

**OREGON DEPARTMENT OF JUSTICE
CRIME VICTIM AND SURVIVOR SERVICES DIVISION**



**2021 - 2023 JOINT NON-COMPETITIVE GRANT FUNDS
REQUEST FOR APPLICATIONS (RFA)**

E-GRANTS FORM INSTRUCTIONS

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FY 2021 - 2023 JOINT NON-COMPETITIVE APPLICATION INSTRUCTIONS

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FORM A: Cover Page

- 1. Organization Certification.** Please certify that the information included under the “Organization Information” and “Organization Members” sections of E-Grants are all complete and accurate. Please ensure that the appropriate people have access to this application, including those who will need access to the corresponding reports. Information on how to make any necessary changes can be found in the CVSSD E-Grants Applicant User Guide.

The Civil Rights Training Certification is required to be uploaded in Organizational Details **every two years**. If you have not updated the civil rights training requirements within the last two years, information to fulfill this requirement can be found [here](#). **This requirement must be complete before signing the Grant Agreement.**

The Whistleblower Protection Certification is required. All applicants must certify that they are in compliance with federal whistleblower protection requirements (41 U.S.C. 4712), including informing employees of their rights and remedies. Applicants must complete and upload the Whistleblower Certification at least once every two years. **This requirement must be complete before signing the Grant Agreement.**

Applicants must agree to send at least one representative to the applicable required training event hosted by CVSSD. Though not required, costs may be included in the application budget.

- 2. Applicant Information.** Questions a, c, f, g, j, and l will automatically populate from the information entered in “My Organization”. If any of this information is incorrect, please contact CVSSD staff to have corrections made.
 - a. Physical address of the applicant:** Enter the physical address of the applicant. If this location is confidential, enter "confidential" instead.
 - b. Additional county(ies) served:** Add all counties being served by this applicant.
 - c. Congressional District(s) served:** Refers to Oregon’s Congressional Districts 1, 2, 3, 4, or 5. Include all that are covered by your service area. This is a federal requirement. The Congressional District map is available next to the question.
 - d. SAM expiration date:** Provide the expiration date of the SAM. A current registration in the System for Award Management (SAM) database is required for all federal fund recipients (VAWA, VOCA, FVPSA). The SAM database is the repository for standard information about federal financial assistance applicants, recipients, and sub-recipients. Verify whether the applicant agency is already registered with the SAM. Applicants must update or renew their SAM registration **at least once per year** to maintain an active status. **Prior to a grant agreement being issued from this application, all programs meeting this criteria requirement must provide [proof of a current SAM](#).**
 - e. Contact person:** Refers to the name of the contact person for this grant application; the contact person is the individual who will be responsible for the day-to-day management and program reporting for the grant.

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- f. **Fiscal contact:** Refers to the name of the fiscal contact for this grant application; the fiscal contact is the individual who will be responsible for the preparation and submission of the financial reports for the grant based on agency fiscal records.
 - g. **Website address:** Refers to the applicant agency or program's website address (if applicable).
3. **Faith-based organization.** Click yes or no if the organization is faith-based.
 4. **Returning or new applicants.** Check yes or no if the organization applied for or received Joint Funds in the previous biennium.
 5. **Total staff.** Indicate the **total** number of all paid staff for all victim programs and/or services. Count each staff member once regardless of FTE. Part time staff members are to be counted as one full staff member. Do not prorate based on FTE.
 6. **Application for funds.** This is auto populated. Double check that CVSSD has properly matched this question to the allocation table connected with this application.
 7. **Organization/program type.** This is auto populated. Double check that CVSSD has properly answered this question on behalf of the organization/program type.

FORM B. Staff Roster

All applicants must complete the Staff Roster. The link in Form B provides the applicant immediate access to view the Staff Roster. No edits can be made to the Staff Roster report from this page; to make edits to the Staff Roster applicants need to access the roster under "My Organization". Select "My Organization" at the top of the page, then select the applicant organization on the page, then select "Organization Details" to access the Staff Roster form.

Be sure to complete all of the required fields (marked with *) for each staff person on the Staff Roster. This is a multiple page form. Click on the "Add" button to create a new page to add additional staff.

