the budget summary. Specify any Other Costs. Note: Supportive Transport is transport of the client so that the client may receive support services.

OPERATIONS - Enter by item the amount spent in this line item. Enter the total amount on the budget summary. Specify any Equipment Purchases and Other Costs. Note: Staff includes person(s) that actually operate the shelter (this amount cannot exceed lot of the total award) Telephone - Shelter is the phone located in the shelter for shelter staff or clients; Telephone - Office is the phone for the shelter's administrator; Shelter Supplies includes bedding, linens, towels, etc.; Cleaning Supplies are for the shelter only; Toiletries are those personal hygiene items given to clients; Food/Cooking includes food stuffs and cooking supplies such as pots and pans; Bldg./Ground Maintenance. is for the shelter only; Equipment is defined as those items with a unit cost greater the. $5,000 and a life expectance of one or more years; Insurance; Commercial Space is the cost to put a client in temporary accommodations such as a hotel or other non-shelter site.

HOMELESS PREVENTION - Enter by item those costs for the provision of homeless prevention activities. Specify Other Costs.

EMERGENCY SHELTER GRANT PROGRAM

CERTIFICATION OF LOCAL APPROVAL FOR NONPROFIT ORGANIZATIONS

I,_____

Name and Title

duly authorized to act on behalf of the

_____

Name of the Jurisdiction

Hereby approve the following project(s) proposed by

_____

Name of Nonprofit

Which is (are) to be located in

_____

Name of Jurisdiction

Comments:_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

By: _____

Typed Name and Title

_____ _____

Signature Date

SECTION 2 - BEIGE

SOCIAL SERVICES BLOCK GRANT
Domestic Violence Services

(0600)

FUNDING APPLICATION

JULY 1, 2001 THROUGH JUNE 30, 2002

SOCIAL SERVICE BLOCK GRANT
APPLICATION INSTRUCTIONS

SECTION PROPOSAL PAGE LIMIT: Six pages, including program narrative information, budget and county/regional projections.

Service Description for 0600 SSBG:

I. Definition:

Comprehensive Residential Services to victims of domestic violence (0600) will be purchased from facilities that have been providing this service for two years and have been reviewed and found in compliance with the State Standards for Domestic Violence Shelters.

Victims of family violence are persons who have experienced or who believe they are in danger of experiencing abuse caused by a spouse, ex-spouse, partner, other family members or persons in a shared domicile.

Services are intended to be short-term for emergency and crisis situations and are not to exceed forty-five (45) days per incident. Comprehensive Residential Services (0600) provides temporary shelter and meals, 24-hour crisis intervention, case work services and emergency/essential transportation for victims of family violence and their dependent children.

II. Method of Purchase:

Unit Rate: (For definition of Unit Rate see IX. Components, A. Reporting and Billing.)

This service will be provided to victims of family violence and their dependent children, without regard to income, age, creed, sex, ethnicity, color, religion, national origin, ancestry, marital status, sexual preference or physical challenge.

III. Categories and Characteristics of Individuals To Be Served:

This service is for domestic violence victims and their children. Victims of domestic violence are those persons who have experienced or are in danger of experiencing abuse caused by a spouse, ex-spouse or surrogate spouse.

This service will be provided to victims of domestic violence and their children, without regard to income.

IV. Unit Rate Structure:

Rates will be certified on actual cost statements submitted by applicants. Unit rates will be awarded at a minimum of thirty-five dollars ($35.00) and a maximum of fifty dollars ($50.00).

V. Requirements and Restrictions:

A. Victims for whom services are billed must have a previous permanent Indiana address prior to admission to the shelter.

B. Support services are limited to the residents of the shelter and should include: Casework, case management, advocacy (for adults and children) and emergency/essential transportation for the provision of these services. **These services must be documented in the case file:**

1. Support/case management involves spending time with the recipient providing emotional support, collecting information for service delivery, developing a service plan for identifying goals, discussion of domestic violence issues, and linking clients to appropriate services.

2. Advocacy involves providing support for or on behalf of the recipient and the family, coordinating services, providing support group and may involve follow-up with the victim and other service providers working with the victim.

3. Twenty-four (24) hour crisis intervention shelters shall have a staff or trained volunteers available to respond to a crisis call 24 hours a day, seven days a week, 365 days a year.

4. When persons are in residence, the agency must document that staff or trained volunteers are on-site, dressed and fully awake, at all times.

