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**SEXUAL ASSAULT SERVICES PROGRAM (SASP)**

**COMPETITIVE FUNDING APPLICATION:**

**LOCAL CONTRACTORS/SUB-GRANTEES**

**Federal Fiscal Year 2018**

**October 1, 2018-September 30, 2019**

*Due March 15, 2018 at 5:00pm*

Directions:

Please submit this completed application to NCCASA at [sasp@nccasa.org](mailto:sasp@nccasa.org). If you need to fax the application rather than email it, please contact Megan Clarke, Director of Statewide Capacity, at [megan@nccasa.org](mailto:megan@nccasa.org) or 919-871-1015. Incomplete or late applications will not be accepted. Completion of this application does not guarantee funding. If you have any questions about completing this application, you can contact Megan Clarke at [megan@nccasa.org](mailto:megan@nccasa.org). We will try, but cannot guarantee that we will be able to answer questions about applications after March 8.

SASP Overview and Project Eligibility

The purpose of SASP is to help support rape crisis centers and other nonprofit, nongovernmental organizations or tribal programs that provide **core services, direct intervention, and related assistance** to victims of sexual assault. Awards of approximately **$22,167** will be made to up to 21 eligible organizations.

SASP funding can be used to support:

* Advocacy, defined as any services, assistance, or resources provided to survivors of sexual violence to support them in meeting their goals for healing, safety, and accountability (could include individual support services, support groups, case management, therapeutic services, accompaniment, etc.)
* Services for adult, youth, and child victims of sexual assault
* Services for secondary survivors impacted by sexual assault (family and household members, friends, coworkers, classmates of victims)

Please review the SASP 2018 Announcement, which can be found at <http://www.nccasa.org/blog/sasp-2018-2019-grant-solicitation-now-open> for further description of program eligibility, allowable activities, and selection criteria.

Organization and Project Overview

Organization Name:

Address:

Phone:

Federal Tax ID:

County or counties that will be included in this project:

Priority (please check one):

Core sexual assault services

Innovative programming

Improving accessible services for marginalized and underserved communities

*If applying under this priority, please identify the community/ies that your project focuses on:*

Is this a continuation project *(any project currently funded by SASP and seeking continued funding)*?

Yes

No

Are you a rape crisis center or other non-profit, nongovernmental organization or tribal program that provides direct intervention and related assistance to sexual assault survivors?

Yes

No

Do you provide services to sexual assault victims of all ages?

Yes

No

If no, explain:

Have you been in operation since July 1, 2017 and continue to be in operation?

Yes

No

Do you have a current and valid Charitable Solicitation License or Letter of Exemption on file with the NC Secretary of State’s Office? *(You do not need to provide a copy of the agency’s Charitable Solicitation License (CSL) or exemption letter to NCCASA at this time.)*

Yes

No

Does your agency engage in or have in place any of the following? Check all that apply.

Procedures or policies that exclude victims from receiving safe shelter, advocacy services, counseling, and other related assistance based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children

Procedures or policies that compromise the confidentiality of information and privacy of persons receiving services

Policies that deny individuals access to services based on their relationship to the perpetrator

Policies or practices that impose restrictive conditions to be met by the victim in order to receive services (e.g. mandatory counseling, seeking an order for protection)

Policies that require the victim to report the sexual assault to law enforcement

Project Narrative

Problem statement: What gaps or barriers to providing sexual assault services will this project address? Why did you decide to prioritize these particular issues? *(maximum 1500 characters)*

Project Activities: If funded, what activities will you use SASP funding to complete? *(maximum 1500 characters)*

Project Timeline: This project will run from October 2018-September 2019. What is your planned timeline for completing the above project activities? *(maximum 1500 characters)*

Project Goal(s): What positive changes will you accomplish through this project? What will be different at the end of this project? *(maximum 1000 characters)*

Performance Measures: How will you know that you have achieved this/these goal(s)? What numbers, stories, narratives, etc. will you keep track of to measure your progress?

