

1. ORGANIZATION			
Unique Application Number (UAN)			
Legal Name of Applicant			
Name of Agency Contact			
Agency Contact's Telephone Number			
Check Box next to Eligibility Type			
<input type="checkbox"/> SAPCS Statewide Program		<input type="checkbox"/> State Sexual Assault Coalition	
		<input type="checkbox"/> Sexual Assault Program	
	Amount Requested		%of Personnel and Fringe Requested
FY 2016	<input type="text" value="\$0.00"/>	<input type="text" value="0%"/>	
FY 2017	<input type="text" value="\$0.00"/>	<input type="text" value="0%"/>	

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

3. DESCRIPTION OF THE ORGANIZATION	
3.1 Give a description of the history of the 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 hierarchy, 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?	
5.3 Provide a description of the work the organization is doing on behalf of sexual assault survivors.	
5.4 How does this work fit into the organization's overall goals and objectives?	

7. COLLABORATIONS

7.1 Describe the benefits realized by victims of sexual assault as a result of the organization's collaboration(s) with other organizations (if your organization collaborates) or through your organization alone (if your organization does not collaborate).

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7.2 Provide a list of the organizations and community groups, including the type (law enforcement agency, SART, advocacy center, hospital, task force, etc.) with which the applicant collaborates for the purpose of supporting or assisting victims of sexual assault.

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8. Statewide Programs Only: Describe your efforts to maintain or expand existing services offered by sexual assault programs; improve services to survivors; or other activities consistent with Texas Government Code 420.

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9. State Sexual Assault Coalitions Only: Has your organization been identified as a State Sexual Assault Coalition by a State or Federal Agency? (Yes/No)

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10. Sexual Assault Programs Only: Questions 10-16 are to be answered by Sexual Assault Programs.

10.1 Is the applicant organization focused on serving sexual assault survivors? (Yes/No)

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10.2 Is the unit within the applicant organization, for which you are applying, focused on serving sexual assault survivors? (Yes/No)

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11. 24-HOUR CRISIS HOTLINE	
11.1 How is it staffed (by volunteers, advocates, etc.)?	
11.2 Is the hotline staffed 24 hours a day, forwarded to a shelter, or forwarded to an answering service?	
11.3 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2015? (Yes/No)	
11.4 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2015 to adult survivors of sexual assault across all of the following types: stranger, acquaintance and familial? (Yes/No)	

12. CRISIS INTERVENTION	
12.1 By whom is crisis intervention provided (counselors, advocates, etc.)?	
12.2 How is crisis intervention provided (In person, by telephone, etc.)?	
12.3 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2015? (Yes/No)	
12.4 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2015 to adult survivors of sexual assault across all of the following types: stranger, acquaintance and familial? (Yes/No)	

13. PUBLIC EDUCATION	
13.1 By whom is public education provided (School Educator, Advocate, etc.)?	
13.2 When public education is provided is it by request or through solicitation?	
13.3 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2015? (Yes/No)	

14. ADVOCACY	
14.1 By whom is advocacy provided (advocates, volunteers, etc.)?	
14.2 Does the organization have staff, volunteers, or other collaborations that will allow 24 hours availability to provide this service?	
14.3 Describe the advocacy efforts.	
14.4 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2015? (Yes/No)	<input type="checkbox"/>
14.5 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2015 to adult survivors of sexual assault across all of the following types: stranger, acquaintance and familial? (Yes/No)	<input type="checkbox"/>

15. ACCOMPANIMENT	
15.1 By whom is accompaniment provided (advocates, volunteers, etc.)?	
15.2 Does the organization have staff, volunteers, or other collaborations that will allow 24 hours availability to provide this service?	
15.3 Describe the accompaniment efforts.	

16. CRISIS INTERVENTION VOLUNTEER TRAINING
16.1 Describe how the crisis intervention volunteer training impacts the skills of volunteers interacting with victims of sexual assault, specifically regarding assistance provided to a victim of sexual assault to reduce stress and provide immediate, short-term support.
16.2 By whom is this training provided (Volunteer Coordinator, Advocate, etc.)?
16.3 How many times per year is this training provided?
16.4 What is the length of the training in hours?

