

# CVAF Grant Application

Agency Name

Agency City

Primary Contact for Grant Project/Program \*

First Name

Last Name

Email address for Primary Contact \*

email@example.com

Phone Number for Primary Contact \*

## State Crime Victims' Assistance Fund (CVAF)

The CVAF Award Requested amount must not exceed \$ 32,500 for Award and \$ 10,833 for Match. The Match amount must equal 25% of the TOTAL CVAF PROJECT AMOUNT. CVAF Requested Amount plus the Match Amount = Total Project Amount. (Hint: an efficient way to calculate the CVAF Match Amount is to divide the CVAF Award Requested Amount by three).

Our agency has been notified by the Governor's Division of the Budget that grant funds comprised of State General Fund dollars could be reduced in SFY 2122. Other grant funds could also be impacted by a reduction in their funding streams as well. If your agency received a grant in the previous state fiscal year and is requesting funds for continuation of the same grant project, it is strongly suggested to limit your requested grant amount to the same or a lesser amount than you received last year. NOTE: there is no guarantee that your full request will be awarded. To view the total amount and awards received last year, please visit the Victim Services Grant Program website at <https://ag.ks.gov/victim-services/grants>

The CVAF Grant funding is usually limited to three years and is for innovative projects. Funds may be utilized to increase, enhance or expand an existing grant project as well as create innovative new grant projects to provide services to victims of crime. CVAF grant projects should not be viewed as an entitlement project, but rather, short-term support for new or expanded innovative grant project activities.

**Amount Requested \***

\$  USD

**Brief Description of the CVAF (Crime Victims' Assistance Fund) Grant Project**

Limit: 100 words

Please list all sources of the grant match and what type it is (cash, volunteers, equipment donation, other service donation, etc.) and the amount.

Source of Match	Type of Match	Amount of Match
		0

**Did you receive CVAF funding last year? \***

- Yes
- No

Please upload your 3rd Quarter PNR if available. (Do not upload any other quarters).

Upload a file. No files have been attached yet.

Acceptable file types: .doc, .docx, .pdf, .xls, .xlsx

This will be used by the grant review committee to see progress toward 2021 project goals and objectives. Do **not** upload Q2.

**Will the grant funds awarded be used for an existing project/program or a new project/program? \***

- Existing Project/Program: continue existing grant project or program currently funded with grant funds
- New Project/Program: Create a new project, program, or service activity not previously funded with grant funds

New projects will require additional forms and questions to be completed.

- Needs Assessment
- Duplication of Services
- Under served populations
- Reaching under served populations
- Process for reaching victims with limited English proficiency
- Community Partners
- Letters of support

**Check county or counties served by this grant funding.**

**Check State Judicial Districts served by this grant.**

**Please describe how you will seek other sources of funding to continue this grant project after the 3 year grant cycle concludes. How will your grant project continue to function in 3 years without State CVAF Funding?**

Limit: 200 words

**Upload the Project Budget Narrative.**

Choose File

Upload a file. No files have been attached yet.

Acceptable file types: .csv, .doc, .docx, .odt, .pdf, .rtf, .txt, .wpd, .wpf, .gif, .jpg, .jpeg, .png, .svg, .tif, .tiff

**This form may be download from the OAG website or using this link** (<https://ag.ks.gov/docs/default-source/forms/victims-grants/2022-project-budget-narrative-cvaf-and-match.xlsx>).

**Proposed Grant Project Goals and Objectives**

New Projects or Agencies: Please provide goals that are consistent with the needs statement.

Objectives: Must be SMART. Specific, Measurable, Attainable, Relevant, and Time Limited. The objectives will be used on quarterly reports to measure progress of the project.

List the objectives to be accomplished in order to reach each goal.

Sample Goal: The agency will provide child victim and family services in a neutral, child-focused and culturally sensitive location.

Sample Objective: Provide forensic services for approximately 175 victims of sexual, physical, and/or emotional abuse.

## Goal #1

Limit: 200 words

### Objective 1.1 \*

Limit: 300 words

### Data provided to the OAG, person(s) responsible, tasks, and timeframe. \*

Limit: 300 words

### Objective 1.2

Limit: 300 words

### Data provided to the OAG, person(s) responsible, tasks, and timeframe.

Limit: 300 words

### Objective 1.3

Limit: 300 words

### Data provided to the OAG, person(s) responsible, tasks, and timeframe.

Limit: 300 words

## Goal #2

Limit: 200 words

### Objective 2.1

**Data provided to the OAG, person(s) responsible, tasks, and timeframe.**

Limit: 300 words

**Objective 2.2**

Limit: 300 words

**Data provided to the OAG, person(s) responsible, tasks, and timeframe.**

Limit: 300 words

**Objective 2.3**

Limit: 300 words

**Data provided to the OAG, person(s) responsible, tasks, and timeframe.**

Limit: 300 words

**Goal #3**

Limit: 200 words

**Objective 3.1**

Limit: 300 words

**Data provided to the OAG, person(s) responsible, tasks, and timeframe.**

### Objective 3.2

Limit: 300 words

Data provided to the OAG, person(s) responsible, tasks, and timeframe.

### Objective 3.3

Data provided to the OAG, person(s) responsible, tasks, and timeframe.

**Project Staffing Pattern and Project Coordination (see description below) \***

- Describe the staffing pattern that will meet the proposed grant project goal(s), objectives, and evaluation. Describe grant funded job duties or functions of personnel listed, noting any new duties and functions to be done as a result of the grant.
- Include persons responsible for achieving objectives and the supervisors of the individuals, who may not be grant-funded employees.
- Include all staff responsible for monitoring and evaluating the proposed grant project's progress.
- Use the official "Position Title" for each employee. The "Position Title" and the "Employee's Name" in that position must be consistent throughout the entire grant application and all attachments. If the position is vacant, please specify as "Vacant".
- State how the proposed grant project will coordinate with existing agencies and local resources for the population to be served.

**Project Monitoring (see description below) \***

Limit: 300 words

- Describe the procedure for monitoring the proposed grant project.
- Who will track the proposed grant project throughout the grant project period?
- What data will be collected?

- How will the information that is monitored be used to encourage success of the proposed grant project?

## Project Evaluation

Limit: 300 words

- Describe the criteria that will be used to evaluate the effectiveness and quality of services provided through the proposed grant project.
- The evaluation should be designed to provide an objective assessment of the effectiveness or input of the proposed grant project.
- Specify the procedures to be used and how the information/data collected will be used to improve the proposed grant project.
- At a minimum, explain how the proposed objectives will be measured and how it will be determined whether the grant project is effectively and efficiently reaching the proposed goal(s) and objectives.

**By submitting this grant application, I certify that I am a representative of the \* above listed agency and am authorized to submit this grant application on their behalf. I further declare that I have shared the application, its attachments, and budgets with the appropriate management and board members for their review and approval. All information is accurate and correct to the best of my knowledge. Should a discrepancy be discovered, I will notify the Office of the Attorney General Victim Services Division immediately.**

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