Staff roster information for any unfilled positions, including soon to be hired, must be completed during the application process by entering "vacant" in the name field and any other known information (title, job description, funding for the position). The Staff Roster must be updated at the time of hire. The staff roster includes the following information: Staff person's name, start date, date vacated and job title. Other information includes:

- **Date vacated.** For staff members on the Roster who are no longer employed, enter the end date. Do not delete their information. If your list is long, you may devise a system, such as add a "z" or other note before their name so that those pages go to the bottom of your list.
- **Bicultural/Bilingual.** Please indicate bicultural and/or bilingual followed by the specific cultural capacity and language capacity.

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- **Job description.** Upload the job description for each staff member funded by DHS or CVSSD grants.
- **Funding for the position.** All funding sources supporting the entire FTE of the grant-funded position should be included on this table. Check to see that the FTE reported here coincides with the FTE on the grant budget page.
- **Training received.** Direct service staff, volunteers and interns must comply with the [training requirements](#). Review them carefully before completing the Staff Roster section. Be sure to include the total number of hours of each training attended.
- **SVAA training requirement.** SVAA (State Victim Assistance Academy) is optional for Joint Application grantees. It is training for victim service providers, both nonprofit and government based, and provides a foundation to victim services and advocacy. Either 'no' or 'NA' are acceptable responses.
- **Training requirement for domestic violence/sexual assault victim service providers.** Staff and volunteers who provide direct services as certified advocates with privileged confidentiality or without such certification must complete the required 40-hour training *prior* to having unsupervised contact with survivors.

Also, any advocates who had completed the 40-hour training prior to October 2015 must have the two-hour training on confidentiality, advocate privilege, and HB 3476.

If 'yes' is checked, enter the date the requirement was met. If 'no' is checked, have a plan for staff to meet this requirement.

When you have completed the Staff Roster in the *Organization Details* section, check the box in **Form B** to certify that the Staff Roster is complete and accurate.

The CVSSD E-Grants system calculates FTE (full time equivalent) by combining both salary and personnel expenses (benefits). Applicants use the same method of calculating FTE on the Staff Roster. FTE is calculated using the formula:

$$\frac{\text{Grant Funded Salary} + \text{Grant Funded Personnel Expenses}}{\text{Total (1 FTE) Salary} + \text{Total (1 FTE) Personnel Expenses}}$$

Example: \$33,750 (salary) + \$12,487.50 (personnel expenses) = \$46,237.50. \$45,000 (total salary for 1 FTE) + \$16,650 (total personnel expenses for 1 FTE) = \$61,650
$$\$46,237.50 \div \$61,650 = .75 \text{ FTE}$$

FORM C: Governing Body Roster and Information

Non-profit organizations must complete the Governing Body Roster. Tribal Nations are not required to enter information on the Governing Body Roster but may choose to enter governing leaders or the individuals specifically designated to provide oversight of the funding. All applicants must **respond to questions #1-#3 on Form C** as completely and concisely as possible.

The Governing Body Roster can be found under *My Organization* (on the top menu bar), in the *Organization Details* section.

- Non-profit organizations must list members of the Board of Directors or other controlling body. Documentation of training is required for the members who are listed.

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- Programs within larger non-profit organizations must list specific members of the governing body who provide oversight of the grant-funded program. Documentation of training is required for the members who are listed.

The Governing Body Roster includes the information such as: Name of board member, office held, address, phone number, email address, affiliation, etc. Add a page on the roster for each member of the governing body. Add as many pages as necessary. All questions on this page pertain to the individual identified. Affiliation could be their place of employment or a connection to a group or service that is relevant to the applicant. It is important to add the year the member joined and resigned. State the term end date.

For training received, enter the training topic and date received by the individual. Governing body members must have a minimum of 12 hours of training during the first year of the leadership role. Two (2) of the 12 hours of training must be on confidentiality and advocate-victim privilege. The 12-hour required training must include information on:

- Domestic violence, sexual assault, dating violence, and stalking;
- Anti-oppression, anti-racism and cultural responsiveness;
- State and federal funding requirements (i.e., Civil Rights, Whistleblower protections, etc.);
- Program philosophy; and
- Leadership oversight responsibilities.