5. Emergency transportation will be arranged in order to assist the victims in arriving at the shelter in a safe manner.

6. Essential transportation will be arranged in order to assist in providing community resources to the residents of the shelter.

C. Psychiatric or mental health evaluation <u>cannot be mandated</u> as a requirement for shelter services.

D. The need for the shelter must be clearly documented on the agency intake form. This documentation must clearly define the identified circumstances which led to the determination that the client experienced abuse or was in immediate danger of experiencing abuse, which led to the need for shelter.

VI. Statement of Goal:
The goal for 0600 service is to provide comprehensive residential services for victims of family violence.

VII. Allocation Methodology:
The funding formula for 0600 services developed utilizing shelter size and capacity, population and geographic demography, number of counties served, contract compliance, ancillary services, shelter utilization, unit rate and local cost of living.

VIII. Protocol:
Please see Allocation Methodology.

IX. Components:
A. Reporting and Billing

1. The Reporting and Billing unit is defined as: One (1) 24-hour day.
2. If an individual is in residence for less than 24 hours, a unit of service may be billed if an intake form is completed and on file.

3. In the case of a child turning 18 while in residence, continue to bill under the mother's name. Do not fill out a separate application form.

Program Narrative: The Social Services Block Grant program narrative section must contain the following components:

- Abstract: This section should clearly and concisely summarize the Social Service Block Grant program request.

- Needs Statement: This section documents the needs to be met or problems to be solved by the proposed project. The Needs Statement should provide data that supports the need in the applicant's proposed service area. It should outline the coordination of services in the area and the agency's involvement in the area's continuum of care. This section should answer the following questions:
  1. Identify whom the program will serve including factors that characterize the population.
  2. Where is this population located geographically?
  3. How will the identified population be referred or directed to your program?

This section should contain necessary statistics to demonstrate relevant physical, economic, social, financial, institutional, or other problems.

- Objectives: This section should outline the primary measurable objectives of this project on which evaluation will be based. The Objectives are the "outcomes" of your activities. Objectives should: (1) Tell who (2) is going to do what (3) when (4) how much and (5) how you will measure it.

- Action Plan: This section should describe the activities to be employed to achieve the desired results. The Action Plan describes the steps to be taken and should flow from the objectives. Actions should be understandable, clear and accompanied by an explanation of the rationale underlying your choice of method. The Action Plan should describe staffing, clients and time frames.

- Evaluation: This section presents your plan for determining the degree to which objectives are met and action plans are followed. The Evaluation should determine the extent to which the program has achieved its stated objectives. The section should explain who will be performing evaluation activities, define evaluation criteria, explain methods for gathering data, describe tools and instruments used in evaluation, and describe how evaluation will be used to improve the program.

Budget: **(Use enclosed form)**

Projected County and Regional Information: **(Use enclosed form)** Divide SSBG requested amount into counties to be served. Total should equal total SSBG funds requested.

PROJECTED BUDGET FISCAL YEAR 2002

SOCIAL SERVICES BLOCK GRANT

EXPENSE LINE ITEMS	Column A Total Program Costs	Column B Purchased Services SSBG	Column C Non-Purchased Services
(1) Personnel Services			
(2) Consultants/Contracted			
(3) Supplies			
(4) Occupancy			
(5) In-State Travel Costs			
(6) Out-of-State Travel Costs			
(7) Equipment			
(8) Other (Itemize below)**			
(9) Total Costs			
(10) Disallowance			
(11) Sub-Total Allowable Costs (10-11)			
(12) Total SSBG Funds Requested			

Service Unit Definition:	Projected Number of SSBG Units:	Service Unit Rate:	
		Actual Cost Per Unit	Unit Rate Requested
Shelter Bed Day			

**List Other Costs here or on back of BUDGET page

Explanation:	Amount

SOCIAL SERVICES BLOCK GRANT
Projected County and Region Information

(Information provided must reflect projected services for July 1, 2001 through June 30, 2002.

