**GRANT APPLICATION COVER SHEET**

**DEADLINE:** **Completed applications must be received at your NCCFWYI region office\* by 5:00 PM on May 1, 2018.**

* ***Incomplete and/or handwritten applications will not be accepted.***
* ***Applications received after the deadline will not be accepted.***

Applicants will be notified by email provided on application of grant award eligibility by July 1, 2018.

Please refer to “Helpful Hints” handout when completing the grant application. \*Handout indicates region office location.

Domestic Violence and Sexual Assault Program Guidelines are available at:

<http://ncadmin.nc.gov/advocacy/women/council-for-women-grants>

**NOTE:**

**Applicants must submit separate grant applications for each county and program (Domestic Violence & Sexual Assault).**

**\*All Information is Required\***

|  |
| --- |
| Indicate only one (1) program type for this grant application: Domestic Violence [ ]  OR Sexual Assault [ ]  |
| Full legal name of organization:          (As registered with the Secretary of State at http://www.secretary.state.nc.us) |
| Organization is also known as:            |
| County (If multiple counties will be served by one (1) grant award, please list the counties):         |
| Federal Tax Identification Number (Also known as the contract number):       |

**GRANT APPLICATION CHECKLIST (FOR MAILED AND EMAILED ITEMS)**

NOTE: You must submit multiple copies of some documents. Some documents will require **original blue ink signatures**

on all signature pages. The documents and numbers of copies required are as follows:

|  |
| --- |
| **Submit by mail to the designated Region Office:** |
| [ ]  One (1) Grant Application, with **original blue ink signatures**. |
| [ ]  One (1) copy of the current (dated no earlier than 4/18) Governing Board list including names, contact information, terms, committee assignments, and indication that the Finance Committee is chaired by the Treasurer 2018. |
| [ ]  One (1) copy of the Governing Board’s strategic plan and sustainability plan. |
| **Submit by e-mail to** **nccfw@doa.nc.gov****:****\*Include county and program type in subject line. Include all attachments in a single email.** |
| [ ]  One (1) Grant Application including signatures and a clear attachment title (e.g. Wake DV Grant Application). |
| [ ]  One (1) of each policy: conflict of interest, confidentiality, non-discrimination, organizational code of conduct, internal controls, recordkeeping (for electronic and manual files), and whistleblower. Identify each policy clearly in attachment titles. Please note: The NCCFWYI does not accept responsibility for the sufficiency or the legality of the policies submitted. Sample policy templates are available in the Grants section of the NCCFWYI website.  |

1. **GRANT APPLICANT INFORMATION**

|  |
| --- |
| Organization type: Nonprofit Corporation [ ]  Local Governmental Entity [ ]  |
| DUNS # if applicable (Data Universal Numbering System):       |
| Organization’s fiscal year: January - December [ ]  July - June [ ]  October – September [ ]  |
| Year the organization was incorporated:       |
| Year the organization obtained nonprofit status:       |
| Month and year DV or SA program began operations:       |
| Is program a subsidiary of another organization? Yes [ ]  No [ ]  |
| Current Executive Director: As of       |
|  Name:         |
|  E-mail Address:        |
|  Telephone Number:       |
| Current Program Director (if applicable): As of       |
|  Name:       |
|  E-mail Address:       |
|  Telephone Number:       |
| Administrative Office Physical Address:       |
|  Mailing Address (if different from above):       |
|  Days and Hours of Operation:        |
|  Administrative/Business Line Phone:       Fax:        |
| DV or SA Shelter/Program Physical Address (optional):       |
|  Mailing Address (if different from above):       |
|  Days and Hours of Operation:        |
|  Program Office/Facility Phone:       Fax:       Crisis Line:        |
| Organizational Website Address:       |
| Please indicate if the agency providing program services funded by the NCCFWYI: |
|  Owns the property where services will be provided: Yes [ ]  No [ ]  |
|  Leases space where services will be provided: Yes [ ]  No [ ]        |
|  Utilizes donated space where services will be provided: Yes [ ]  No [ ]        |
| Does your program offer multi-lingual services? Yes [ ]  No [ ]     |
|  If so, please indicate language(s):       |
| Does your program include a brick-and-mortar domestic violence shelter? Yes [ ]  No [ ]     |
|  If yes, please indicate the number of bed spaces in your domestic violence shelter:       |
| Please enter your board-approved organizational mission statement:       |

