

IMPORTANT NOTE: Read this application carefully. Each section of this application is labeled with the type of entity, "Sexual Assault Programs" and/or "State Sexual Assault Coalitions," that must complete that section.

SECTION 1: ORGANIZATIONAL INFORMATION
(Sexual Assault Programs and State Sexual Assault Coalitions)

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

	Amount Requested	%of Personnel and Fringe Requested
FY 2016	\$0.00	0%
FY 2017	\$0.00	0%
FY 2018	\$0.00	0%

Applicant is a sexual assault program. (Yes/No)	
Applicant is a state sexual assault coalition. (Yes/No)	

1.1 MISSION STATEMENT

1.1(a) Provide the mission statement of the organization.

1.2 DESCRIPTION OF THE ORGANIZATION

1.2(a) Give a description of the organization and its history including the purpose for which it was created.

1.2(b) Give a description of how the organization has evolved to its current structure, this may include the scope of service, geographic areas covered, staff hierarchy, legal organization, etc.

1.4 COMMUNITY RESOURCES	
1.4(a) Does the organization currently have a primary prevention planning committee, coalition or advisory group? (Yes/No)	
1.4(b) If yes, describe team including member affiliation.	
1.4(c) If no, describe efforts to develop a primary prevention planning committee, coalition or advisory group.	
1.5 STATE AND FEDERAL FUNDS EXPERIENCE	
1.5(a) How many years of experience does the organization have in managing state or federal grant funds? (Years)	
1.5(b) Sexual Assault Programs Only: Has the Applicant Organization provided the following minimum services to adult survivors of stranger and non-stranger sexual assault for at least nine (9) months prior to receiving a SAPS-Federal grant contract? (Yes/No) <ul style="list-style-type: none"> • a 24-hour crisis hotline; • crisis intervention; • public education; • advocacy; and • accompaniment to hospitals, law enforcement offices, prosecutors' offices, and courts. 	
1.5(c) Sexual Assault Programs Only: Is the applicant organization a sexual assault program as defined by Chapter 420 of the Texas Government Code. Sexual assault program means any local public or private nonprofit corporation, independent of a law enforcement agency or prosecutor's office, that is operated as an independent program or as part of a municipal, county, or state agency and that provides the minimum services to adult survivors of stranger and non-stranger sexual assault. (Yes/No)	
1.5(d) State Sexual Assault Coalitions Only: Has your organization been identified as a State Sexual Assault Coalition by a State or Federal Agency? (Yes/No)	

**SECTION 2: PROJECT SUMMARY
 (Sexual Assault Programs Only)**

NEW: Sexual Assault Programs will enter information for each Comprehensive Primary Prevention Program the organization plans to implement. This form will allow for the entry of three Comprehensive Primary Prevention Programs. Comprehensive Primary Prevention Programs are specific to the community in which your organization plans to implement. See Instructions for definition of a Comprehensive Primary Prevention Program.

IMPLEMENTATION PLAN Comprehensive Primary Prevention Program 1

2.1(a) Summary of CPPP 1. Complete the following statement which may be used by the OAG to summarize or describe the organization's CPPP, "This project funds (number of staff) to conduct (type of strategy/activity) in (geographic locations) to reach (intended audience(s))."

2.1(b) Community Profile. Identify the community where Comprehensive Primary Prevention Program 1 will be implemented. See Instructions for definition of community. Be specific. Responses must include the name of the organization (e.g. XYZ Middle School, university campus, school district, etc.) where activities will be conducted.

2.1(c) Community Justification: Provide a justification for the choice of community. Justification is a statement of need based on observational, descriptive and/or statistical data. Do not include any data or information that is not specifically related to the community where the project will be implemented. Include results from any community mapping, needs assessments, strategic planning, key informant interviews, focus groups etc.

2.1(d) Target Population Check all that apply. See Definition Section for definition of Target Population

	4th grade or age equivalent if not in a school setting
	5th grade or age equivalent if not in a school setting
	6th grade or age equivalent if not in a school setting
	7th grade or age equivalent if not in a school setting
	8th grade or age equivalent if not in a school setting
	9th grade or age equivalent if not in a school setting
	10th grade or age equivalent if not in a school setting
	11th grade or age equivalent if not in a school setting
	12th grade or age equivalent if not in a school setting
	College students

2.1(e) Program Participants Check all that apply. See Definition Section for definition of Program Participants	
<input type="checkbox"/>	4th grade or age equivalent if not in a school setting
<input type="checkbox"/>	5th grade or age equivalent if not in a school setting
<input type="checkbox"/>	6th grade or age equivalent if not in a school setting
<input type="checkbox"/>	7th grade or age equivalent if not in a school setting
<input type="checkbox"/>	8th grade or age equivalent if not in a school setting
<input type="checkbox"/>	9th grade or age equivalent if not in a school setting
<input type="checkbox"/>	10th grade or age equivalent if not in a school setting
<input type="checkbox"/>	11th grade or age equivalent if not in a school setting
<input type="checkbox"/>	12th grade or age equivalent if not in a school setting
<input type="checkbox"/>	College Students
<input type="checkbox"/>	Parents
<input type="checkbox"/>	Coaches
<input type="checkbox"/>	Education Professionals (Teachers)
<input type="checkbox"/>	College/University Faculty/Staff
<input type="checkbox"/>	Faith Community Leaders
<input type="checkbox"/>	Mental Health Professionals
<input type="checkbox"/>	Professionals in Organizations Serving Men/Boys
<input type="checkbox"/>	Professionals in Organizations Serving Parents
<input type="checkbox"/>	Professionals in Organizations Serving Youth not in a School Setting
<input type="checkbox"/>	Social Services Professionals
<input type="checkbox"/>	Other Adult Influencers - List Below
<input type="checkbox"/>	
2.1(f) If program participants include youth 4th-12th grade or age equivalent will the participants be in or out of a school setting? (In/Out)	
2.1(g) Target Population Justification: Provide a justification for the choice of target population. Justification is a statement of need based on observational, descriptive and/or statistical data. Do not include any data or information that is not specifically related to the community where the project will be implemented. Include results from any community mapping, needs assessments, strategic planning, key informant interviews, focus groups etc.	
2.1(h) Program Participants Justification: Provide a justification for the choice of program participants. Detail why these program participants were selected/recruited and how working with these individuals will create the desired change within the target population. Do not include any data or information that is not specifically related to the community where the project will be implemented. Include results from any community mapping, needs assessments, strategic planning, key informant interviews, focus groups etc.	