COUNTIES SERVICED	DOLLARS PROJECTED	COUNTIES SERVICED	DOLLARS PROJECTED	COUNTIES SERVICED	DOLLARS PROJECTED
Benton		Boone		Clay	
Carroll		Clinton		Daviess	
Cass		Fountain		Dubois	
Fulton		Hamilton		Gibson	
Lake		Hendricks		Greene	
Jasper		Howard		Knox	
LaPorte		Johnson		Martin	
Marshall		Marion		Monroe	
Newton		Montgomery		Owen	
Porter		Morgan		Pike	
Pulaski		Parke		Posey	
St. Joseph		Putnam		Spencer	
Starke		Tippecanoe		Sullivan	
White		Tipton		Vanderburg	
NW Region Total:		Vermillion		Vigo	
Allen		Warren		Warrick	
Adams		**WC Region Total:**		**SW Region Total:**	
Blackford		Dearborn		Bartholomew	
Dekalb		Decatur		Brown	
Elkhart		Delaware		Clark	
Grant		Fayette		Crawford	
Huntington		Franklin		Floyd	
Kosciusko		Hancock		Harrison	
LaGrange		Henry		Jackson	
Miami		Jay		Jefferson	
Noble		Madison		Jennings	
Steuben		Ohio		Lawrence	
Wabash		Randolph		Orange	
Wells		Rush		Perry	
Whitley		Shelby		Ripley	
NE Region Total:		Union		Scott	
		Wayne		Switzerland	
		EC Region Total:		Washington	
				SE Region Total:	
Column Total:		**Column Total:**		**Column Total:**	
			Total Dollars Projected:		

SECTION 3 - PINK

DOMESTIC VIOLENCE PREVENTION AND TREATMENT

FUNDING APPLICATION

(0640)

JULY 1, 2001 THROUGH JUNE 30, 2002

DOMESTIC VIOLENCE PREVENTION AND TREATMENT GRANT
APPLICATION INSTRUCTIONS

SECTION PROPOSAL PAGE LIMIT: Five pages, including program narrative information and budget.

Service Description (0640) DVPT:

Statement of Goal

The goal for Domestic Violence Prevention and Treatment (DVPT) service is to prevent or remedy abuse, neglect or exploitation of victims of domestic violence. Victims of domestic violence are defined as those who have experienced or believe themselves to be in danger of experiencing abuse caused by a spouse, ex-spouse, partner, other family member or person in a shared domicile.

Eligible Service Providers

Services will be purchased from agencies that have been providing the program components listed below for at least two years and have participated in a peer review, new agency review or contract management review and found to be in compliance with the state standards for domestic violence.

All eligible service providers must provide equal service opportunities without regard to income, age, creed, sex, ethnicity, color, religion, national origin, ancestry, marital status, sexual preference or physical challenge.

Service Components

Comprehensive Residential Services (0640S) provides for victims of domestic violence (18 years or older) and their dependent children, in residence at a shelter. Services are intended to be short-term for emergency and crisis situations and are generally limited to 45 days per client episode from point of intervention.

Non-residential Service (0640N) provides for victims of domestic violence not in residence at a shelter.

Program Components.

Grantees should provide at least two of the following:

- 24-hour information, referral and crisis intervention for domestic violence victims. This refers to the availability to respond to a crisis call 24-hours a day, seven days a week, 365 days a year.
- Support and/or educational groups for women and children who are domestic violence victims.
- Advocacy, ongoing support and follow-up assistance for domestic violence victims.
- Counseling/Case management services must be documented in individual case files and include providing emotional support, developing a service plan, identifying goals, discussing domestic violence issues and linking client to appropriate services.
- Emergency transportation will be arranged to assist victims arriving at the shelter safely. Essential transportation will be arranged in order to provide victims access to community resources.

- Training professionals (medical, legal, law enforcement) with regard to domestic violence issues.
- Community training and education programs with regard to domestic violence issues.

Unit Rate Structure/Fee Policy

Grants will be administered on a line item monthly reimbursement basis. An advance equal to one-half of the grant award may be allowed upon execution of contracts under $50,000. Advances on contract over $50,000 will be equal to one-sixth of the grant award. Approved actual expenses must be billed according to the following codes on 0640 DVPT claim form:

0640.1	Personnel Services
0640.2	Other Services
0640.3	Service by Contract
0640.4	Supplies
0640.5	Equipment
0640.6	Sub-contracted Programs
0640.7	In-state travel costs
0640.8	Out of state travel costs

Program Requirements for DVPT Services

- Services will be funded only in programs designed to develop and implement means for the prevention and treatment of domestic violence.
- Victims who receive services must be residents of Indiana.
- **Statistical records must be kept and submitted semi-annually to FSSA. Reports are due on July 1, 2001 with a narrative close report due no later than August 31, 2001. FSSA will supply the reporting forms and instructions.**
- Programs receiving grant awards for 24-hour information, referral and crisis intervention must document the number of telephone calls.
- Programs receiving grant awards for support and education groups must maintain records documenting group sessions. This documentation should include attendance sheets, an intake or enrollment form for each member, agenda for each session and a brief summary of major topics discussed. An unduplicated count of clients served, as well as client statistics, must also be maintained.