1. **PLAN FOR PROVISION OF BASIC CORE SERVICES**

To be eligible to receive funds under N.C.G.S. § 50B-9 and/or § 143B-394.21, a domestic violence center and/or sexual assault or rape crisis center must offer all of the following services: a hotline, transportation services, community education programs, daytime services, and call forwarding during the night and it shall fulfill other criteria established by the Department of Administration.

Please provide specific descriptions of how the domestic violence or sexual assault program will offer the following required services. In the third column, **indicate only the positions to be funded by NCCFWYI.**

|  |  |  |
| --- | --- | --- |
| **Basic Core Service** | **Specific Plan for Provision of Service** | **NCCFWYI-Funded Positions That Will Provide Services** |
| Hotline |       |       |
| Transportation |       |       |
| Community Education |       |       |
| Crisis Services |       |       |
| Shelter Services |       |       |
| Legal/Court Advocacy |       |       |
| Medical/Hospital Advocacy |       |       |
| Individual Counseling |       |       |
| Support Group |       |       |

1. **PLAN FOR PROVISION OF EXPANDED SERVICES (Only DV Applicants Complete This Section)**

|  |  |  |
| --- | --- | --- |
| **Expanded Service** | **Specific Plan for Provision of Service** | **NCCFWYI-Funded Positions That Will Provide Services** |
| Job Counseling |       |       |
| Job Training/Placement |       |       |
| Financial Services |       |       |
| Health Education |       |       |
| Education Services |       |       |

**IV. PROGRAM GOALS/OBJECTIVES AND OUTCOMES**

|  |
| --- |
| **FY 18-19 Projected Goals/Objectives and Outcomes**List three goals/objectives along with projected outcomes and evaluation methods that the organization will track during fiscal year 2018-2019. Each comment box below has a 250-character limit including spacing and punctuation.* **Required for both DV and SA grantees**: One goal/objective involves client satisfaction with services.
* **Required for DV grantees**: One goal/objective involves safety planning for residential *and* nonresidential clients.
 |
| Goal/Objective **1:**       |
| Projected Outcome:           |
| Evaluation Method:            |
| Goal/Objective **2:**            |
| Projected Outcome:           |
| Evaluation Method:         |
| Goal/Objective **3:**           |
| Projected Outcome:           |
| Evaluation Method:         |

**V. CLIENT OR COMMUNITY IMPACT SUCCESS STORY**

|  |
| --- |
| Please share a success story from 2017-2018 corresponding to the type of grant application (i.e., DV-related story for DV application; SA-related for SA application). Success stories may highlight the impact of your program on an individual/family or on your broader community. Be sure to obtain explicit written consent from clients if sharing a client-related story. Success stories may be published on the NCCFWYI website and/or annual report. The comment box below has a 1000-character limit including spacing and punctuation.      |

**VI. UNSERVED, UNDERSERVED OR INADEQUATELY SERVED POPULATION**

|  |
| --- |
| Identify a targeted Unserved, Underserved or Inadequately Served population and how you plan to provide Direct Victim Services. (example: XYZ Agency will increase the number of direct services provided to unserved rural and Hispanic populations in XXX county by engaging in activities to promote awareness of our programs.) The comment box below has a 1000-character limit including spacing and punctuation.   |