2.2 SELECTION OF PROGRAMMING	
2.2(a) Select the Programming the organization plans to implement.	
	Phase 1 with target population, Phase 2 Bystander Intervention, Community Level
	Phase 1 with target population, Phase 2 Youth Development, Community Level
	Phase 1 with target population, Phase 2 Bystander Intervention and Youth Development, Community Level
	Phase 1 with Adult Influencers Only, Phase 2 Adult Influencers, Community Level
2.2(b) Strategies: Select Approved Activities and Community Change Strategies that will be used. ("X" all that apply). Must select at least one Approved Activity (not including Informational materials) and one Community Change Strategy.	
Approved Activities	
	Educational seminars
	Training programs for professionals
	Training program for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities.
	Informational materials
2.2(c) Community Change Strategies. See Definition Section for a definition of the Community Change Strategies.	
	Coalition Building
	Community Mobilization
	Policy Education
	Social Norms Change
2.2(d) Curriculum Used. Provide name of curriculum(s) used and indicate whether curriculum was purchased and modified or developed. Label each curriculum for either Phase 1 or Phase 2.	
2.2(e) How many sessions are in the curriculum used for Phase 1 programming?	

2.3(c) Describe how the Applicant's programming meets the "socio-culturally relevant" minimum standard as identified in the Plan Amendment.
2.3(d) Describe how the Applicant's programming meets the "based on evidence" minimum standard as identified in the Plan Amendment.
2.3(e) Describe how the Applicant meets the "well trained implementers" minimum standards as identified in the Plan Amendment.
2.3(f) Describe how the Applicant's programming meets the "appropriately timed in development" minimum standard as identified in the Plan Amendment.
2.3(g) Describe how the Applicant's programming will alter the risk and protective factors listed in the Plan Amendment and reach the desired outcomes (theory of change).
2.3(h) Describe how the Applicant's programming meets the "build on or support positive relationships" minimum standard as identified in the Plan Amendment.
2.3(i) Describe how the Applicant's programming meets the "varied teaching methods" minimum standard as identified in the Plan Amendment.

2.4 AGENCY CAPACITY
2.4(a) What is your current capacity (access, knowledge, experience, personnel, expertise, training, cultural competency, and partners to work with you identified audience/community) to implement the proposed project?
2.4(b) Discuss how staff who will be implementing the project possess competencies in any or all of the following: an understanding of youth development if the project has a focus on youth; an understanding of community work related to the proposed community, interest or capacity regarding gender equity work.
2.4(c) Discuss how organizational leaders and/or staff that supervise primary prevention staff possess competencies in any or all of the following: an understanding of youth development if the project has a focus on youth; an understanding of community work related to the proposed community, interest or capacity regarding gender equity work.
2.4(d) Provide an example of a successful outcome from your previous sexual violence primary prevention efforts that demonstrates your capacity to implement the proposed project.

2.6(c) Community Level Work			
Activities	Timeline	Responsible Party	Measure of Success

2.6(d) Provide a high level Work Plan Summary for years 2 and 3 of this CPPP1 (FY 2017/2018).

**SECTION 2: PROJECT SUMMARY
 (Sexual Assault Programs Only)**

NEW: Sexual Assault Programs will enter information for each Comprehensive Primary Prevention Program the organization plans to implement. This form will allow for the entry of three Comprehensive Primary Prevention Programs. Comprehensive Primary Prevention Programs are specific to the community in which your organization plans to implement. See Instructions for definition of a Comprehensive Primary Prevention Program.

IMPLEMENTATION PLAN Comprehensive Primary Prevention Program 2

3.1(a) Summary of CPPP 2. Complete the following statement which may be used by the OAG to summarize or describe the organization's CPPP, "This project funds (number of staff) to conduct (type of strategy/activity) in (geographic locations) to reach (intended audience(s))."

3.1(b) Community Profile. Identify the community where Comprehensive Primary Prevention Program 2 will be implemented. See Instructions for definition of community. Be specific. Responses must include the name of the organization (e.g. XYZ Middle School, university campus, school district, etc.) where activities will be conducted.

3.1(c) Community Justification: Provide a justification for the choice of community. Justification is a statement of need based on observational, descriptive and/or statistical data. Do not include any data or information that is not specifically related to the community where the project will be implemented. Include results from any community mapping, needs assessments, strategic planning, key informant interviews, focus groups etc.

3.1(d) Target Population Check all that apply. See Definition Section for definition of Target Population

	4th grade or age equivalent if not in a school setting
	5th grade or age equivalent if not in a school setting
	6th grade or age equivalent if not in a school setting
	7th grade or age equivalent if not in a school setting
	8th grade or age equivalent if not in a school setting
	9th grade or age equivalent if not in a school setting
	10th grade or age equivalent if not in a school setting
	11th grade or age equivalent if not in a school setting
	12th grade or age equivalent if not in a school setting
	College students

3.1(e) Program Participants Check all that apply. See Definition Section for definition of Program Participants	
<input type="checkbox"/>	4th grade or age equivalent if not in a school setting
<input type="checkbox"/>	5th grade or age equivalent if not in a school setting
<input type="checkbox"/>	6th grade or age equivalent if not in a school setting
<input type="checkbox"/>	7th grade or age equivalent if not in a school setting
<input type="checkbox"/>	8th grade or age equivalent if not in a school setting
<input type="checkbox"/>	9th grade or age equivalent if not in a school setting
<input type="checkbox"/>	10th grade or age equivalent if not in a school setting
<input type="checkbox"/>	11th grade or age equivalent if not in a school setting
<input type="checkbox"/>	12th grade or age equivalent if not in a school setting
<input type="checkbox"/>	College Students
<input type="checkbox"/>	Parents
<input type="checkbox"/>	Coaches
<input type="checkbox"/>	Education Professionals (Teachers)
<input type="checkbox"/>	College/University Faculty/Staff
<input type="checkbox"/>	Faith Community Leaders
<input type="checkbox"/>	Mental Health Professionals
<input type="checkbox"/>	Professionals in Organizations Serving Men/Boys
<input type="checkbox"/>	Professionals in Organizations Serving Parents
<input type="checkbox"/>	Professionals in Organizations Serving Youth not in a School Setting
<input type="checkbox"/>	Social Services Professionals
<input type="checkbox"/>	Other Adult Influencers - List Below
<input type="checkbox"/>	
3.1(f) If program participants include youth 4th-12th grade or age equivalent will the participants be in or out of a school setting? (In/Out)	
3.1(g) Target Population Justification: Provide a justification for the choice of target population. Justification is a statement of need based on observational, descriptive and/or statistical data. Do not include any data or information that is not specifically related to the community where the project will be implemented. Include results from any community mapping, needs assessments, strategic planning, key informant interviews, focus groups etc.	
3.1(h) Program Participants Justification: Provide a justification for the choice of program participants. Detail why these program participants were selected/recruited and how working with these individuals will create the desired change within the target population. Do not include any data or information that is not specifically related to the community where the project will be implemented. Include results from any community mapping, needs assessments, strategic planning, key informant interviews, focus groups etc.	