Leadership can receive training over a period of several months. Training can be delivered in-house, through an outside trainer, or a combination of both. One-on-one training or independent study under supervision is also allowed. Completion of training must be documented on the DOJ CVSSD E-Grants Governing Body Roster. Leadership is encouraged, but not required, to receive the same 40 hours of initial training required of the staff and volunteers. Any additional training leadership receives as a part of the regular course of duties can be documented in the DOJ CVSSD E-Grants Governing Body Roster.

When you have completed the Board Roster under *My Organization*, check the box in **Form C** to certify that it is complete and accurate.

FORM D. Meaningful Access, Planning, and Community Engagement

Meaningful access, planning and community engagement are long standing values of the Joint Non-Competitive Funds. Applicants are expected to answer sets of questions about how they are offering meaningful access to services, planning responsibly to ensure practices and policies are meeting the needs of survivors and engaging the community in how services are delivered.

Questions #1-#3 focus on meaningful access and culturally responsive services. Meaningful access is defined as offering survivor-centered services that are responsive to a survivor's status and identity. The status or identity of a survivor may include language, literacy, race, ethnicity, physical and cognitive ability, age, gender identity, sexual and relational identity, geography, social status, economic status, immigration status, and any other defining cultural identity. All applicants must describe how they connect survivors to comparable, outside services when the applicant does not have the necessary in-house expertise.

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Questions #4-#7 focus on planning and community assessment. Planning and community assessment is meant to inform the applicant's development of its programs and services to ensure meaningful access. Planning and community assessment is crucial to understanding the individual and systemic barriers that prevent access to services for populations impacted by inequity.

Questions #8-#10 focus on community engagement strategies such as how the applicant participates in community coordination efforts, trainings and presentations, co-advocacy plans, etc. Community engagement is necessary for making connections with and learning from individuals and providers representing populations impacted by inequity and Tribal Nations. Community engagement strengthens collaboration among different service providers to improve access to services at the system level.

Resources are available from CVSSD as aides to help applicants further understand and respond to these questions. Please contact a CVSSD Fund Coordinator for more information.

FORM E. Sexual Assault Services – Organizational Capacity and Lead Position

Questions on this form ask the applicant to provide a general overview of the organization's capacity to deliver sexual assault services and how those services will be delivered. Only applicants representing dual service organizations (i.e., domestic violence and sexual assault advocacy services) and who receive funding for both domestic violence and sexual assault services are required to complete this form. Such applicants must identify a "lead" or "specialist" staff position to facilitate learning for and provide expertise to the organization about sexual assault. The sexual assault "lead" is responsible for staying up to date on best practices for serving sexual assault survivors. The sexual assault "lead" is not required or expected to provide all the sexual assault services for the organization or program.

Part 'A' of the form asks the applicant to list its membership and/or attendance in sexual assault specific task forces and response teams, and other local, regional, statewide and tribal collaborations.

Part 'B' is based on the document "*Opening Our Door: Building Strong Sexual Assault Services in Dual and Multi-Services Advocacy Agencies.*" This document is prepared by the Resource Sharing Project through a grant awarded by the Office on Violence Against Women. The full report is available [here](#).

Applicants must integrate the ten components into the organization's or program's structure and practice. The applicant's response to **Question B.1** demonstrates the applicant's capacity for serving survivors of sexual assault using these ten components.

Part 'C', Questions #1-#4 identifies the individual staff person that will act as the sexual assault "lead." Questions must be answered with the position title, date of hire, and training received. The applicant can add trainings as necessary.

FORM F. Confidentiality and Privilege Requirements

CVSSD and DHS have adopted and integrated the U.S. Violence Against Women Act (VAWA), the U.S. Victims of Crime Act (VOCA), and the U.S. Family Violence Prevention and Services Act (FVPSA) confidentiality protections for all CVSSD and DHS grant funded organizations, programs and Tribal Nations serving domestic violence and sexual assault survivors. (34 USC § 12291(b), 42 USC 110 § 10406(c)(5))

The state of Oregon has created Advocate-Victim Privilege (ORS 40.264) for ‘certified advocates’ working for ‘qualified victim services programs’ and established basic confidentiality requirements for those programs and advocates (ORS 147.600).