**VII. ORGANIZATIONAL CAPACITY**

|  |
| --- |
| Provide information about the composition of your entire staff: |
|  Number of staff: Full-Time Part-Time Contract:       |
|  Gender: Male       Female       |
|  Race/Ethnicity: Black/African American       American Indian       Asian       |
|  Caucasian/White       Hispanic/Latinx       Other       |
| Provide information about volunteers serving the DV or SA program that is the subject of this application: |
|  Number of active volunteers:        |
|  Estimated financial value of volunteer support to your program:       |
|  Explain method used to calculate estimated value of volunteer support:        |
| Provide information about the composition of your Board of Directors: |
|  Number of people currently serving on the Board:       |
|  Gender: Male       Female       |
|  Age: < 35       35-50       51-65       > 65       |
|  Race/Ethnicity: Black/African American       American Indian       Asian       |
|  Caucasian/White       Hispanic/Latinx       Other       |
| 1) List current written memorandums of understanding or agreement (MOUs or MOAs) that your organization has in place, such as those with hospitals or neighboring DV or SA programs. 2) List and describe how your organization coordinates and collaborates with community partners, task forces, committees, councils, response teams, and/or other entities to carry out the DV or SA program. 3) Describe your organization’s process for making interagency referrals. The comment box below has a 1000-character limit including spacing and punctuation.      |

**VIII. PERSONNEL**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| List all NCCFWYI funded positions. For each position listed, indicate the entire salary/wage amount (not just the amount funded by NCCFWYI, but the entire annual salary/wage amount) and the percentage of the entire salary/wage to be funded by each type of NCCFWYI fund during fiscal year 2018-2019. If a position performs both DV and SA services and will be a proposed line item on both your DV and SA budgets, then that position should be listed in this section both on your DV grant application and also on your SA grant application. It is understood that percentages will not total to 100% unless NCCFWYI is the sole funding source for a given position. If more lines are needed, you may attach an additional page behind this page.**DV Grant:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position Title** | **Entire Salary/Wage** | **% Funded by DV** | **% Funded by MLF** | **% Funded by DFF** | **Total % Funded by DV, MLF, & DFF** |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
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**SA Grant:**

|  |  |  |
| --- | --- | --- |
| **Position Title** | **Entire Salary/Wage** |  **% Funded by SA Grant** |
|       |       |       |
|       |       |       |
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**IX. FUNDING AND FINANCIAL OVERSIGHT**

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| --- |
| List names, titles, experience, and financial background of those responsible for financial recordkeeping of NCCFWYI funds:       |
| Describe how financial records are maintained to ensure accountability of NCCFWYI funds:       |
| Explain how your organization maintains its chart of accounts:       |
| Indicate software used to maintain chart of accounts:       |
| Describe your organization’s check signing policies:       |
| Indicate the date of your organization’s most recent financial audit, if applicable:       |
| Indicate whether your organization practices cash or accrual accounting:       |
| Describe how the Governing Board practices financial oversight:       |
| Describe the Governing Board responsibilities with respect to fundraising, monitoring, and evaluation:      |
| Does your organization maintain a three (3) month operating reserve fund? Yes [ ]  No [ ]  |
| If not, please explain:        |
| Indicate what source(s) will be used to fulfill the required 20% match for DV and SA funds. The match must be unique to each program and must be locally-generated. The match can be cash and/or in-kind.       |

