

# **ATTACHMENT A — REQUIRED**

**REQUIRED TO BE SUBMITTED WITH THE APPLICATION BY 5:00 P.M. CST, JUNE 15, 2007,  
OR THE APPLICATION WILL NOT BE CONSIDERED.**

## **STATEMENTS SUPPORTING SUBMISSION OF THE APPLICATION TO OAG CRIME VICTIM SERVICES DIVISION**

**INSTRUCTIONS:** Initial each numbered line and submit this signed required Attachment with the Application.

**LEGAL NAME OF APPLICANT:** \_\_\_\_\_

**UNIQUE APPLICATION NUMBER (if applicable):** \_\_\_\_\_

1. \_\_\_\_\_ **THIS APPLICATION IS FOR** (check one):

- \_\_\_\_\_ Other Victim Assistance Grant (OVAG)
- \_\_\_\_\_ Victim Coordinator and Liaison Grant (VCLG)
- \_\_\_\_\_ Sexual Assault Prevention and Crisis Services (SAPCS)—State
- \_\_\_\_\_ Sexual Assault Prevention and Crisis Services (SAPCS)—Federal

2. \_\_\_\_\_ **TRUE AND CORRECT INFORMATION.** The undersigned certifies that the information contained in this Application, including any attachments are true and correct to the best of his or her knowledge.

3. \_\_\_\_\_ **OAG CERTIFICATIONS AND ASSURANCES.** The undersigned has read and understands the Certifications and Assurances, contained in the Application Kit.

4. \_\_\_\_\_ **DEADLINES AND SUBMISSION OF APPLICATION.** The undersigned understands that the deadline for submission is 5:00 p.m. CST June 15, 2007 and that to meet the deadline, the Applicant must submit both paper (hard copies) and electronic (email) documents as required in the Application Kit. The undersigned further acknowledges that:

- It is the Applicant's responsibility to deliver the Application to the OAG in the specified manner and by the specified date and time
- Applications submitted in other formats will not be accepted
- The OAG accepts no responsibility for delays in shipping and courier services
- Late Applications will not be considered under any circumstance
- Proof of sending a document by email or other means is not proof that the OAG received the information

5. \_\_\_\_\_ **JOB DESCRIPTIONS FOR EACH REQUESTED POSITION.** The undersigned understands that the most recent job description for each position requested in the proposed budget should be attached and submitted with the Application. Missing job descriptions may impact the Applicant's score.

6. \_\_\_\_\_ **RESOLUTION OF GOVERNING BODY.** The undersigned states it is either submitting the Resolution of Applicant's governing body with this Application or will submit one at a later date as established by the OAG. If the timing of the Application due date and requirements of the Open Meetings Act or other requirements prevents the governing body from reviewing and approving the Resolution, then it may be submitted to the OAG at a later date.

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**ATTACHMENT B —REQUIRED**

**REQUIRED TO BE SUBMITTED WITH THE APPLICATION BY 5:00 P.M. CST, JUNE 15, 2007.**

**IF THE TIMING OF THE APPLICATION DUE DATE AND REQUIREMENTS OF THE OPEN MEETINGS ACT OR OTHER REQUIREMENTS PREVENTS THE GOVERNING BODY FROM REVIEWING AND APPROVING THE RESOLUTION, THEN IT MAY BE SUBMITTED TO THE OAG LATER THAN 5:00 P.M. CST, JUNE 15, 2007.**

*(SAMPLE FORM OF RESOLUTION OF GOVERNING BODY)*

**RESOLUTION OF GOVERNING BODY**

**LEGAL NAME OF APPLICANT:** \_\_\_\_\_

**UNIQUE APPLICATION NUMBER (if applicable):** \_\_\_\_\_

*Be it known as follows:*

**WHEREAS**, the \_\_\_\_\_, [Name of Applicant] has applied or wishes to apply to the Office of the Attorney General, (OAG) Crime Victim Services Division for the following grant program (check one):

- \_\_\_\_\_ Other Victim Assistance Grant (OVAG)
- \_\_\_\_\_ Victim Coordinator and Liaison Grant (VCLG)
- \_\_\_\_\_ Sexual Assault Prevention and Crisis Services (SAPCS) – State
- \_\_\_\_\_ Sexual Assault Prevention and Crisis Services (SAPCS) – Federal

**WHEREAS**, the \_\_\_\_\_, [Name of Governing Body of Applicant, such as City Council, County Commissioners' Court or Board of Directors], has considered and supports the Application filed or to be filed with the OAG;

**WHEREAS**, the \_\_\_\_\_, [Name of Applicant] has designated or wishes to designate the following individual as the “Authorized Official” who is given or has been given the power to apply for, accept, reject, alter, or terminate that certain grant with the OAG, Crime Victim Services Division as well as given the authority to sign all grant adjustment requests, inventory reports, progress reports and financial reports or any other official documents related to the grant on behalf of the grantee:

Name of Person Designated as “Authorized Official”: \_\_\_\_\_

Position Title: \_\_\_\_\_

**NOW THEREFORE, BE IT RESOLVED** that this governing body approves the submission of the Application to the OAG, Crime Victim Services Division as well as the designation of the Authorized Official.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date