3.2 SELECTION OF PROGRAMMING	
3.2(a) Select the Programming the organization plans to implement.	
	Phase 1 with target population, Phase 2 Bystander Intervention, Community Level
	Phase 1 with target population, Phase 2 Youth Development, Community Level
	Phase 1 with target population, Phase 2 Bystander Intervention and Youth Development, Community Level
	Phase 1 with Adult Influencers Only, Phase 2 Adult Influencers, Community Level
3.2(b) Strategies: Select Approved Activities and Community Change Strategies that will be used. ("X" all that apply). Must select at least one Approved Activity (not including Informational materials) and one Community Change Strategy.	
Approved Activities	
	Educational seminars
	Training programs for professionals
	Training program for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities.
	Informational materials
3.2(c) Community Change Strategies. See Definition Section for a definition of the Community Change Strategies.	
	Coalition Building
	Community Mobilization
	Policy Education
	Social Norms Change
3.2(d) Curriculum Used. Provide name of curriculum(s) used and indicate whether curriculum was purchased and modified or developed. Label each curriculum for either Phase 1 or Phase 2.	
3.2(e) How many sessions are in the curriculum used for Phase 1 programming?	

3.3(c) Describe how the Applicant's programming meets the "socio-culturally relevant" minimum standard as identified in the Plan Amendment.
3.3(d) Describe how the Applicant's programming meets the "based on evidence" minimum standard as identified in the Plan Amendment.
3.3(e) Describe how the Applicant meets the "well trained implementers" minimum standards as identified in the Plan Amendment.
3.3(f) Describe how the Applicant's programming meets the "appropriately timed in development" minimum standard as identified in the Plan Amendment.
3.3(g) Describe how the Applicant's programming will alter the risk and protective factors listed in the Plan Amendment and reach the desired outcomes (theory of change).
3.3(h) Describe how the Applicant's programming meets the "build on or support positive relationships" minimum standard as identified in the Plan Amendment.
3.3(i) Describe how the Applicant's programming meets the "varied teaching methods" minimum standard as identified in the Plan Amendment.

3.4 AGENCY CAPACITY

3.4(a) What is your current capacity (access, knowledge, experience, personnel, expertise, training, cultural competency, and partners to work with you identified audience/community) to implement the proposed project?

3.4(b) Discuss how staff who will be implementing the project possess competencies in any or all of the following: an understanding of youth development if the project has a focus on youth; an understanding of community work related to the proposed community, interest or capacity regarding gender equity work.

3.4(c) Discuss how organizational leaders and/or staff that supervise primary prevention staff possess competencies in any or all of the following: an understanding of youth development if the project has a focus on youth; an understanding of community work related to the proposed community, interest or capacity regarding gender equity work.

3.4(d) Provide an example of a successful outcome from your previous sexual violence primary prevention efforts that demonstrates your capacity to implement the proposed project.

3.6(c) Community Level Work			
Activities	Timeline	Responsible Party	Measure of Success

3.6(d) Provide a high level Work Plan Summary for years 2 and 3 of this CPPP 2 (FY 2017/2018).

**SECTION 2: PROJECT SUMMARY
 (Sexual Assault Programs Only)**

NEW: Sexual Assault Programs will enter information for each Comprehensive Primary Prevention Program the organization plans to implement. This form will allow for the entry of three Comprehensive Primary Prevention Programs. Comprehensive Primary Prevention Programs are specific to the community in which your organization plans to implement. See Instructions for definition of a Comprehensive Primary Prevention Program.

IMPLEMENTATION PLAN Comprehensive Primary Prevention Program 3

4.1(a) Summary of CPPP 3. Complete the following statement which may be used by the OAG to summarize or describe the organization's CPPP, "This project funds (number of staff) to conduct (type of strategy/activity) in (geographic locations) to reach (intended audience(s))."

4.1(b) Community Profile. Identify the community where Comprehensive Primary Prevention Program 3 will be implemented. See Instructions for definition of community. Be specific. Responses must include the name of the organization (e.g. XYZ Middle School, university campus, school district, etc.) where activities will be conducted.

4.1(c) Community Justification: Provide a justification for the choice of community. Justification is a statement of need based on observational, descriptive and/or statistical data. Do not include any data or information that is not specifically related to the community where the project will be implemented. Include results from any community mapping, needs assessments, strategic planning, key informant interviews, focus groups etc.

4.1(d) Target Population Check all that apply. See Definition Section for definition of Target Population

	4th grade or age equivalent if not in a school setting
	5th grade or age equivalent if not in a school setting
	6th grade or age equivalent if not in a school setting
	7th grade or age equivalent if not in a school setting
	8th grade or age equivalent if not in a school setting
	9th grade or age equivalent if not in a school setting
	10th grade or age equivalent if not in a school setting
	11th grade or age equivalent if not in a school setting
	12th grade or age equivalent if not in a school setting
	College students

4.1(e) Program Participants Check all that apply. See Definition Section for definition of Program Participants	
<input type="checkbox"/>	4th grade or age equivalent if not in a school setting
<input type="checkbox"/>	5th grade or age equivalent if not in a school setting
<input type="checkbox"/>	6th grade or age equivalent if not in a school setting
<input type="checkbox"/>	7th grade or age equivalent if not in a school setting
<input type="checkbox"/>	8th grade or age equivalent if not in a school setting
<input type="checkbox"/>	9th grade or age equivalent if not in a school setting
<input type="checkbox"/>	10th grade or age equivalent if not in a school setting
<input type="checkbox"/>	11th grade or age equivalent if not in a school setting
<input type="checkbox"/>	12th grade or age equivalent if not in a school setting
<input type="checkbox"/>	College Students
<input type="checkbox"/>	Parents
<input type="checkbox"/>	Coaches
<input type="checkbox"/>	Education Professionals (Teachers)
<input type="checkbox"/>	College/University Faculty/Staff
<input type="checkbox"/>	Faith Community Leaders
<input type="checkbox"/>	Mental Health Professionals
<input type="checkbox"/>	Professionals in Organizations Serving Men/Boys
<input type="checkbox"/>	Professionals in Organizations Serving Parents
<input type="checkbox"/>	Professionals in Organizations Serving Youth not in a School Setting
<input type="checkbox"/>	Social Services Professionals
<input type="checkbox"/>	Other Adult Influencers - List Below
<input type="checkbox"/>	
4.1(f) If program participants include youth 4th-12th grade or age equivalent will the participants be in or out of a school setting? (In/Out)	
4.1(g) Target Population Justification: Provide a justification for the choice of target population. Justification is a statement of need based on observational, descriptive and/or statistical data. Do not include any data or information that is not specifically related to the community where the project will be implemented. Include results from any community mapping, needs assessments, strategic planning, key informant interviews, focus groups etc.	
4.1(h) Program Participants Justification: Provide a justification for the choice of program participants. Detail why these program participants were selected/recruited and how working with these individuals will create the desired change within the target population. Do not include any data or information that is not specifically related to the community where the project will be implemented. Include results from any community mapping, needs assessments, strategic planning, key informant interviews, focus groups etc.	