16.5 How many volunteers per year are trained?	
16.6 Will the organization have offered or provided this sexual assault service for the nine months prior to September 1, 2015? (Yes/No)	
17. STATE AND FEDERAL FUNDS EXPERIENCE	
YEARS	
17.1 How many years of experience does the organization have in managing state or federal grant funds?	

16. OUTPUT TARGET CATEGORIES	Grant Funded Personnel listed in Section 17 of TAB C		Professional/Consultant listed in Section 18 of TAB C	
	OUTPUT TARGET		OUTPUT TARGET	
	FY 2016	FY 2017	FY 2016	FY 2017
OUTPUT TARGET CALCULATION				
DIRECT VICTIM SERVICES				
Number of Unique Victims Served				
FACE-TO-FACE SERVICES				
Assistance with Crime Victims' Compensation Information & Referral				
Assistance with Texas SAVNS				
Assistance with Victim Impact Panels				
Assistance with Victim Impact Statements				
Counseling Services (Individual Counseling)				
Criminal Justice Accompaniment				
Crisis Intervention				
Law Enforcement Accompaniment				
Lodging				
Medical Accompaniment				
Peer Support Services				
Support Groups				
Therapeutic Groups				
Transportation				
Additional Advocacy on behalf of a sexual assault victim to a Third Party Provided Face-to-Face or by Telephone				
Victim Advocacy				
TELEPHONE SERVICES				
Crisis Intervention (by telephone)				
Hotline Calls From/About Victims of Sexual Assault				
Sexual Assault Hotline Call				
TRAINING AND OUTREACH				
Professional Training Participants				
Professional Training Presentations				
Public Education Participants				
Public Education Presentations				
Structured Education Participants				
Structured Education Presentations				
Volunteer Training Participants				
Volunteer Training Presentations				

17. PERSONNEL & FRINGE								
Title of Position	Sched- uled to work	Schedul ed 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.
FY 2016		HOURS PER WEEK				SALARY		
1.		0					\$ -	0.00%
2.		0					\$ -	0.00%
3.		0					\$ -	0.00%
4.		0					\$ -	0.00%
5.		0					\$ -	0.00%
6.		0					\$ -	0.00%
							\$ -	
FY 2017		HOURS PER WEEK				SALARY		
1.		0					\$ -	0.00%
2.		0					\$ -	0.00%
3.		0					\$ -	0.00%
4.		0					\$ -	0.00%
5.		0					\$ -	0.00%
6.		0					\$ -	0.00%
							\$ -	
17.1 FY 2016 POSITION NARRATIVE								
Provide a justification, which relates to the project's goal.								
1.								
2.								
3.								
4.								
5.								
6.								

17.2 FY 2017 POSITION NARRATIVE

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

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

17.3 REQUEST FOR EXCEPTION TO SAPCS-STATE REQUIREMENTS

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

18. PROFESSIONAL & CONSULTANT SERVICES

		FY 2016		
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 Compensation	Cost
1			\$ -	\$ -
2			\$ -	\$ -
3			\$ -	\$ -
4			\$ -	\$ -
5			\$ -	\$ -
6			\$ -	\$ -
				\$ -

18.1 FY 2016 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE

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

18.2 FY 2017 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE

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





19. TRAVEL					
			FY 2016		
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
OAG Sponsored Training					
OAG Sponsored Training		Airfare/Mileage	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -
		TOTAL			
Additional Training					
		Airfare/Mileage	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -
		TOTAL			
Additional Training					
		Airfare/Mileage	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -
		TOTAL			
Additional Training					
		Airfare/Mileage	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -
		TOTAL			
Additional Training					
		Airfare/Mileage	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -
		TOTAL			
Additional Training					
		Airfare/Mileage	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	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
Local Travel (Mileage Only)		Mileage		\$ -	\$ -
					\$ -