Confidentiality requirements are applicable to all staff and volunteers who have access to survivors’ information or make decisions about identified survivors. Confidentiality requirements also apply to members of a non-profit organization's board of directors or to designated members of a Tribal Nation who have oversight of the domestic violence and sexual assault services. Some organizations, programs, tribes or professions may have other confidentiality provisions and/or laws that apply to domestic violence and sexual assault survivors.

All applicants must have each staff member, volunteer, member of Board of Directors, or designated member of a Tribal Nation read and sign the *Employee, Volunteer, and Board Member Certification of Understanding and Compliance with Confidentiality and Privilege Requirements*. Signed copies of this form must be kept on file with the organization.

Rather than submitting multiple individual certification forms, applicants must upload one complete and signed *Applicant Certification of Understanding and Compliance with Confidentiality and Privilege Requirements*.

Read the guidance and access forms [here](#).

Upload the complete and signed *Applicant Certification of Understanding and Compliance with Confidentiality and Privilege Requirements* to this form page.

FORM G. MOUs, Contracts and Subawards

This form page may be left blank if no Memorandum of Understanding (MOU), contract or subaward is proposed as a part of this application.

CVSSD expects that strong partnerships will be developed for project implementation purposes and to ensure that the project is effectively responding to the needs of the population being served. For any formal partnerships that do not involve an exchange of funds, a Memorandum of Understanding must be used. If grant funds will be paid to an outside entity, the *Checklist for Determining if an Entity Receiving Funds has a Contractor or Subrecipient Relationship* should be used as guidance to determine whether a contract or subaward is more appropriate. Read the guidance and procurement process [here](#).

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Part “A” - Memorandum of Understanding (MOU). A sample MOU is available on this E-Grants form page. Upload a complete, signed MOU. It is okay to upload an unsigned MOU if a signed copy is not yet available. A signed copy of the MOU will be required prior to the execution of grant award documents. Up to three MOUs may be uploaded under Part ‘A’.

For applicants proposing to work with Tribal Nations (or Tribal Nations proposing to work with another partner):

- First consult with the Tribal Nation to determine if a Tribal Resolution or an MOU is the appropriate documentation. The MOU template may be revised as necessary. Additionally, ensure that Tribal Council or Leadership will meet to approve documents related to the proposed collaborative partnership within the open solicitation period.

Part ‘B’ - Contracts. View the required minimum elements of a contract [here](#). If proposing to contract funds to an individual or organization, then respond to **Question #1a - #1j: “Proposed Contract #1.”** Upload a complete, signed contract under Question #1i. It is okay to upload an unsigned MOU if a signed copy is not yet available. A signed copy of the MOU will be required prior to the execution of grant award documents.

Additional contracts may be included. Select ‘yes’ if the applicant intends to add another contract. A new section will automatically appear. Select ‘no’ if the applicant does not intend to enter another contract. Click SAVE for either answer.

Part ‘C’ – Subawards. View an example subaward agreement [here](#). If proposing to subaward funds to another organization or Tribal Nation, then respond to **Question #1a - #1h: “Proposed Subaward #1.”** Upload a complete, signed subaward under Question #1g. It is okay to upload an unsigned subaward if a signed copy is not yet available. A signed copy of the subaward will be required prior to the execution of grant award documents.

Additional subawards may be included. Select ‘yes’ if the applicant intends to add another contract. A new section will automatically appear. Select ‘no’ if the applicant does not intend to enter another contract. Click SAVE for either answer.

FORM H. Attachments to Upload

All applicants are required to submit the following documents unless otherwise indicated.

1a. Letter of Authorization (for nonprofit organizations). If someone other than the Chair of the Board of Directors intends to sign grant documents (including reports), applicants must upload a signed letter of authorization to the application. A sample form for the Letter of Authorization is found [here](#).

1b. Letter of Authorization (for Tribal Nations). Upload a single letter, resolution, affidavit, or other documentation that indicates the individual(s) who is authorized to sign the Grant Agreement and any grant-related documents and certifies that the applicant has the legal authority to apply for Oregon CVSSD and DHS Joint Non-Competitive Grant Funds on behalf

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of the Tribe. The documentation must be current and sufficient to demonstrate authority for the application.

