1. ORGANIZATION	
Unique Application Number (UAN)	
Legal Name of Applicant	
Name of Agency Contact	
Agency Contact's Telephone Number	

☐ Check if applying for an OVAG Statewide Project

	Amount Requested	%of Personnel and Fringe Requested
FY 2016	$0.00	0%
FY 2017	$0.00	0%

2. MISSION STATEMENT
2.1 Provide the mission statement of your organization.

3. DESCRIPTION OF THE ORGANIZATION
3.1 Give a description of the history of your organization including the purpose for which it was created.
3.2 Give a description of how the organization has evolved to its current structure, this may include the scope of service, geographic areas covered, staff heirarchy, legal organization, etc.

4. VICTIM SERVICES EXPERIENCE	YEARS
4.1 How many years has the organization been providing victim-related services or assistance?	

5. VICTIM SERVICES WORK
5.1 Provide a description of the work the organization is doing on behalf of victims of crime.
5.2 How does this work fit into the organization's overall goals and objectives?

6. VOLUNTEERS	
6.1 Does the organization currently have a volunteer program, or plan to implement one this grant term?	
6.2 How many volunteers were active within the last year?	
6.3 Describe how the organization utilizes or plans to utilize volunteers to support the organization's mission, including any specific victim-related services.	
6.4 Describe training for volunteers including both training required prior to providing services and ongoing training conducted throughout the volunteer's service.	

6.5 Describe how the organization recruits and retains volunteers or plans to do so.

7. COLLABORATIONS
7.1 Describe the benefits realized by victims of crime as a result of your organization's collaboration(s) with other organizations (if your organization collaborates) or through your organization alone (if your organization does not collaborate).
7.2 If your organization collaborates, provide a list of the organizations, including the organization type (law enforcement agency, advocacy center, hospital, task force, etc.) the applicant collaborates with to serve victims of crime for the purpose of supporting or assisting in victim recovery.

8. STATE AND FEDERAL FUNDS EXPERIENCE	**YEARS**
8.1 How many years of experience does the organization have in managing state or federal grant funds?	

9. OUTPUT TARGET CATEGORIES		Grant Funded Personnel listed in Section 10 of TAB C			Professional/Consultant listed in Section 11 of TAB C	
OUTPUT TARGET CALCULATION		**OUTPUT TARGET**			**OUTPUT TARGET**	
DIRECT VICTIM SERVICES		**FY 2016**	**FY 2017**		**FY 2016**	**FY 2017**
Number of Unique Victims Served						
Assistance with Crime Victims' Compensation						
Assistance with Texas SAVNS/VINE						
Information and Referral						
Assistance with Restitution						
Assistance with Victim Impact Panels						
Assistance with Victim Impact Statements						
Criminal Justice Accompaniment						
Crisis Intervention						
Emergency Funds						
Follow-up with Victim						
Individual Counseling						
Law Enforcement Accompaniment						
Legal Assistance						
Lodging						
Medical Accompaniment						
Other						
Peer Support Services						
Support Groups						
Therapeutic Groups						
Transportation						
Victim Advocacy						
VICTIM SERVICES TRAINING		**FY 2016**	**FY 2017**		**FY 2016**	**FY 2017**
Faith-Based Individuals Trained						
Law Enforcement Individuals Trained						
Medical Individuals Trained						
Other Individuals Trained						
Prosecution/Judicial Individuals Trained						
School Faculty Individuals Trained						
Volunteer Individuals Trained						
Total Number of all Training Sessions						
Total Number of all Individuals Trained		0	0		0	0
OUTREACH OR COMMUNITY EDUCATION		**FY 2016**	**FY 2017**		**FY 2016**	**FY 2017**
25% of Total Attendees (auto-calculates)						
Informational Fairs						
Outreach or Community Education Participants						
Outreach or Community Education Presentations						
Total Attendees at Informational Fairs		0	0		0	0
Total Outreach or Community Ed Presentations		0	0		0	0
STRUCTURED EDUCATION		**FY 2016**	**FY 2017**		**FY 2016**	**FY 2017**
Structured Education Participants						
Structured Education Presentations						