19.1 FY 2016 TRAVEL NARRATIVE

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

19.2 FY 2017 TRAVEL NARRATIVE

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

20. EQUIPMENT

Item	FY 2016		
	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -

20.1 FY 2016 EQUIPMENT NARRATIVE

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

20.2 FY 2017 EQUIPMENT NARRATIVE

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

21. SUPPLIES			
Item	FY 2016		
	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
21.1 FY 2016 SUPPLIES NARRATIVE			

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

21.2 FY 2017 SUPPLIES NARRATIVE

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

22. OTHER DIRECT OPERATING EXPENSES (ODOE)			
Item	FY 2016		
	Total Cost of ODOE	% Requested by this OAG Grant	Cost Requested by this OAG Grant
OAG Sponsored Training Registration			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
22.1 FY 2016 OTHER DIRECT OPERATING EXPENSES NARRATIVE			

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

22.2 FY 2017 OTHER DIRECT OPERATING EXPENSES NARRATIVE

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

23. PROJECT SUMMARY
23.1 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 sexual assault victims by providing [types of] services in [geographic locations]."

24. PROBLEM STATEMENT
24.1 Provide a brief description of the sexual assault related issue(s) this project is designed to address.

25. SUPPORTING DATA
25.1 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.

26. PROJECT GOAL
26.1 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: Specific, Measurable, Achievable, Realistic and Timely.

27. OUTPUTS		
27.1 OUTPUT ASSESSMENT AND EVALUATION		
27.2 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.		
27.3 OUTPUTS SUMMARY	OUTPUT TARGET	
DIRECT VICTIM SERVICES	FY 2016	FY 2017
Number of Unique Victims Served	0	0
FACE-TO-FACE SERVICES		
Assistance with Crime Victims' Compensation Information & Referral	0	0
Assistance with SAVNS	0	0
Assistance with Victim Impact Panels	0	0
Assistance with Victim Impact Statements	0	0
Counseling Services (Individual Counseling)	0	0
Criminal Justice Accompaniment	0	0
Crisis Intervention	0	0
Law Enforcement Accompaniment	0	0
Lodging	0	0
Medical Accompaniment	0	0
Peer Support Services	0	0
Support Groups	0	0
Therapeutic Groups	0	0
Transportation	0	0
Additional Advocacy on behalf of a sexual assault victim to a Third Party Provided Face-to-Face or by Telephone		
Victim Advocacy	0	0
TELEPHONE SERVICES		
Crisis Intervention (by telephone)	0	0
Hotline Calls From/About Victims of Sexual Assault	0	0
Sexual Assault Hotline Call	0	0
TRAINING AND OUTREACH		
Professional Training Participants	0	0
Professional Training Presentations	0	0
Public Education Participants	0	0
Public Education Presentations	0	0
Structured Education Participants	0	0
Structured Education Presentations	0	0
Volunteer Training Participants	0	0
Volunteer Training Presentations	0	0

28. OUTCOMES	
SELECT ONLY TWO (2) OUTCOMES TO BE MEASURED BY YOUR PROJECT	
A. DIRECT SERVICE OUTCOMES	
	Outcome Target %
<input type="checkbox"/> Increase in knowledge of sexual assault victims' rights.	
<input type="checkbox"/> Increase in knowledge of community resources and services.	
Direct Service Outcome Instrument: 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 %
<input type="checkbox"/> Increase in knowledge of sexual assault victims' rights.	
Professional Training Outcome Instrument: 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 %
<input type="checkbox"/> Increase in knowledge of community resources and services.	
Community Education Outcome Instrument: 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)	

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

29.1 Continued:
29.2 Describe how these activities will help to reach the project's goal.

30. COMMUNITY RESOURCES		Yes/No
30.1 Is collaboration with one or more outside organizations required to achieve specific project activities in the detailed implementation plan?		
30.2 Do these collaborations currently exist?		
30.3 Describe why these agreements are required.		

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

33. BUDGET						
PERSONNEL		% of Positi- ons	Hrs./Week	FY 2016 Requested	FY 2017 Requested	Total Project Cost
Description						
		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				\$	\$	\$