*(maximum 1000 characters)*

Project Narrative: Core Sexual Assault Services Projects and Innovative Programming Projects Only

*Please only answer questions in this section if you checked the box above for a Core Sexual Assault Services Project or an Innovative Programming Project.*

Partners: What partners will you collaborate with to ensure the success of this project? How will you collaborate with these partners? What are your relationships like with these partners currently? *(maximum 1000 characters)*

*\* If you have documentation (e.g., Memoranda of Understanding) with these partners, you can include these in your application as optional email attachments. Please do not submit documentation for all community partners, but only for those relevant to the purpose and goals of this project.*

Accessibility and equity: How do you plan to work toward making the services provided through this grant accessible and relevant to all survivors in your community, including communities that are underserved by mainstream rape crisis centers (e.g., people whose first language is not English, people who are LGBTQ+, people of color, immigrants, people with disabilities, etc.)? *(maximum 1000 characters)*

Project Narrative: Improving Accessible Services for Marginalized and Underserved Communities Projects Only

*Please only answer questions in this section if you checked the box above for an Improving accessible services for marginalized and underserved communities project.*

Partners: What agencies provide culturally-specific services, support, community connection, and/or organizing opportunities with and for the community/ies that this project focuses on? How will you collaborate with these agencies to plan and implement this project? What are your relationships like with these agencies currently? *(maximum 1000 characters)*

*\* If you have documentation (e.g., Memoranda of Understanding) with these partners, you can include these in your application as optional email attachments. Please do not submit documentation for all community partners, but only for those relevant to the purpose and goals of this project.*

Project Narrative: Continuation Projects

*Please only answer questions in this section if your project is a Continuation project (any project currently funded by SASP and seeking continued funding).*

For how long have you received SASP funding for this particular project?

Previous project outcomes: What positive changes have you been able to accomplish with the SASP funding you have already received for this project? What outcomes do you anticipate by the end of your current project year? *(maximum 1000 characters)*

Lessons learned: What lessons have you learned from the SASP funding you have already received (or are currently receiving) for this project? How will you continue to build on those lessons, and how will those lessons impact how you structure the project moving forward? *(maximum 1000 characters)*

Current Sexual Assault Services

*It is a priority of NCCASA to use SASP funding to support programs to continue building strong, comprehensive sexual assault services. This section will help grant scorers understand your current service provision as well as possible areas where this funding could support strengthening or rebuilding. Please answer honestly- not currently having comprehensive services, high service numbers, or clear processes for survivor feedback will not make your program ineligible for this funding.*

Please list the current sexual assault services your agency provides. *(maximum 1000 characters)*

How many sexual assault clients did you serve last fiscal year?

Please provide current and specific demographic information and service numbers about the people *your agency* currently serves. Please emphasize data specific to your program’s service areas as opposed to national data. *(maximum 1000 characters)*

How do you engage survivors for feedback on your agency and services? Did that feedback influence planning for this project? If so, how? *(maximum 1000 characters)*

Does your agency engage in or have in place the following Fundamental Elements of Accessibility? Check all that apply.

Staff and volunteers are trained in basic disability awareness.

Intake process includes procedures for screening, referral, and/or the delivery of services to victims with disabilities.

Staff and volunteers provide accessible communication to clients with disabilities.

Hotline staff and volunteers are trained to use Telecommunications Relay Service.

Printed information is accessible for clients with disabilities.

Buildings are physically accessible for clients with disabilities or the agency has a plan with identified options or alternate accessible locations to provide services.

Agency is welcoming of service animals and personal care assistants.

Staff and volunteers advocate for accommodations during legal proceedings for sexual violence survivors with disabilities.

Staff and volunteers advocate for accommodations during medical care for sexual assault survivors with disabilities.

Disability-related assistance or accommodations are provided free of charge.

Budget

*Please complete the budget form below.The budget items included are examples/suggestions. You may add or leave blank any line items depending on the budget needs of your project/organization. If you have any questions about completing this budget, please contact Megan Clarke at* [*megan@nccasa.org*](mailto:megan@nccasa.org)*. We will try, but cannot guarantee that we will be able to answer questions about applications after March 8.*