10. PERSONNEL & FRINGE

	Title of Position	Sched-uled to work	Sched-uled on this grant.	Direct Services on this grant.	Admin. on this grant.	Other on this grant.	Annual Salary	Total Salary Requested on this grant.	% Salary Funded by this grant.	Annual Fringe Benefits for the Position	Fringe Funds Requested on this grant.	% Fringe Funded by this grant.
	FY 2016	**HOURS PER WEEK**					**SALARY**			**FRINGE**		
1.			0				$ -	$ -	0.00%	$ -	$ -	0.00%
2.			0				$ -	$ -	0.00%	$ -	$ -	0.00%
3.			0				$ -	$ -	0.00%	$ -	$ -	0.00%
4.			0				$ -	$ -	0.00%	$ -	$ -	0.00%
5.			0				$ -	$ -	0.00%	$ -	$ -	0.00%
6.			0				$ -	$ -	0.00%	$ -	$ -	0.00%
								$ -			**$ -**	
	FY 2017	**HOURS PER WEEK**					**SALARY**			**FRINGE**		
1.			0				$ -	$ -	0.00%	$ -	$ -	0.00%
2.			0				$ -	$ -	0.00%	$ -	$ -	0.00%
3.			0				$ -	$ -	0.00%	$ -	$ -	0.00%
4.			0				$ -	$ -	0.00%	$ -	$ -	0.00%
5.			0				$ -	$ -	0.00%	$ -	$ -	0.00%
6.			0				$ -	$ -	0.00%	$ -	$ -	0.00%
								$ -			**$ -**	

10.1 FY 2016 POSITION NARRATIVE

Provide a justification, which relates to the project's goal.

1.		
2.		
3.		
4.		
5.		
6.		

10.2 FY 2017 POSITION NARRATIVE

Provide a justification, which relates to the project's goal.

1.		
2.		
3		
4.		
5.		
6.		

10.3 REQUEST FOR EXCEPTION TO OVAG REQUIREMENTS

Indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.

11. PROFESSIONAL & CONSULTANT SERVICES

			FY 2016			FY 2017		
	Name of Professional/Company that Applicant will contract with to perform Professional & Consultant Services	Description of Professional & Consultant Services	No. of Days of Consultation	Daily Rate of Compensat-ion	Cost	No. of Days of Consultation	Daily Rate of Compensat-ion	Cost
1				$ -	$ -		$ -	$ -
2				$ -	$ -		$ -	$ -
3				$ -	$ -		$ -	$ -
4				$ -	$ -		$ -	$ -
5				$ -	$ -		$ -	$ -
6				$ -	$ -		$ -	$ -
					$ -			**$ -**

11.1 FY 2016 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE

Provide a justification for Professional & Consultant Services which relates to the project's goal.

11.2 FY 2017 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE

Provide a justification for Professional & Consultant Services which relates to the project's goal.