4.2 SELECTION OF PROGRAMMING	
4.2(a) Select the Programming the organization plans to implement.	
	Phase 1 with target population, Phase 2 Bystander Intervention, Community Level
	Phase 1 with target population, Phase 2 Youth Development, Community Level
	Phase 1 with target population, Phase 2 Bystander Intervention and Youth Development, Community Level
	Phase 1 with Adult Influencers Only, Phase 2 Adult Influencers, Community Level
4.2(b) Strategies: Select Approved Activities and Community Change Strategies that will be used. ("X" all that apply). Must select at least one Approved Activity (not including Informational materials) and one Community Change Strategy.	
Approved Activities	
	Educational seminars
	Training programs for professionals
	Training program for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities.
	Informational materials
4.2(c) Community Change Strategies. See Definition Section for a definition of the Community Change Strategies.	
	Coalition Building
	Community Mobilization
	Policy Education
	Social Norms Change
4.2(d) Curriculum Used. Provide name of curriculum(s) used and indicate whether curriculum was purchased and modified or developed. Label each curriculum for either Phase 1 or Phase 2.	
4.2(e) How many sessions are in the curriculum used for Phase 1 programming?	

4.3(c) Describe how the Applicant's programming meets the "socio-culturally relevant" minimum standard as identified in the Plan Amendment.
4.3(d) Describe how the Applicant's programming meets the "based on evidence" minimum standard as identified in the Plan Amendment.
4.3(e) Describe how the Applicant meets the "well trained implementers" minimum standards as identified in the Plan Amendment.
4.3(f) Describe how the Applicant's programming meets the "appropriately timed in development" minimum standard as identified in the Plan Amendment.
4.3(g) Describe how the Applicant's programming will alter the risk and protective factors listed in the Plan Amendment and reach the desired outcomes (theory of change).
4.3(h) Describe how the Applicant's programming meets the "build on or support positive relationships" minimum standard as identified in the Plan Amendment.
4.3(i) Describe how the Applicant's programming meets the "varied teaching methods" minimum standard as identified in the Plan Amendment.

4.4 AGENCY CAPACITY
4.4(a) What is your current capacity (access, knowledge, experience, personnel, expertise, training, cultural competency, and partners to work with you identified audience/community) to implement the proposed project?
4.4(b) Discuss how staff who will be implementing the project possess competencies in any or all of the following: an understanding of youth development if the project has a focus on youth; an understanding of community work related to the proposed community, interest or capacity regarding gender equity work.
4.4(c) Discuss how organizational leaders and/or staff that supervise primary prevention staff possess competencies in any or all of the following: an understanding of youth development if the project has a focus on youth; an understanding of community work related to the proposed community, interest or capacity regarding gender equity work.
4.4(d) Provide an example of a successful outcome from your previous sexual violence primary prevention efforts that demonstrates your capacity to implement the proposed project.

4.6(c) Community Level Work			
Activities	Timeline	Responsible Party	Measure of Success

4.6(d) Provide a high level Work Plan Summary for years 2 and 3 of this CPPP 3 (FY 2017/2018).

SECTION 5: PROJECT SUMMARY (State Sexual Assault Coalitions Only)			
Technical Assistance and Training to RPE funded organizations.			
5.1 Detail how the organization uses the public health approach and effective principles in the provision of technical assistance and training to RPE funded organizations.			
5.2 Work Plan - Provide the following detailed work plan regarding Technical Assistance and Training to RPE funded organizations on the implementation of sexual violence primary prevention strategies.			
Activities	Timeline	Responsibility Party	Measure of Success

<p>5.3 Provide a high level Work Plan Summary for years 2 and 3 of this grant cycle (FY 2017/2018) for training and technical assistance to RPE funded organizations on the implementation of sexual violence primary prevention strategies.</p>

Engaging Men, Youth, and Prevention Efforts on College Campuses.

5.4 Detail how the organization uses the public health approach to support local and statewide primary prevention efforts including but not limited to engaging men and youth in primary prevention efforts and prevention efforts on college campuses.

Empty response area for section 5.4.

5.5 Work Plan - Provide the following information on activities to support local and statewide primary prevention efforts including but not limited to engaging men and youth in primary prevention efforts and prevention efforts on college campuses.

Activities	Timeline	Responsibility Party	Measure of Success

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5.6 Provide a high level Work Plan Summary for years 2 and 3 of this grant cycle (FY 2017/2018) on supporting local and statewide primary prevention efforts including but not limited to engaging men and youth in primary prevention efforts and prevention efforts on college campuses.

Other Activities

5.7 Describe how the organization will provide expertise and guidance on state level evaluation efforts for the RPE Program.

5.8 Describe how the organization will support efforts of the Primary Prevention Planning Committee (PPPC). Be specific and provide examples.

SECTION 6: OTHER ORGANIZATIONAL INFORMATION (ALL APPLICANTS)	
6.1 Did your organization submit a signed Memorandum of Understanding (MOU), Letter of Support (LOS), Cooperative Working Agreement (CWA), or other support document.	
6.2 Does the MOU, LOS, CWA or other support document contain all the components as listed in the Application Kit.	
6.3 OUTPUT ASSESSMENT AND EVALUATION	
6.3(a) 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.	
OUTCOMES	
6.4 OUTCOME ASSESSMENT AND EVALUATION	
6.4(a) Describe the tools and/or processes written policies and procedures, pre- and post- tests, staff observation or surveys, which will be used to measure the project's outcome.	
SUSTAINABILITY PLAN	
6.5 SUSTAINABILITY PLAN	
6.5(a) Briefly describe what would happen to the proposed grant project in the event that the OAG grant funds are no longer available.	