***Programs can apply for up to $22,167 total project budget.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget Item** | **Quantity** | **Unit cost** | **Total** |
| **PERSONNEL** | | | |
| Salary: |  |  | $ |
| Salary: |  |  | $ |
| Salary: |  |  | $ |
| Fringe benefits: FICA (7.65%) |  |  | $ |
| Fringe benefits: Unemployment |  |  | $ |
| Fringe benefits: Retirement |  |  | $ |
| Fringe benefits: Medical |  |  | $ |
| Fringe benefits: Hospitalization |  |  | $ |
| Fringe benefits: Dental |  |  | $ |
| Fringe benefits: Long term disability |  |  | $ |
| Fringe benefits: Short term disability |  |  | $ |
| Fringe benefits: Workers Comp |  |  | $ |
| Fringe benefits: Life insurance |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **CONTRACTUAL**  ***(Contractor salaries cannot exceed the Federal rate of $650/day or $81.25/hour.)*** | | | |
| Contractor: |  |  | $ |
| Contractor: |  |  | $ |
| Contractor: |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **TRAVEL**  ***(All travel costs must follow state rates, listed below\*.)*** | | | |
| Trainings/meetings: In-state mileage |  |  | $ |
| Trainings/meeting: In-state lodging |  |  | $ |
| Trainings/meetings: In-state per diem (meals) |  |  | $ |
| Out-of-state travel: Air fare |  |  | $ |
| Out-of-state travel: Baggage fees |  |  | $ |
| Out-of-state travel: Ground transportation |  |  | $ |
| Out-of-state travel: Lodging |  |  | $ |
| Out-of-state travel: Per diem (meals) |  |  | $ |
| Training/conference registration fees |  |  | $ |
| Client transport: In-state mileage |  |  | $ |
| Client transport: Bus passes/taxi |  |  | $ |
| Travel to assist clients: In-state mileage |  |  | $ |
| In-state parking fees |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **SUPPLIES/OPERATING** | | | |
| Promotional materials |  |  | $ |
| Office supplies |  |  | $ |
| Copier/printer |  |  | $ |
| Postage |  |  | $ |
| Communications (phone, internet, etc.) |  |  | $ |
| Rent |  |  | $ |
| Utilities |  |  | $ |
| Audit |  |  | $ |
| Insurance |  |  | $ |
| Dues and memberships |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **EQUIPMENT** | | | |
| Computer |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |

|  |  |
| --- | --- |
| Total Personnel | $ |
| Total Contractual | $ |
| Total Travel | $ |
| Total Supplies/Operating | $ |
| Total Equipment | $ |
| **TOTAL PROJECT BUDGET** | **$** |

*\*State Rates for Travel*

In-State Mileage: $0.535 per mile

|  |  |  |  |
| --- | --- | --- | --- |
| In-State Out-of-State | | |  |
| Breakfast | $ 8.30 | $ 8.30 |  |
| Lunch | $ 10.90 | $ 10.90 |  |
| Dinner | $ 18.70 | $ 21.30 |  |
| Lodging | $ 67.30 | $ 79.50 |  |
| Total | $ 105.20 | $ 120.00 |  |

Budget Justification

Personnel positions: What role(s) will the positions listed in the personnel category in the budget have for this specific project? *(maximum 1000 characters)*

*\*Applicants must include job descriptions for all personnel positions that are included in this grant as email attachments.*

Contractual positions: What role(s) will the positions listed in the contractual category in the budget have for this specific project? *(maximum 1000 characters)*

*\*Applicants must include job descriptions for all contractual positions that are included in this grant as email attachments.*

Travel budget: What is the purpose and benefit of the travel items listed in the budget? *(maximum 1000 characters)*

Supplies/Operating budget: What is the purpose of items listed in the supply category in the budget? (Food and beverages are unallowable expenses per the Office of Justice Programs.) *(maximum 1000 characters)*

Equipment budget: What is the purpose of items listed in the equipment category in the budget? *(maximum 1000 characters)*

Application Checklist

Please email all of the following in one email to [sasp@nccasa.org](mailto:sasp@nccasa.org).

Completed application, with all sections completed relevant to the priority selected

Job descriptions for all personnel positions included in this grant

Job descriptions for all contractual positions included in this grant

Documentation outlining your agency relationships with partners relevant to the purpose and

goals of this project (*optional*)

Thank you for applying for a 2018-2019 SASP project!

NCCASA will notify successful applicants by a letter that sets forth the amount of funds granted, any modifications required for funding, the terms and conditions of the grant, and the effective date of the grant. Awardees will receive notification by June 30, 2018.