12. TRAVEL

			FY 2016			FY 2017		
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant
OAG Sponsored Training								
OAG Sponsored Training		Airfare/Mileage	$ -	0%	$ -	$ -	0%	$ -
		Hotel	$ -	0%	$ -	$ -	0%	$ -
		Per diem	$ -	0%	$ -	$ -	0%	$ -
		Car Rental/Shuttle	$ -	0%	$ -	$ -	0%	$ -
		Parking	$ -	0%	$ -	$ -	0%	$ -
		Misc./Hotel Tax	$ -	0%	$ -	$ -	0%	$ -
		TOTAL			$ -			$ -
Additional Training								
		Airfare/Mileage	$ -	0%	$ -	$ -	0%	$ -
		Hotel	$ -	0%	$ -	$ -	0%	$ -
		Per diem	$ -	0%	$ -	$ -	0%	$ -
		Car Rental/Shuttle	$ -	0%	$ -	$ -	0%	$ -
		Parking	$ -	0%	$ -	$ -	0%	$ -
		Misc./Hotel Tax	$ -	0%	$ -	$ -	0%	$ -
		TOTAL			$ -			$ -
Additional Training								
		Airfare/Mileage	$ -	0%	$ -	$ -	0%	$ -
		Hotel	$ -	0%	$ -	$ -	0%	$ -
		Per diem	$ -	0%	$ -	$ -	0%	$ -
		Car Rental/Shuttle	$ -	0%	$ -	$ -	0%	$ -
		Parking	$ -	0%	$ -	$ -	0%	$ -
		Misc./Hotel Tax	$ -	0%	$ -	$ -	0%	$ -
		TOTAL			$ -			$ -
Additional Training								
		Airfare/Mileage	$ -	0%	$ -	$ -	0%	$ -
		Hotel	$ -	0%	$ -	$ -	0%	$ -
		Per diem	$ -	0%	$ -	$ -	0%	$ -
		Car Rental/Shuttle	$ -	0%	$ -	$ -	0%	$ -
		Parking	$ -	0%	$ -	$ -	0%	$ -
		Misc./Hotel Tax	$ -	0%	$ -	$ -	0%	$ -
		TOTAL			$ -			$ -
Additional Training								
		Airfare/Mileage	$ -	0%	$ -	$ -	0%	$ -
		Hotel	$ -	0%	$ -	$ -	0%	$ -
		Per diem	$ -	0%	$ -	$ -	0%	$ -
		Car Rental/Shuttle	$ -	0%	$ -	$ -	0%	$ -
		Parking	$ -	0%	$ -	$ -	0%	$ -
		Misc./Hotel Tax	$ -	0%	$ -	$ -	0%	$ -
		TOTAL			$ -			$ -
Additional Training								
		Airfare/Mileage	$ -	0%	$ -	$ -	0%	$ -
		Hotel	$ -	0%	$ -	$ -	0%	$ -
		Per diem	$ -	0%	$ -	$ -	0%	$ -
		Car Rental/Shuttle	$ -	0%	$ -	$ -	0%	$ -
		Parking	$ -	0%	$ -	$ -	0%	$ -
		Misc./Hotel Tax	$ -	0%	$ -	$ -	0%	$ -
		TOTAL			$ -			$ -
Additional Training								
		Airfare/Mileage	$ -	0%	$ -	$ -	0%	$ -
		Hotel	$ -	0%	$ -	$ -	0%	$ -
		Per diem	$ -	0%	$ -	$ -	0%	$ -
		Car Rental/Shuttle	$ -	0%	$ -	$ -	0%	$ -
		Parking	$ -	0%	$ -	$ -	0%	$ -
		Misc./Hotel Tax	$ -	0%	$ -	$ -	0%	$ -
		TOTAL			$ -			$ -
Local Travel								
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant

Local Travel (Mileage Only)		Mileage		$ -	$ -		$ -	$ -
					$ -			**$ -**

12.1 FY 2016 TRAVEL NARRATIVE

Provide a justification describing the travel staff members will perform. This should include the location to be traveled to, the number of trips planned, the title of the staff member who will be making the trips, and how the travel supports the goal of the grant.

12.2 FY 2017 TRAVEL NARRATIVE

Provide a justification describing the travel staff members will perform. This should include the location to be traveled to, the number of trips planned, the title of the staff member who will be making the trips, and how the travel supports the goal of the grant.

13. EQUIPMENT

	FY 2016			FY 2017		
Item	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
			$ -			**$ -**

13.1 FY 2016 EQUIPMENT NARRATIVE

Provide a justification for Equipment which relates to the project's goal.

13.2 FY 2017 EQUIPMENT NARRATIVE

Provide a justification for Equipment which relates to the project's goal.

14. SUPPLIES

Item	FY 2016 Total Cost of Supplies	FY 2016 % Requested by this OAG Grant	FY 2016 Cost Requested by this OAG Grant	FY 2017 Total Cost of Supplies	FY 2017 % Requested by this OAG Grant	FY 2017 Cost Requested by this OAG Grant
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
			$ -			**$ -**

14.1 FY 2016 SUPPLIES NARRATIVE

Provide a justification for Supplies which relates to the project's goal.

14.2 FY 2017 SUPPLIES NARRATIVE

Provide a justification for Supplies which relates to the project's goal.

15. OTHER DIRECT OPERATING EXPENSES (ODOE)

Item	FY 2016 Total Cost of ODOE	FY 2016 % Requested by this OAG Grant	FY 2016 Cost Requested by this OAG Grant	FY 2017 Total Cost of ODOE	FY 2017 % Requested by this OAG Grant	FY 2017 Cost Requested by this OAG Grant
OAG Sponsored Training Registration	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
	$ -	0%	$ -	$ -	0%	$ -
			$ -			**$ -**

15.1 FY 2016 OTHER DIRECT OPERATING EXPENSES NARRATIVE

Provide a justification for Other Direct Operating Expenses which relates to the project's goal.