SECTION 7: OUTPUT TARGET CALCULATION (Sexual Assault Programs Only)				
NEW: Targets must be entered by Comprehensive Primary Prevention Program and separated by Phase 1 and Phase 2. Before entering targets, Applicants are strongly encouraged to thoroughly review the definition of a Comprehensive Primary Prevention Program in the Application Kit Instructions.				
PHASE 1				
OUTPUT TARGET CALCULATION - <u>PROGRAM PARTICIPANTS</u>	Comprehensive Primary Prevention Program 1	Comprehensive Primary Prevention Program 2	Comprehensive Primary Prevention Program 3	Total
7.1 EDUCATIONAL SEMINARS	FY 2016	FY 2016	FY 2016	FY 2016
ENTER A NUMBER	Enter a Number	Enter a Number	Enter a Number	
Total Number of Educational Seminars Conducted				0
Total Number of Participants				0
Female				0
Male				0
Total Educational Seminars Participants by Gender	0	0	0	0
7.1(a) EDUCATIONAL Seminars - Program Participants by Audiences	FY 2016	FY 2016	FY 2016	FY 2016
ENTER A NUMBER	Enter a Number	Enter a Number	Enter a Number	
Total Educational Seminars Participants by Audience				0
4th grade or age equivalent if not in a school setting				0
5th grade or age equivalent if not in a school setting				0
6th grade or age equivalent if not in a school setting				0
7th grade or age equivalent if not in a school setting				0
8th grade or age equivalent if not in a school setting				0
9th grade or age equivalent if not in a school setting				0
10th grade or age equivalent if not in a school setting				0
11th grade or age equivalent if not in a school setting				0
12th grade or age equivalent if not in a school setting				0
College Students				0
Parents				0
Coaches				0
Other Adult Influencers (Not included under Training Programs for Professionals)- List Below				0
				0
				0
				0
7.2 Training Programs for Professionals - PROGRAM PARTICIPANTS	FY 2016	FY 2016	FY 2016	FY 2016
ENTER A NUMBER	Enter a Number	Enter a Number	Enter a Number	
Total Number of Professional Trainings Conducted				0
Total Number of Persons Trained				0
7.2(a) PROFESSIONAL TRAINING AUDIENCE TYPE	FY 2016	FY 2016	FY 2016	FY 2016
"X" ALL THAT APPLY	"X" All that Apply	"X" All that Apply	"X" All that Apply	
Education Professionals (Teachers)				
College/University Faculty/Staff				
Faith Community Leaders				
Mental Health Professionals				
Professionals in Organizations Serving Men/Boys				
Professionals in Organizations Serving Parents				
Professionals in Organizations Serving Youth not in School Setting				
Social Services Professionals				
Other - List Below				
PHASE 2 (Bystander Intervention, Youth Development, Adult Influencers)				
OUTPUT TARGET CALCULATION - <u>PROGRAM PARTICIPANTS</u>	Comprehensive Primary Prevention Program 1	Comprehensive Primary Prevention Program 2	Comprehensive Primary Prevention Program 3	Total
7.3 EDUCATIONAL SEMINARS	FY 2016	FY 2016	FY 2016	FY 2016
ENTER A NUMBER	Enter a Number	Enter a Number	Enter a Number	
Total Number of Educational Seminars Conducted				
Total Number of Participants				
Female				
Male				
Total Educational Seminars Participants by Gender				

SECTION 8: SAPCS-FEDERAL BUDGET (Sexual Assault Programs and State Sexual Assault Coalitions)							
8(A). How many hours per week constitute a Full-Time employee for your agency? If Full-Time hours vary by position, please provide all Full-Time hours below.							
FY 2016 SAPCS-FEDERAL BUDGET							
8.1 PERSONNEL & FRINGE (Position 1 must be the designated full time Primary Prevention Coordinator). All other primary prevention staff must be on the grant a minimum of 8 hours. Organization leaders (e.g. executive directors, program managers) may fall below 8 hours a week.							
8.1(a) SALARY FY 2016							
Title of the Position	Name (State if vacant)	Hrs/wk	Hrs/wk on grant	% of Time	Annual Salary	Months	Total
1.				0.00%			\$
2.				0.00%			\$
3.				0.00%			\$
4.				0.00%			\$
5.				0.00%			\$
6.				0.00%			\$
Additional four positions for State Sexual Assault Coalition Applicants Only							
7.				0.00%			\$
8.				0.00%			\$
9.				0.00%			\$
10.				0.00%			\$
Salary Total							\$
8.1(b) FY 2016 POSITION NARRATIVE							
Provide a justification, which relates to the project's goal(s).							
FY 2016	1.						
	2.						
	3.						
	4.						
	5.						
	6.						
	7.						
	8.						
	9.						
	10.						

Fringe Calculation Method							Calculation Method B				
Fringe Total											\$0
8.1(c) CALCULATION METHOD A: Fringe is calculated using a percentage of total salaries.											
Position	Title of Position #1	Title of Position #2	Title of Position #3	Title of Position #4	Title of Position #5	Title of Position #6	State Sexual Assault Coalition Only Title of Position #7	State Sexual Assault Coalition Only Title of Position #8	State Sexual Assault Coalition Only Title of Position #9	State Sexual Assault Coalition Only Title of Position #10	Total
Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
% of Total Salaries Used to Calculate Fringe											0.00%
Fringe for Total Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
% on Grant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowable Fringe	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Requested Fringe (If less than Allowable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8.1(d) CALCULATION METHOD B: Fringe is not computed by using a percentage of total salaries.											
Position	Title of Position #1	Title of Position #2	Title of Position #3	Title of Position #4	Title of Position #5	Title of Position #6	State Sexual Assault Coalition Only Title of Position #7	State Sexual Assault Coalition Only Title of Position #8	State Sexual Assault Coalition Only Title of Position #9	State Sexual Assault Coalition Only Title of Position #10	Total
Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fringe Detail: Include Calculation Method (Percentage or Actual Cost)	Calculation Method B (percentage or actual cost)										
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fringe for Total Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
% on Grant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowable Fringe	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Requested Fringe (If less than Allowable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8.2 Request for Exception to SAPCS-Federal Staffing Requirements											
8.2(a) Exception 1: If an SAPCS-Federal Applicant is asking for an exception to the requirement that a minimum of 75% of an Applicant's budget must be allocated to the Personnel and Fringe Benefits budget categories, indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.											