2. **Certification of Non-Supplanting (*for Tribal Nations only*)**. The authorized signatory for the applicant must sign and date the form. The required form is found [here](#).
3. **Organizational Chart**. Upload an organizational chart that shows the internal structure of the organization.
4. **Match Waiver**. An applicant may request a full or partial Match Waiver. Upload a signed Match Waiver request letter. Otherwise check "Not Applicable". Guidance on requesting a Match Waiver, including a sample letter, can be found [here](#).
5. **Administrative Risk Assessment**. This is required as part of the CVSSD Monitoring Process, a chart describing the process can be found [here](#). Either upload the completed Risk Assessment or mark the check box if, a) applicant has already completed this CVSSD risk assessment in the past 12 months (you may choose to upload a new assessment) or 2) applicant is new to CVSSD and agrees to complete and submit the Administrative Risk Assessment prior to the execution of a Grant Agreement.
6. **Financial Risk Assessment**. There are two Financial Risk Assessment forms: one for nonprofit programs and one for government-based programs including Tribal Nations. This is required as part of the CVSSD Monitoring Process, a chart describing the process can be found [here](#). Either upload the completed Risk Assessment or mark the check box if, a) applicant has already completed this CVSSD risk assessment in the past 12 months (you may choose to upload a new assessment) or 2) applicant is new to CVSSD and agrees to complete and submit the Administrative Risk Assessment prior to the execution of a Grant Agreement.
7. **Legal Documents (non-profit organizations only)**. Applicants who are nonprofit, non-governmental organizations are required to provide information related to the financial and non-profit position of the applicant organization.

Federal regulations require that CVSSD ensure that nonprofit organizations applying for federal funds have status as a nonprofit organization as described in section 501(c)(3) of the Internal Revenue Code of 1986 and are exempt from taxation under section 501(a) of that Code.

- a. **Organization's most recent balance sheet or Statement of Financial Position:**
Upload the Statement of Financial Position or balance sheet that reflects the organization's assets and liabilities for the most current accounting period.
- b. Upload the most recent submission of **IRS Form 990** filed with the IRS.
- c. Indicate if your organization has **Articles of Incorporation**. CVSSD will verify on the Oregon Secretary of State Corporation Division website the applicant's business entity status.
- d. Upload the organization's **IRS 501(c)3 Determination Letter**.
- e. Upload the most recent Organizational **Bylaws** approved by the Board of Directors.

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FORMS I-R pertains only to VOCA funds. The E-Grants application is set so that only applicants scheduled to receive VOCA funds will see these forms. Applicants scheduled to receive VOCA funds are required to complete Forms I-R. Applicants who are not scheduled to receive VOCA funds will not complete these forms.

FORM I. VOCA Services

The checklist of VOCA Services has been updated to reflect the victimizations and direct services list in the Office for Victims of Crime (OVC) VOCA performance measures tool (PMT).

1. **Project description.** Discuss how you plan to use each VOCA category award, i.e., Domestic Violence, Sexual Assault, and/or Underserved.
2. **Services to be provided.** Services are listed in categories a, b, c, d, e, and f. Click on the types of services to be supported with these funds. Select all that apply. Services do not have to be checked in each category and more than one service can be checked in any category.
3. **Victims to be served.** Click on the type of victims to be served through these funds. Select all that apply. If the applicant selects "Other," a written description must be included in the text box provided.

FORM J. Volunteer Information

VOCA Federal Guidelines require that VOCA funded programs use volunteers within the organization (CVSSD may waive this requirement due to agency hardship). Volunteers whose hours will be used as the required 25% match must play an integral part of the proposed VOCA funded project. See the most recent version of the [VOCA Grant Management Handbook](#) for more information on the use of volunteers. **Questions #1-#5** ask for descriptive information about the volunteers who support the VOCA funded project.