15.2 FY 2017 OTHER DIRECT OPERATING EXPENSES NARRATIVE

Provide a justification for Other Direct Operating Expenses which relates to the project's goal.

16. PROJECT SUMMARY
16.1 Complete the following statement, which may be used by the OAG to summarize or describe the project. "This project funds [number of staff] to serve victims by providing [types of] services in [geographic locations]."

17. TARGET POPULATION

SPECIFIC VICTIMIZATIONS		**SPECIFIC POPULATIONS**	
Adults Molested as Children		African-American	
Assault		Asian	
Child Abuse		Elderly (65 and up)	
DUI/DWI		Gay/Lesbian/Bisexual/Transgender	
Family Violence		Hispanic	
Hate/Bias Crimes		Persons with Disabilities	
Human Trafficking		Rural	
Physical Abuse and/or Neglect		Spanish-speaking	
Robbery		Other	
Sexual Assault			
Survivors of Homicide Victims			
Other Victims of Crime			

18. PROBLEM STATEMENT
18.1 Provide a brief description of the specific victim-related issue(s) this project is designed to address as it relates to the specific victimization types reported in 17. Target Population of Tab D - Project Summary.

19. SUPPORTING DATA
19.1 Provide data that supports the victim-related issue(s) and/or specific victimization types this project is designed to address. Cite research and/or data that is geographically relevant and specific to your service area.

20. PROJECT GOAL
20.1 Provide a project goal, which relates to your Problem Statement, that shows what the project plans to achieve over the next two years with these grant funds. The goal should be a "**SMART**" goal: **S**pecific, **M**easurable, **A**chieveable, **R**ealistic and **T**imely.

21. OUTPUT ASSESSMENT AND EVALUATION
21.1 Describe the systems, including tools and/or processes, written policies and procedures, databases, tracking forms or quality control testing, which will be used to track and verify the project's outputs.

21.2 OUTPUTS SUMMARY	PROJECTED TARGET	
DIRECT VICTIM SERVICES	**FY 2016**	**FY 2017**
Number of Unique Victims Served	0	0
Assistance with Crime Victims' Compensation	0	0
Assistance with Texas VINE	0	0
Information and Referral	0	0
Assistance with Restitution	0	0
Assistance with Victim Impact Panels	0	0
Assistance with Victim Impact Statements	0	0
Criminal Justice Accompaniment	0	0
Crisis Intervention	0	0
Emergency Funds	0	0
Follow-up with Victim	0	0
Individual Counseling	0	0
Law Enforcement Accompaniment	0	0
Legal Assistance	0	0
Lodging	0	0
Medical Accompaniment	0	0
Other	0	0
Peer Support Services	0	0
Support Groups	0	0
Therapeutic Groups	0	0
Transportation	0	0
Victim Advocacy	0	0
VICTIM SERVICES TRAINING	**FY 2016**	**FY 2017**
Faith-Based Individuals Trained	0	0
Law Enforcement Individuals Trained	0	0
Medical Individuals Trained	0	0
Other Individuals Trained	0	0
Prosecution/Judicial Individuals Trained	0	0
School Faculty Individuals Trained	0	0
Volunteer Individuals Trained	0	0
Total Number of all Training Sessions	0	0
Total Number of all Individuals Trained	0	0
OUTREACH OR COMMUNITY EDUCATION	**FY 2016**	**FY 2017**
25% of Total Attendees (auto-calculates)	0	0
Informational Fairs	0	0
Outreach or Community Education Participants	0	0
Outreach or Community Education Presentations	0	0
Total Attendees at Informational Fairs	0	0
Total Outreach or Community Ed Presentations	0	0
STRUCTURED EDUCATION	**FY 2016**	**FY 2017**
Structured Education Participants	0	0
Structured Education Presentations	0	0

21.3 PUBLIC AWARENESS CAMPAIGN (Statewide Applicants Only)

21.3 Describe the types of public service campaign products and activities (Internet, press releases, press conferences, tv and radio, etc.) the applicant plans to provide in English and in other languages.