General Guidelines

1. Funding decisions will take into account factors outlined in the State Plan such as:
   - Staff
   - Cost effectiveness
   - Size of Service Area
   - Occupancy rate
   - Counties Served
   - Population demographics
   - Cultural Competence
2. Awards will be granted based on the availability of funds.
3. Applicant must have been in business for two years in order to apply for Domestic Violence funds.
4. Applicant must demonstrate a need for the service in the proposed geographic area.
5. Applicant must demonstrate:
   - Community support and networking

- Other funding capabilities and resources
- Number of people served in comparison to population size

6. The applicant must meet the criteria outlined in the DVPT Law.
7. Total funding to a program grantee will not exceed 75% of program cost.
8. Under DVPT, no contract will be written for less than $5,000 and the maximum will be $50,000.
9. Current grantees must be in contract compliance, be current with reporting requirements, and have a utilization rate of at least 70% at the time of the of the Executive Panel.

Funding Priorities

1. Domestic violence shelters will be given priority for DVPT funds.
2. Unserved and underserved areas and populations will be considered priorities
3. Funding consideration will be based upon:

- Population served
- Availability of services
- Urban vs. Rural Factors
- Occupancy rate
- Compliance with application guidelines

Program Narrative: The Domestic Violence Prevention and Treatment program narrative section must contain the following components:

- Abstract: This section should clearly and concisely summarize the Domestic Violence Prevention and Treatment program request.

- Needs Statement: This section documents the needs to be met or problems to be solved by the proposed project. The Needs Statement should provide data that supports the need in the applicant's proposed service area. It should outline the coordination of services in the area and the agency's involvement in the area's continuum of care. This section should answer the following questions:
  1. Identify whom the program will serve including factors that characterize the population.
  2. Where is this population located geographically?
  3. How will the identified population be referred or directed to your program?

This section should contain necessary statistics to demonstrate relevant physical, economic, social, financial, institutional, or other problems.

- Objectives: This section should outline the primary measurable objectives of this project on which evaluation will be based. The objectives are the "outcomes" of your activities. Objectives should: (1) Tell who (2) is going to do what (3) when (4) how much and (5) how you will measure it.

- Action Plan: This section should describe the activities to be employed to achieve the desired results. The Action Plan describes the steps to be taken and should flow from the objectives. Actions should be understandable, clear and accompanied by an explanation of the rationale underlying your choice of method. The Action Plan should describe staffing, clients and time frames.

- Evaluation: This section presents your plan for determining the degree to which objectives are met and action plans are followed. The Evaluation should determine the extent to which the program has achieved its stated objectives. The section should explain who will be performing evaluation activities, define evaluation criteria, explain methods for gathering data, describe tools and instruments used in evaluation, and describe how evaluation will be used to improve the program.

Budget**: (Use enclosed form)**

PROJECTED BUDGET FISCAL YEAR 2002
DOMESTIC VIOLENCE PREVENTION/TREATMENT GRANT

EXPENSE LINE ITEMS	**Column A Total Program Costs**	**Column B Purchased Services DVPT**	**Column C Non-Purchased Services**
1. Personnel Services			
2. Other Services			
3. Service by Contract			
4. Supplies			
5. Equipment			
6. Sub-contracted Programs			
7. In-State Travel Costs			
8. Out-of-State Travel Costs			
9. Total Costs			
10. Disallowance			
11. Sub-Total Allowable Costs (10-11)			
12. Total DVPT Funds Requested			

**List Other Costs here or on back of BUDGET page

Explanation:	Amount

SECTION 4 - YELLOW

FEDERAL FAMILY VIOLENCE

0620

FUNDING APPLICATION

OCTOBER 1, 2001 - SEPTEMBER 30, 2002

FEDERAL FAMILY VIOLENCE SERVICES GRANT
APPLICATION INSTRUCTIONS

SECTION PROPOSAL PAGE LIMIT: Seven pages, including program narrative information, budget and compliance statement.

Service Description (0620) FVPS:

Major Definition:
FVPS (0620) funds are to assist in establishing, maintaining and expanding programs and projects to prevent family violence and to provide immediate shelter and other related assistance for victims of violence; information and referral and victim advocacy services in the areas of health cases, social and mental health services, family counseling, job training and employment opportunities, legal assistance and counseling for victims and their children.