FY 2016

8.3 PROFESSIONAL & CONSULTANT		FY 2016					
Organizational Affiliation	Name	Rate	Specify Unit: Days or Hours	# of Days or Hours	Total		
1.		\$0.00		0	\$		
2.		\$0.00		0	\$		
3.		\$0.00		0	\$		
Professional & Consultant Total					\$		
8.3(a) FY 2016 PROFESSIONAL & CONSULTANT JUSTIFICATION							
Provide a justification, which relates to the project's goal.							
1.							
2.							
3.							
8.4 TRAVEL		FY 2016					
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	# of Trips	# of People/ Drivers	\$ Cost	# of Miles or Days	Total
OAG Sponsored Training							
OAG Sponsored Training		Airfare/Mileage			\$0.00		\$
		Hotel			\$0.00		\$
		Per diem			\$0.00		\$
		Car Rental/Shuttle			\$0.00		\$
		Parking			\$0.00		\$
		Misc./Hotel Tax			\$0.00		\$
Conference Total							\$
Local Travel (Mileage Only)					\$0.00		\$
In-State Travel							
		Airfare/Mileage			\$0.00		\$
		Hotel			\$0.00		\$
		Per diem			\$0.00		\$
		Car Rental/Shuttle			\$0.00		\$
		Parking			\$0.00		\$
		Misc./Hotel Tax			\$0.00		\$
Out-of-State Travel							
		Airfare/Mileage			\$0.00		\$
		Hotel			\$0.00		\$
		Per diem			\$0.00		\$
		Car Rental/Shuttle			\$0.00		\$
		Parking			\$0.00		\$
		Misc./Hotel Tax			\$0.00		\$
Travel Total							\$

FY 2016

8.4(a) FY 2016 OAG SPONSORED TRAINING TRAVEL JUSTIFICATION					
Provide a justification, which relates to the project's goal.					
8.4(b) FY 2016 LOCAL TRAVEL JUSTIFICATION					
Provide a justification, which relates to the project's goal.					
8.4(c) FY 2016 In-State TRAVEL JUSTIFICATION					
Provide a justification, which relates to the project's goal.					
8.4(d) FY 2016 Out-of-State TRAVEL JUSTIFICATION					
Provide a justification, which relates to the project's goal.					
FY 2016	8.5 EQUIPMENT			FY 2016	
		# of Items	Unit Cost of Equipment	% Requested by this OAG Grant	Total
	1.		\$0.00		\$0
	2.		\$0.00		\$0
	3.		\$0.00		\$0
	4.		\$0.00		\$0
	5.		\$0.00		\$0
	6.		\$0.00		\$0
			Equipment Total	\$0	
8.5(a) FY 2016 EQUIPMENT NARRATIVE					
Provide a justification, which relates to the project's goal.					
1.					
2.					
3.					
4.					
5.					
6.					

8.6 SUPPLIES		FY 2016				
		Months	Cost	# of Items or Staff	% Requested by this OAG Grant	Total
One Time Purchases:						
1.			\$0.00	0		\$0
2.			\$0.00	0		\$0
3.			\$0.00	0		\$0
4.			\$0.00	0		\$0
5.			\$0.00	0		\$0
6.			\$0.00	0		\$0
7.			\$0.00	0		\$0
General Office Supplies:						
8.		0	\$0.00	0		\$0
9.		0	\$0.00	0		\$0
10.		0	\$0.00	0		\$0
11.		0	\$0.00	0		\$0
12.		0	\$0.00	0		\$0
Supplies Total						\$0
8.6(a) FY 2016 SUPPLIES NARRATIVE						
Provide a justification, which relates to the project's goal.						
FY 2016	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
	7.					
	8.					
	9.					
	10.					
	11.					
	12.					

8.7 OTHER DIRECT OPERATING EXPENSES		FY 2016			
		# of Staff or Items	Months	Cost	% Requested by this OAG Grant
One Time Purchases:					
1.					\$0
2.					\$0
3.					\$0
4.					\$0
5.					\$0
On-going Expenses:					
6.			0		\$0
7.			0		\$0
8.			0		\$0
9.			0		\$0
10.			0		\$0
8.7(a) FY 2016 OTHER DIRECT OPERATING EXPENSES NARRATIVE					
Provide a justification, which relates to the project's goal.					
FY 2016	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				

Travel for non-grant funded individuals such as for advisory committees and primary prevention committees. (State Sexual Assault Coalitions Only)	# of Trips	# of People	\$ Cost	# of Miles or Days	Total
Mileage			\$0.00		\$
Airfare			\$0.00		\$
Hotel			\$0.00		\$
Per Diem			\$0.00		\$
Car Rental/Shuttle			\$0.00		\$
Parking			\$0.00		\$
Misc/Hotel Tax			\$0.00		\$
Total Travel for non-grant funded individuals					\$
ODOE Total					\$0
6.7(b) FY 2016 OTHER DIRECT OPERATING EXPENSES NARRATIVE					
Provide a justification, for travel for non-grant funded individuals, which relates to the project's goal.					
Total Budget FY 2016					\$

FY 2017 SAPCS-FEDERAL BUDGET								
8.8 PERSONNEL & FRINGE (Position 1 must be the designated full time Primary Prevention Coordinator). All other primary prevention staff must be on the grant a minimum of 8 hours. Organization leaders (e.g. executive directors, program managers) may fall below 8 hours a week.								
8.8(a) SALARY FY 2017								
	Title of the Position	Name (State if vacant)	Hrs/wk	Hrs/wk on grant	% of Time	Annual Salary	Months	Total
1.					0.00%			\$
2.					0.00%			\$
3.					0.00%			\$
4.					0.00%			\$
5.					0.00%			\$
6.					0.00%			\$
Additional four positions for State Sexual Assault Coalition Applicants Only								
7.					0.00%			\$
8.					0.00%			\$
9.					0.00%			\$
10.					0.00%			\$
Salary Total							\$	
8.8(b) FY 2017 POSITION NARRATIVE								
Provide a justification, which relates to the project's goal(s).								
FY 2017	1.							
	2.							
	3.							
	4.							
	5.							
	6.							

7.											
8.											
9.											
10.											
Fringe Calculation Method							Calculation Method B				
Fringe Total											\$0
8.8(c) CALCULATION METHOD A: Fringe is calculated using a percentage of total salaries.											
Position	Title of Position #1	Title of Position #2	Title of Position #3	Title of Position #4	Title of Position #5	Title of Position #6	State Sexual Assault Coalition Only Title of Position #7	State Sexual Assault Coalition Only Title of Position #8	State Sexual Assault Coalition Only Title of Position #9	State Sexual Assault Coalition Only Title of Position #10	Total
Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
% of Total Salaries Used to Calculate Fringe											0.00%
Fringe for Total Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
% on Grant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowable Fringe	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Requested Fringe (If less than Allowable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6.8(d) CALCULATION METHOD B: Fringe is not computed by using a percentage of total salaries.											
Position	Title of Position #1	Title of Position #2	Title of Position #3	Title of Position #4	Title of Position #5	Title of Position #6	State Sexual Assault Coalition Only Title of Position #7	State Sexual Assault Coalition Only Title of Position #8	State Sexual Assault Coalition Only Title of Position #9	State Sexual Assault Coalition Only Title of Position #10	Total
Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fringe Detail: Include Calculation Method (Percentage or Actual Cost)	Calculation Method B (percentage or actual cost)										
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Fringe for Total Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
% on Grant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Allowable Fringe	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Requested Fringe (If less than Allowable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8.9 Request for Exception to SAPCS-Federal Staffing Requirements											
8.9(a) Exception 1: If an SAPCS-Federal Applicant is asking for an exception to the requirement that a minimum of 75% of an Applicant's budget must be allocated to the Personnel and Fringe Benefits budget categories, indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.											