- **Question #6: Criminal History Policy.** Please upload the applicant agency's policy regarding the criminal history verification. Section 5, Criminal History Verification, of the current Grant Agreement states that the grantee shall develop a policy or procedures to review criminal arrests or convictions of employees, applicants, or volunteers. The review will examine: (1) the severity and nature of the crime; (2) the number of criminal offenses; (3) the time elapsed since commission of the crime; (4) the circumstances surrounding the crime; (5) the subject individual's participation in counseling, therapy, education or employment evidencing rehabilitation or a change in behavior; and (6) the police or arrest report confirming the subject individual's explanation of the crime. Please refer to the VOCA Grant Management Handbook for more information.
- **Question #7: Volunteer Position Description or Statement of Duties.** All applicants must upload a volunteer position description or statement of duties that describes the role and responsibilities of the volunteers participating in this project.

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- **Question #8:** When entering the **number of volunteers** that the applicant anticipates will support the work of the grant, count each potential volunteer, regardless of the number of hours a volunteer may contribute.
- **Question #9:** Indicate the total **number of volunteer hours** the applicant anticipates will support the work of this award (plus match). (do not convert anticipated volunteer hours into FTE)

FORM K. VOCA Program Income Narrative

An applicant that earns any program income must select “Yes” as a response to Question 1. If “yes” is selected, Question 2 will appear and require a yes or no response. If “no” is selected, then the form is complete. If “yes” is selected for Question 2, then Questions 3-8 will appear. These questions ask the applicant to choose the method that the applicant will use to record and report program income (deduction or addition), provide the estimated amount that will be generated and source of program income, and give other general information pertaining to program income. Read the CVSSD Program Income Policy for more information.

FORM L: VOCA Population Specific Services and Organizations

The E-Grants application is set so that only applicants scheduled to receive VOCA ‘Underserved’ funds will see Form L. Applicants who do not receive VOCA ‘Underserved’ funds will not complete this form. Form L and Form AB - ODSVS Population Specific Services and Organizations are very similar. Both Form L and Form AB must be completed if the applicant receives VOCA ‘Underserved’ and ODSVS ‘Culturally Specific’ funds.

Select the option that best describes your organization:

1. Applicant providing population specific services but is *not* a population specific organization or program within a larger organization.
2. Applicant is a population specific organization.
3. Applicant is a population specific program within a larger organization.

Applicants providing population specific services but are *not* a population specific organization or program within a larger organization. Applicants will respond to **Part ‘A’ Population Specific Services, Question #1**. Be sure to describe each population group and the corresponding project activities separately. “Add” another field after Part ‘A’, Question 1 for each distinct population group to be served.

Respond to **Part ‘A’, Questions #2 and #3**. Describe how well the organization or program meets the criteria for population specific services. Read the criteria here. Although meeting the criteria is not required, it is a framework to help applicants and CVSSD assess current and future capacity for providing population specific services.

Respond to **Part ‘A’, Question #4** by identifying a “lead” or “specialist” staff position to facilitate learning for and provide expertise to the organization about a specific population. The population specific “lead” is responsible for staying up to date on best practices for serving

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survivors from a specific population. The population specific “lead” is not required or expected to provide all of the services for a specific population served by the organization or program.

Part ‘A’, Questions #4a-#4d identifies the individual staff person that will act as the population specific “lead.” Questions must be answered with the individual’s name, position title, date of hire, and training received. The applicant can add training descriptions as necessary.

Applicants that are a population specific organization or a population specific program within a larger organization. Applicants will respond to **Part ‘B’ - Population Specific Organization or Program.** Be sure to describe each population group and the corresponding project activities separately. “Add” another field after Part ‘B’, Question #1 for each distinct population group to be served.

Respond to **Part ‘B’, Questions #2 and #3.** Describe how well the organization or program meets the criteria for population specific organizations and programs within a larger organization. Read the criteria [here](#). Although meeting the criteria is not required, it is a framework to help applicants and CVSSD assess current and future capacity as a population specific organization or program within a larger organization.

FORM M: VOCA Personnel

General Information: Each applicant must submit a 2-year budget for VOCA funds. A list of allowable and unallowable services and activities is available on the Non-Competitive Application Menu in E-Grants. An allocation table is uploaded in the E-Grants application and directs the amount of funding available, state and federal funding sources and specific categories of funding assigned to each grant award. Allocation amounts are pre-populated on the budget summary page for each funding source. Please contact a CVSSD fund coordinator with questions or change requests.