|  |
| --- |
| **Proposed Budget** – Grant funds are typically issued quarterly following completion and signature of contracts by all parties. Compliance determines issuance of funds. DV grantees are expected to allocate a portion of DFF funds toward provision of the following expanded services: job counseling, job training/placement, financial services, health education, and educational services.Estimated FY 18-19 funding amounts: Sexual Assault (Stand-Alone): $50,000 Sexual Assault (Dual): $24,000Domestic Violence Grant: $45,000 Marriage License Fees: $20,000 Divorce Filing Fees: $20,000 |
| Indicate percentage and dollar amounts of proposed budget for personnel costs: |
|  $ DV       $ SA       $ MLF       $ DFF        |
|  % DV       % SA       % MLF       % DFF       |
| Indicate percentage and dollar amounts of proposed budget for operational costs: |
|  $ DV       $ SA       $ MLF       $ DFF        |
|  % DV       % SA       % MLF       % DFF       |
| Indicate percentage and dollar amounts of proposed budget for equipment costs: |
|  $ DV       $ SA       $ MLF       $ DFF        |
|  % DV       % SA       % MLF       % DFF       |
| Indicate percentage and dollar amounts of proposed budget for client/victim costs: |
|  $ DV       $ SA       $ MLF       $ DFF        |
|  % DV       % SA       % MLF       % DFF       |
| Indicate total percentage of DV or SA budget proposed for administrative costs (cannot exceed 20%): |
|  % DV       % SA        |

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| **Funding Sources –** Please list *all* funding sources for the DV or SA program. If your organization operates multiple state-funded DV or SA programs, be careful to list only the funding sources and amounts applicable to the DV or SA program that is the subject of this specific grant application. For each funding source, indicate the fiscal year 2017-2018 amounts provided for each program, the projected 2018-2019 amounts, and the percentage of the total 2018-2019 DV or SA program budget to be funded by each source.

|  |  |  |
| --- | --- | --- |
|  | **Domestic Violence Program** | **Sexual Assault Program** |
| Funding Source | FY17-18 Actual Amounts | FY18-19 Projected Amounts | % of FY18-19 Total DV Program Budget | FY 17-18 Actual Amounts | FY18-19 Projected Amounts | % of FY18-19 Total SA Program Budget |
| Federal |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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| State |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |
| Local |
| County Government |       |       |       |       |       |       |
| City Government |       |       |       |       |       |       |
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| Foundations |
|       |       |       |       |       |       |       |
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| Other |
| United Way |       |       |       |       |       |       |
| Private Donations |       |       |       |       |       |       |
| Fundraisers |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |
| Totals |       |       |       |       |       |       |

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**X. ORGANIZATIONAL POLICIES**

**Required Policies:** The North Carolina Council for Women and Youth Involvement requires that grantees maintain each of the following policies. Each policy must be on file with NCCFW/YI. The policies and/or review and approval dates must be **no earlier than April 2017(except for government entities).** Policies that require signatures should be submitted with the required signatures. The North Carolina Council for Women and Youth Involvement does not accept responsibility for the sufficiency or the legality of the policies submitted. Templates for these policies are located at [www.councilforwomen.nc.gov](http://www.councilforwomen.nc.gov/).

|  |
| --- |
| **Conflict of Interest Policy (must include management, employees, and board members)** Date policy became effective:        Most recent board review date:                 **Confidentiality Policy**Date policy became effective:      Most recent board review date:                 **Non-discrimination Policy** Date policy became effective:      Most recent board review date:                   **Organizational Code of Conduct Policy** Date policy became effective:       Most recent board review date:       **Internal Controls Policy** Date policy became effective:      Most recent board review date:                 **Recordkeeping Policy** Date policy became effective:      Most recent board review date:                    **Whistleblower Policy** Date policy became effective:      Most recent board review date:                |

**XI. Signatures and Verification of Review of Grant Application**

*The issuance of grant funds is contingent upon a grantee fulfilling all responsibilities outlined and contained in the grant application, compliance with the terms of the contract documents, program guidelines as determined by The North Carolina Council for Women and Youth Involvement, reporting guidelines as determined by The North Carolina Council for Women and Youth Involvement, and the laws of the State of North Carolina.*

*By placing our signatures below, we hereby certify and confirm that this application provides an accurate and true statement regarding the purpose and obligation of our agency. We further certify and confirm that we have read, reviewed and understand all materials.*

***Signature Section: (Blue ink required)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Director/Equivalent’s Printed Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Executive Director/Equivalent’s Signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Board Chair/Equivalent’s Printed Name**

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**Board Chair/Equivalent’s Signature Date**