22. OUTCOMES		
SELECT ONLY TWO (2) OUTCOMES TO BE MEASURED BY YOUR PROJECT		
A. DIRECT SERVICE OUTCOMES		**Outcome Target %**
☐ Increase in knowledge of crime victims' rights.		
☐ Increase in knowledge of community resources and services.		
Direct Service Outcomes: Mark an "X" for the instrument you plan to use to measure the Outcome.		
Pre- and Post- Tests		
Staff Observations		
Surveys		
Other (Provide Name/Type of Instrument)		
B. PROFESSIONAL TRAINING OUTCOME		**Outcome Target %**
☐ Increase in knowledge of crime victims' rights.		
Professional Training Outcome: Mark an "X" for the instrument you plan to use to measure the Outcome.		
Pre- and Post- Tests		
Staff Observations		
Surveys		
Other (Provide Name/Type of Instrument)		
C. COMMUNITY EDUCATION OUTCOME		**Outcome Target %**
☐ Increase in knowledge of community resources and services.		
Community Education Outcome: Mark an "X" for the instrument you plan to use to measure the Outcome.		
Pre- and Post- Tests		
Staff Observations		
Surveys		
Other (Provide Name/Type of Instrument)		
D. CHILDREN'S ADVOCACY CENTERS (CAC) and COURT APPOINTED SPECIAL ADVOCATES (CASA) (CAC and CASA APPLICANTS ONLY)		**Outcome Target %**
☐ Reduction in trauma, crisis, stress and/or anxiety of child victim and/or protective family members.		
☐ Increase understanding/knowledge regarding criminal and civil justices system process in general and/or in regard to their specific case.		
CAC and CASA: Mark an "X" for the instrument you plan to use to measure the Outcome.		
Pre- and Post- Tests		
Staff Observations		
Surveys		
Other (Provide Name/Type of Instrument)		

23. DETAILED IMPLEMENTATION PLAN
23.1 Describe this project's specific activities, which will be done over the next two years.
23.1 Continued:
23.1 Continued:

23.2 Describe how these activities will help to reach the project's goal.

24. COMMUNITY RESOURCES	**Yes/No**
24.1 Is collaboration with one or more outside organizations required to achieve specific project activities in the detailed implementation plan?	
24.2 Do these collaborations currently exist?	
24.3 Describe why these agreements are required.	

25. SUSTAINABILITY PLAN
25.1 Briefly describe what would happen to the proposed grant project in the event that the OAG grant funds are no longer available.

26. FINANCIAL
26.1 FINANCIAL SYSTEMS
26.2 Describe the financial systems, internal controls, written policies and procedures, accounting software, databases, tracking forms or quality control testing, which will be used to track and verify the project's financial activities.
26.3 BUDGET NARRATIVE
26.4 Provide a justification, which relate to the project's goal, for each requested budget category summarized in 27. Budget on Tab D - Project Summary.

27. BUDGET SUMMARY					
PERSONNEL					
Description	**% of Positions**	**Hrs./Week**	**FY 2016 Requested**	**FY 2017 Requested**	**Total Project Cost**
	0%		$	$	$
	0%		$	$	$
	0%		$	$	$
	0%		$	$	$
	0%		$	$	$
	0%		$	$	$
Total FTEs	0.00				
		Personnel Total	**$**	**$**	**$**
FRINGE					
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
		Fringe Total	**$**	**$**	**$**
PROFESSIONAL & CONSULTANT					
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
		Professional & Consultant Total	**$**	**$**	**$**
TRAVEL					
OAG Sponsored Training			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
Local Travel (Mileage Only)			$	$	$
		Travel Total	**$**	**$**	**$**
EQUIPMENT					
			$	$	$
			$	$	$
			$	$	$
			$	$	$
		Equipment Total	**$**	**$**	**$**
SUPPLIES					
			$	$	$
			$	$	$
			$	$	$
			$	$	$
		Supplies Total	**$**	**$**	**$**
OTHER DIRECT OPERATING EXPENSES					
OAG Sponsored Training Registration			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
			$	$	$
		Other Direct Operating Expenses Total	**$**	**$**	**$**
TOTAL BUDGET			**$**	**$**	**$**