FY 2017

8.10 PROFESSIONAL & CONSULTANT		FY 2017					
Organizational Affiliation	Name	Rate	Specify Unit: Days or Hours	# of Days or Hours	Total		
1.		\$0.00		0	\$		
2.		\$0.00		0	\$		
3.		\$0.00		0	\$		
Professional & Consultant Total					\$		
8.10(a) FY 2017 PROFESSIONAL & CONSULTANT JUSTIFICATION							
Provide a justification, which relates to the project's goal.							
1.							
2.							
3.							
8.11 TRAVEL		FY 2017					
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	# of Trips	# of People/ Drivers	\$ Cost	# of Miles or Days	Total
OAG Sponsored Training							
OAG Sponsored Training		Airfare/Mileage			\$0.00		\$
		Hotel			\$0.00		\$
		Per diem			\$0.00		\$
		Car Rental/Shuttle			\$0.00		\$
		Parking			\$0.00		\$
		Misc./Hotel Tax			\$0.00		\$
Conference Total					\$		\$
Local Travel (Mileage Only)					\$0.00		\$
In-State Travel							
		Airfare/Mileage			\$0.00		\$
		Hotel			\$0.00		\$
		Per diem			\$0.00		\$
		Car Rental/Shuttle			\$0.00		\$
		Parking			\$0.00		\$
		Misc./Hotel Tax			\$0.00		\$
Out-of-State Travel							
		Airfare/Mileage			\$0.00		\$
		Hotel			\$0.00		\$
		Per diem			\$0.00		\$
		Car Rental/Shuttle			\$0.00		\$
		Parking			\$0.00		\$
		Misc./Hotel Tax			\$0.00		\$
Travel Total					\$		\$

FY 2017

8.11(a) FY 2017 OAG SPONSORED TRAINING TRAVEL JUSTIFICATION					
Provide a justification, which relates to the project's goal.					
8.11(b) FY 2017 LOCAL TRAVEL JUSTIFICATION					
Provide a justification, which relates to the project's goal.					
8.11(c) FY 2017 In-State TRAVEL JUSTIFICATION					
Provide a justification, which relates to the project's goal.					
8.11(d) FY 2017 Out-of-State TRAVEL JUSTIFICATION					
Provide a justification, which relates to the project's goal.					
FY 2017	8.12 EQUIPMENT			FY 2017	
		# of Items	Unit Cost of Equipment	% Requested by this OAG Grant	Total
	1.		\$0.00		\$0
	2.		\$0.00		\$0
	3.		\$0.00		\$0
	4.		\$0.00		\$0
	5.		\$0.00		\$0
	6.		\$0.00		\$0
				Equipment Total	\$0
8.12(a) FY 2017 EQUIPMENT NARRATIVE					
Provide a justification, which relates to the project's goal.					
1.					
2.					
3.					
4.					
5.					
6.					

8.13 SUPPLIES		FY 2017			
		Months	Cost	# of Items or Staff	% Requested by this OAG Grant
One Time Purchases:					
1.			\$0.00	0	\$0
2.			\$0.00	0	\$0
3.			\$0.00	0	\$0
4.			\$0.00	0	\$0
5.			\$0.00	0	\$0
6.			\$0.00	0	\$0
7.			\$0.00	0	\$0
General Office Supplies:					
8.		0	\$0.00	0	\$0
9.		0	\$0.00	0	\$0
10.		0	\$0.00	0	\$0
11.		0	\$0.00	0	\$0
12.		0	\$0.00	0	\$0
Supplies Total					\$0
8.13(a) FY 2017 SUPPLIES NARRATIVE					
Provide a justification, which relates to the project's goal.					
FY 2017	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				

8.14 OTHER DIRECT OPERATING EXPENSES		FY 2017				
		# of Staff or Items	Months	Cost	% Requested by this OAG Grant	Total
One Time Purchases:						
1.					\$0	
2.					\$0	
3.					\$0	
4.					\$0	
5.					\$0	
On-going Expenses:						
6.			0		\$0	
7.			0		\$0	
8.			0		\$0	
9.			0		\$0	
10.			0		\$0	
8.14(a) FY 2017 OTHER DIRECT OPERATING EXPENSES NARRATIVE						
Provide a justification, which relates to the project's goal.						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Travel for non-grant funded individuals such as for advisory committees and primary prevention committees. (State Sexual Assault Coalitions Only)						
		# of Trips	# of People	\$ Cost	# of Miles or Days	Total
	Mileage			\$0.00		\$
	Airfare			\$0.00		\$
	Hotel			\$0.00		\$
	Per Diem			\$0.00		\$
	Car Rental/Shuttle			\$0.00		\$
	Parking			\$0.00		\$
	Misc/Hotel Tax			\$0.00		\$
Total Travel for non-grant funded individuals						\$
ODOE Total						\$0

FY 2017

8.14(b) FY 2017 OTHER DIRECT OPERATING EXPENSES NARRATIVE	
Provide a justification, for travel for non-grant funded individuals, which relates to the project's goal.	
Total Budget FY 2017	\$

FY 2018 SAPCS-FEDERAL BUDGET

8.15 PERSONNEL & FRINGE (Position 1 must be the designated full time Primary Prevention Coordinator). All other primary prevention staff must be on the grant a minimum of 8 hours. Organization leaders (e.g. executive directors, program managers) may fall below 8 hours a week.

8.15(a) SALARY FY 2018

	Title of the Position	Name (State if vacant)	Hrs/wk	Hrs/wk on grant	% of Time	Annual Salary	Months	Total
1.					0.00%			\$
2.					0.00%			\$
3.					0.00%			\$
4.					0.00%			\$
5.					0.00%			\$
6.					0.00%			\$
Additional four positions for State Sexual Assault Coalition Applicants Only								
7.					0.00%			\$
8.					0.00%			\$
9.					0.00%			\$
10.					0.00%			\$
Salary Total								\$

8.15(b) FY 2018 POSITION NARRATIVE

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

FY 2018	1.	
	2.	
	3.	
	4.	
	5.	
	6.	
	7.	
	8.	
	9.	
	10.	