The target population of these services are directed to the following populations:

- Under served and unserved populations
- Elderly victims
- Migrant workers
- Male victims

Method of Purchase:
Actual Cost

Characteristics of Individuals Served:
Services are provided to victims of family violence. This includes any family member who is threatened by an act of violence, which could result in injury. These services are also available for the elderly, victims, and their children.

Unit Rate Structure/Fees Policy:
Those contracts, which do not exceed $50,000, may receive an advance equal to one-half of the grant award upon execution of the contract. Approved actual expenses must be billed according to the following add on codes for 0620 claims:

♦ 06205.ADV	Advance	$1.00
♦ 06205.1	Personnel Services	$1.00
♦ 06205.2	Other Services	$1.00
♦ 06205.3	Services by Contract	$1.00
♦ 06205.4	Supplies	$1.00
♦ 06205.5	Equipment	$1.00
♦ 06205.6	Building Land	$1.00
♦ 06205.7	Indirect	$1.00

Statement of Goals:
To assist in establishing, maintaining and expanding comprehensive shelter services, community education, and training to service providers. To enhance programs for children and provide adequate services for their care. Provide awareness campaigns and violence prevention and counseling to abusers in order to break the cycle of violence.

Program Narrative: The Federal Family Violence Services program narrative section must contain the following components:

- Abstract: This section should clearly and concisely summarize the Federal Family Violence Services program request.

- Needs Statement: This section documents the needs to be met or problems to be solved by the proposed project. The Needs Statement should provide data that supports the need in the applicant's proposed service area. It should outline the coordination of services in the area and the agency's involvement in the area's continuum of care. This section should answer the following questions:
  4. Identify whom the program will serve including factors that characterize the population.
  5. Where is this population located geographically?
  6. How will the identified population be referred or directed to your program?

This section should contain necessary statistics to demonstrate relevant physical, economic, social, financial, institutional, or other problems.

- Objectives: This section should outline the primary measurable objectives of this project on which an evaluation will be based. The objectives are the "outcomes" of your activities. Objectives should: (1) Tell who (2) is going to do what (3) when (4) how much and (5) how you will measure it.

- Action Plan: This section should describe the activities to be employed to achieve the desired results. The Action Plan describes the steps to be taken and should flow from the objectives. Actions should be understandable, clear and accompanied by an explanation of the rationale underlying your choice of method. The Action Plan should describe staffing, clients and time frames.

- Evaluation: This section presents your plan for determining the degree to which objectives are met and action plans are followed. The Evaluation should determine the extent to which the program has achieved its stated objectives. The section should explain who will be performing evaluation activities, define evaluation criteria, explain methods for gathering data, describe tools and instruments used in evaluation, and describe how evaluation will be used to improve the program.

Budget**: (Use enclosed form)**

Compliance Statements: (**Use enclosed forms)**

PROJECTED BUDGET FISCAL YEAR 2002
FEDERAL FAMILY VIOLENCE GRANT

EXPENSE LINE ITEMS	**Column A Total Program Costs**	**Column B Purchased Services FVPS**	**Column C Non-Purchased Services**
1. Personnel Services			
2. Other Services			
3. Services by Contract			
4. Supplies			
5. Equipment			
6. Building/Land			
7. Indirect			
8. Total Costs			
9. Disallowance			
10. Sub-Total Allowable Costs (10-11)			
11. Total FVPS Funds Requested			

**List Other Costs here or on back of BUDGET page

Explanation:	Amount

Federal Family Violence Compliance Issues

1. Grant funds will not be used for direct payments to any victim or dependent of a victim of family violence.

   Will Comply ð Cannot Comply ð

2. No income eligibility standard will be imposed on individuals receiving assistance or service supported with these funds.

   Will Comply ð Cannot Comply ð

3. No fee will be charged for services received under this grant.

   Will Comply ð Cannot Comply ð

4. The organization will not discriminate against applicants, recipients or potential or actual employees in regard to age, sex, race, color, religion, national origin, sexual orientation, or handicap.

   Will Comply ð Cannot Comply ð

5. Confidentiality of records pertaining to persons receiving assistance or services will be assured.

   Will Comply ð Cannot Comply ð

6. The address or location of any shelter/facility will not be made public, except with the written authorization of the person or persons responsible for the operation of the agency.

   Will Comply ð Cannot Comply ð

7. All books and records relative to service delivery and documentation will be retained and access permitted to persons authorized by the state for examination of the books, records and documents.

