

1. ORGANIZATION	
Legal Name of Applicant	
Name of Person to Contact	
Position	
Mailing Address	
Phone Number	
Fax Number	
Email Address	
If the Applicant is not a current SAPCS-Federal, SAPCS-State, OVAG, or VCLG grantee, provide the following information:	
Legal Name of Applicant	
Name that Applicant is Doing Business As (DBA), if applicable	
Employer Tax Identification Number (EIN)	
Vendor Identification Number (VIN)	
Texas Secretary of State Charter Number	
Date of the IRS Letter Granting 501(c)(3) Tax Exemption Status	
2. ELIGIBILITY QUESTIONS	
2.1 Is the Applicant a current State Sexual Assault Coalition?	
	Yes
	No
2.2. Provide a statement on how the Applicant has been identified as a State Sexual Assault Coalition by a state or federal agency authorized to make that designation.	
2.3. Provide the Applicant's Mission Statement.	
2.4 Describe how the Applicant utilizes volunteers to support the mission of the organization.	
3. NARRATIVE QUESTIONS	
3.1 (a) Describe both the Applicant's experience and expertise working to prevent sexual assault on a statewide level, include specific examples. (b) Specifically discuss participation and/or leadership in state or national task forces, advisory councils or other working groups as well as collaborations with state agencies and other statewide organizations.	

3.2 Describe the Applicant's efforts to improve services to sexual assault victims.
3.3 Describe the Applicant's current outreach and training programs. Include the audiences, topics and types of outreach and training provided.
3.4 Describe the Applicant's current provision of technical assistance in support of youth and rape crisis centers working to prevent sexual assault. Include the total number of technical assistance instances by topic and type (such as in person or by phone).
3.5 Describe the Applicant's current efforts to ensure all sexual assault programming is culturally relevant for a broad variety of audiences. Be specific and give examples.
3.6 Describe the effect the activities identified in questions 3.2, 3.3, 3.4 and 3.5 have had on preventing sexual assault and improving services to sexual assault victims statewide in Texas. Be specific and provide relevant data.

3.7 Describe how the Applicant will use these funds to achieve the three purpose areas of this grant project: (1) prevention of sexual violence and improving services to sexual assault victims; (2) outreach programs and training programs; and (3) technical assistance to and support of youth and rape crisis centers working to prevent sexual violence statewide.
3.8 Continued
3.9 Continued
3.10 Describe the outcome measures the Applicant will use to determine whether the grant project is successful.

4. SUSTAINABILITY PLAN
4.1 Briefly describe what would happen to the proposed grant project in the event that OAG grant funds are no longer available.
5. FINANCIAL SYSTEMS
5.1 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.
6. BUDGET NARRATIVE
6.1 All budget items must support the effective and efficient use of funds. Provide a justification for each of the line items in the requested budget including how the item relates to the grant project.

7. PERSONNEL & FRINGE										
FY 2016		HOURS PER WEEK			SALARY			FRINGE		
Title of Position	Sche duled to work	Sche duled on this grant.	Prevention of Sexual Violence/ Outreach/ Technical Assistance	Admin. 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 by this grant.	% Fringe Funded by SAPCS-State grant.
1.		0.00					0.00%			0.00%
2.		0.00					0.00%			0.00%
3.		0.00					0.00%			0.00%
4.		0.00					0.00%			0.00%
5.		0.00					0.00%			0.00%
6.		0.00					0.00%			0.00%
						\$ -			\$ -	
FY 2017		HOURS PER WEEK			SALARY			FRINGE		
1.		0.00					0.00%			0.00%
2.		0.00					0.00%			0.00%
3.		0.00					0.00%			0.00%
4.		0.00					0.00%			0.00%
5.		0.00					0.00%			0.00%
6.		0.00					0.00%			0.00%
						\$ -			\$ -	
7.1 FY 2016 POSITION NARRATIVE										
Provide a justification, which relates to the project's goal.										
1.										
2.										
3.										
4.										
5.										
6.										

7.2 FY 2017 POSITION NARRATIVE							
Provide a justification, which relates to the project's goal.							
1.							
2.							
3.							
4.							
5.							
6.							
8. 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	Rate of Compensation	Cost	No. of Days of Consultation	Rate of Compensation	Cost
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
8.1 FY 2016 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE							
Provide a justification for Professional & Consultant Services which relates to the project's goal.							
8.2 FY 2017 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE							
Provide a justification for Professional & Consultant Services which relates to the project's goal.							

9.1 FY 2016 TRAVEL NARRATIVE
 Provide a justification for Travel which relates to the project's goal.

9.2 FY 2017 TRAVEL NARRATIVE
 Provide a justification for Travel which relates to the project's goal.

10. EQUIPMENT						
Item	FY 2016			FY 2017		
	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
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -

10.1 FY 2016 EQUIPMENT NARRATIVE
 Provide a justification for Equipment which relates to the project's goal.

10.2 FY 2017 EQUIPMENT NARRATIVE
 Provide a justification for Equipment which relates to the project's goal.

11. SUPPLIES						
Item	FY 2016			FY 2017		
	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -

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