Fringe Calculation Method							Calculation Method B					
											Fringe Total	\$0
8.15(c) CALCULATION METHOD A: Fringe is calculated using a percentage of total salaries.												
Position	Title of Position #1	Title of Position #2	Title of Position #3	Title of Position #4	Title of Position #5	Title of Position #6	State Sexual Assault Coalition Only Title of Position #7	State Sexual Assault Coalition Only Title of Position #8	State Sexual Assault Coalition Only Title of Position #9	State Sexual Assault Coalition Only Title of Position #10	Total	
Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
% of Total Salaries Used to Calculate Fringe											0.00%	
Fringe for Total Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
% on Grant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Allowable Fringe	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Requested Fringe (If less than Allowable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
6.8(d) CALCULATION METHOD B: Fringe is not computed by using a percentage of total salaries.												
Position	Title of Position #1	Title of Position #2	Title of Position #3	Title of Position #4	Title of Position #5	Title of Position #6	State Sexual Assault Coalition Only Title of Position #7	State Sexual Assault Coalition Only Title of Position #8	State Sexual Assault Coalition Only Title of Position #9	State Sexual Assault Coalition Only Title of Position #10	Total	
Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Fringe Detail: Include Calculation Method (Percentage or Actual Cost)	Calculation Method B (percentage or actual cost)											
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Fringe for Total Annual Salary	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
% on Grant	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	
Allowable Fringe	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Requested Fringe (If less than Allowable)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
8.16 Request for Exception to SAPCS-Federal Staffing Requirements												
8.16(a) Exception 1: If an SAPCS-Federal Applicant is asking for an exception to the requirement that a minimum of 75% of an Applicant's budget must be allocated to the Personnel and Fringe Benefits budget categories, indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.												
8.17 PROFESSIONAL & CONSULTANT							FY 2018					
Organizational Affiliation				Name			Rate	Specify Unit: Days or Hours	# of Days or Hours	Total		
1.							\$0.00		0	\$		
2.							\$0.00		0	\$		
3.							\$0.00		0	\$		
Professional & Consultant Total										\$		

FY 2018

8.17(a) FY 2018 PROFESSIONAL & CONSULTANT JUSTIFICATION								
Provide a justification, which relates to the project's goal.								
1.								
2.								
3.								
FY 2018	8.18 TRAVEL				FY 2018			
	Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	# of Trips	# of People/ Drivers	\$ Cost	# of Miles or Days	Total
	OAG Sponsored Training							
	OAG Sponsored Training		Airfare/Mileage			\$0.00		\$
			Hotel			\$0.00		\$
			Per diem			\$0.00		\$
			Car Rental/Shuttle			\$0.00		\$
			Parking			\$0.00		\$
			Misc./Hotel Tax			\$0.00		\$
	Conference Total							\$
	Local Travel (Mileage Only)						\$0.00	\$
	In-State Travel							
			Airfare/Mileage			\$0.00		\$
			Hotel			\$0.00		\$
			Per diem			\$0.00		\$
			Car Rental/Shuttle			\$0.00		\$
			Parking			\$0.00		\$
			Misc./Hotel Tax			\$0.00		\$
	Out-of-State Travel							
			Airfare/Mileage			\$0.00		\$
			Hotel			\$0.00		\$
			Per diem			\$0.00		\$
			Car Rental/Shuttle			\$0.00		\$
			Parking			\$0.00		\$
			Misc./Hotel Tax			\$0.00		\$
Travel Total							\$	
8.18(a) FY 2018 OAG SPONSORED TRAINING TRAVEL JUSTIFICATION								
Provide a justification, which relates to the project's goal.								
8.18(b) FY 2018 LOCAL TRAVEL JUSTIFICATION								
Provide a justification, which relates to the project's goal.								
8.18(c) FY 2018 In-State TRAVEL JUSTIFICATION								
Provide a justification, which relates to the project's goal.								

8.18(d) FY 2018 Out-of-State TRAVEL JUSTIFICATION						
Provide a justification, which relates to the project's goal.						
FY 2018	8.19 EQUIPMENT					
	FY 2018					
		# of Items	Unit Cost of Equipment	% Requested by this OAG Grant	Total	
	1.		\$0.00		\$0	
	2.		\$0.00		\$0	
	3.		\$0.00		\$0	
	4.		\$0.00		\$0	
	5.		\$0.00		\$0	
	6.		\$0.00		\$0	
	Equipment Total				\$0	
	8.19(a) FY 2018 EQUIPMENT NARRATIVE					
	Provide a justification, which relates to the project's goal.					
	1.					
2.						
3.						
4.						
5.						
6.						
8.20 SUPPLIES						
FY 2018						
	Months	Cost	# of Items or Staff	% Requested by this OAG Grant	Total	
One Time Purchases:						
1.		\$0.00	0		\$0	
2.		\$0.00	0		\$0	
3.		\$0.00	0		\$0	
4.		\$0.00	0		\$0	
5.		\$0.00	0		\$0	
6.		\$0.00	0		\$0	
7.		\$0.00	0		\$0	
General Office Supplies:						
8.	0	\$0.00	0		\$0	
9.	0	\$0.00	0		\$0	
10.	0	\$0.00	0		\$0	
11.	0	\$0.00	0		\$0	
12.	0	\$0.00	0		\$0	
Supplies Total					\$0	

8.20(a) FY 2018 SUPPLIES NARRATIVE					
Provide a justification, which relates to the project's goal.					
FY 2018	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
	7.				
	8.				
	9.				
	10.				
	11.				
	12.				
8.21 OTHER DIRECT OPERATING EXPENSES					FY 2018
					# of Staff or Items
					Months
					Cost
					% Requested by this OAG Grant
					Total
One Time Purchases:					
1.					\$0
2.					\$0
3.					\$0
4.					\$0
5.					\$0
On-going Expenses:					
6.			0		\$0
7.			0		\$0
8.			0		\$0
9.			0		\$0
10.			0		\$0

8.21(a) FY 2018 OTHER DIRECT OPERATING EXPENSES NARRATIVE						
Provide a justification, which relates to the project's goal.						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Travel for non-grant funded individuals such as for advisory committees and primary prevention committees. (State Sexual Assault Coalitions Only)		# of Trips	# of People	\$ Cost	# of Miles or Days	Total
Mileage				\$0.00		\$
Airfare				\$0.00		\$
Hotel				\$0.00		\$
Per Diem				\$0.00		\$
Car Rental/Shuttle				\$0.00		\$
Parking				\$0.00		\$
Misc/Hotel Tax				\$0.00		\$
Total Travel for non-grant funded individuals						\$
ODOE Total						\$0
8.21(b) FY 2018 OTHER DIRECT OPERATING EXPENSES NARRATIVE						
Provide a justification, for travel for non-grant funded individuals, which relates to the project's goal.						
Total Budget FY 2018						\$