   Will Comply ð Cannot Comply ð

8. Financial books, records, and documents will be maintained. Generally acceptable accounting procedures and practices will be followed which sufficiently and properly reflect and allocate all direct and indirect costs for services provided. The state reserves the right to examine these financial books, records and documents.

   Will Comply ð Cannot Comply ð

Federal Family Violence Compliance Issues (continued)

9. The State will be held harmless against loss, liability, damages or expenses because of injury or damage.

Will Comply ð Cannot Comply ð

10. Comply with the Drug-Free Workplace, Lobbying Activities and Debarment and Suspension clauses of the Contractual Agreement.

Will Comply ð Cannot Comply ð

SECTION 5 - GREEN

SEXUAL ASSAULT SERVICES

(0900)

FUNDING APPLICATION

OCTOBER 1, 2001 – SEPTEMBER 30, 2002

SEXUAL ASSAULT SERVICES GRANT
APPLICATION INSTRUCTIONS

SECTION PROPOSAL PAGE LIMIT: Five pages, including program narrative information and budget.

Service Description (0900) Sexual Assault Services:

1. Funds may be used for:
   - Preventive health service program activities consistent with making progress toward achieving the directives established for the health status of the population for fiscal year 2002.
   - Providing services to victims of sex offenses and for the prevention of sex offenses, especially RAPE.
   - Related planning, administration and educational activities related to the projects funded.
   - Monitoring and evaluation related to the projects funded.
   - Start-up projects for performance of activities to prevent disease and improve the health status of citizens.

2. Funds may not be used for:
   - Providing inpatient services.
   - Making cash payments to intended recipients of health services.
   - Satisfying any requirements for the expenditure of non-Federal funds as a condition for the receipt of Federal funds.
   - Conferences and related activities, such as refreshments, promotional items, promotional activities, and/or accommodations.
   - Performance of activities not specific for disease prevention/health status improvements.

3. Priorities for FY 2002 are:
   - Educate male sex offenders under the age of 30 to prevent re-occurrence.
   - Fill the gaps of unmet services in unserved and underserved counties and increase services in these areas.
   - Enhance services to areas of high crime and minority population by providing education programs.
   - Reduce incidence of date rape through age appropriate educational programs presented to middle, high school, and college age youth through community and church groups, after school programs, and social organizations.

Program Narrative: The Sexual Assault Services program narrative section must contain the following components:

- Abstract: This section should clearly and concisely summarize the Sexual Assault Services program request.

- Needs Statement: This section documents the needs to be met or problems to be solved by the proposed project. The Needs Statement should provide data that supports the need in the applicant's proposed service area. It should outline the coordination of services in the area and the agency's involvement in the area's continuum of care. This section should answer the following questions:
    1. Identify whom the program will serve including factors that characterize the population.
    2. Where is this population located geographically?
    3. How will the identified population be referred or directed to your program?

This section should contain necessary statistics to demonstrate relevant physical, economic, social, financial, institutional, or other problems.

- Objectives: This section should outline the primary measurable objectives of this project on which evaluation will be based. The objectives are the "outcomes" of your activities. Objectives should: (1) Tell who (2) is going to do what (3) when (4) how much and (5) how you will measure it.

- Action Plan: This section should describe the activities to be employed to achieve the desired results. The Action Plan describes the steps to be taken and should flow from the objectives. Actions should be understandable, clear and accompanied by an explanation of the rationale underlying your choice of method. The Action Plan should describe staffing, clients and time frames.

- Evaluation: This section presents your plan for determining the degree to which objectives are met and action plans are followed. The Evaluation should determine the extent to which the program has achieved its stated objectives. The section should explain who will be performing evaluation activities, define evaluation criteria, explain methods for gathering data, describe tools and instruments used in evaluation, and describe how evaluation will be used to improve the program.

Budget**: (Use enclosed form)**

PROJECTED BUDGET FISCAL YEAR 2002
SEXUAL ASSAULT SERVICES GRANT

EXPENSE LINE ITEMS	**Column A Total Program Costs**	**Column B Purchased Services SOS**	**Column C Non-Purchased Services**
1. Personnel			
2. Consultant/Contractual			
3. Space Cost			
4. Consumable Supplies			
5. Travel			
6. Telephone			
7. Non-Consumable Supplies			
8. Program Related Expenses			
9. Other Costs			
10. Total Costs			
11. Disallowance			
12. Sub-Total Allowable Costs (10-11)			
13. Total SOS Funds Requested			

**List Other Costs here or on back of BUDGET page

Explanation:	Amount