Funding sources and funding categories:

- Domestic Violence (VOCA, VAWA, ODSVS)
- Sexual Assault (VOCA, VAWA, ODSVS)
- Culturally Specific (VAWA and ODSVS)¹
- Underserved Populations (VOCA only)²

VOCA Personnel Instructions: For staff supported by or assigned to two or more sources of funding and/or funding categories, properly budget that person’s time to the appropriate funding sources and funding categories. Only include costs for staff providing direct client services and services that can be identified specifically with the project (includes supervision of direct service staff and completion of program-related records, statistics, and reports). Any staff performing general administrative duties, duties that cannot be readily identified with the project (salaries and expenses of executive directors, personnel administration, fiscal administration, etc.) should be included on Form O. VOCA Services and Supplies page as Indirect/De Minimis Costs or Administrative Costs.

¹ As identified under the broader term “population specific.”

² As identified under the broader term “population specific.”

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Applicants completing this form should keep the following in mind:

- This is a multiple page form. A separate personnel page must be created for each grant-funded staff. After the form is SAVED, click on the ADD button to open a new page.
- Applicants should consider any personnel salary and benefit increases when preparing project budget requests for the project award period July 1, 2021 – June 30, 2023;
- Salary should only include actual wages; all mandatory and optional personnel expenses should be included in the personnel expenses lines;
- Personnel expenses (mandatory payroll taxes and optional fringe benefits) may include any of the following: FICA, workers' compensation, unemployment insurance, health insurance, short/long term disability, retirement, etc.;
- The basis for each computation should be clearly demonstrated; and
- The information entered on each page aligns with the position name(s) and FTE(s) shown on the Staff Roster and in the Project Description.

1. Staff Name: For each position requested list the name of the employee. If the position is not filled, enter *Vacant* or *To Be Hired*.

2. Position Title: For each position provide the position title.

3. Salary Funded by this Grant: List the total salary for the position to be funded by this grant, either 100% in each category or allocated between them for a two-year period. In the first text box provide a detailed calculation that clearly shows how the budgeted salary for each category of the two-year period was determined. This should be a total amount for the full award period of two years.

Example: *Salary Detail: \$30,000/year x 2 years x .6 FTE (DV funds) = \$36,000 and \$30,000/year x 2 years x .2 FTE (SA funds) = \$12,000. This can also be calculated using an hourly approach: \$14.4231/hour x 2496 hours (.6 DV funds) = \$36,000 AND \$14.4231/hour x 832 hours (.2 SA funds) = \$12,000.*

4. Total Two-Year Salary: List the total two-year salary for this position funded at a full-time equivalency (1 FTE). Even if the position is part-time, list the cost for 1 FTE. A 1 FTE position for 24 months is calculated at 4160 hours.

Example: *Two years of salary for 1 FTE would be \$60,000 (\$14.4231 x 4160 hours = \$60,000).*

5. Personnel Expenses Funded by this Grant: Indicate the amounts your agency is requesting for personnel expenses to be funded by this grant, either 100% in one category or allocated between categories. In the text box, provide a detailed calculation that clearly shows how the budgeted personnel expenses were determined for the two-year grant period. Indicate the dollar amount and the rate used to calculate the personnel costs of the staff position to be allocated to the project and list the personnel costs included in the calculation (FICA, UI, Workers' Compensation, health insurance, retirement, etc.).

Example: *\$60,000 x .35 = \$21,000 X .6 (DV funds) = \$12,600 and \$60,000 x .35 = \$21,000 X .2 (SA funds) = \$4200. Personnel expenses are calculated at 35% of the total salary. Personnel*

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expenses may include employer portion of FICA, workers' compensation, unemployment, health insurance, short/long term disability, life insurance, and retirement.

- 6. Total Two-Year Personnel Expenses:** Indicate the total two-year costs of personnel expenses for this position funded at a full-time equivalency (1 FTE). Even if the position is part-time, list the cost for 1 FTE for a two-year period.

Example: Personnel expenses for 1 FTE for a two-year period is \$60,000 x .35. The total two-year personnel expenses would be \$21,000.

- 7. FTE Calculation:** The FTE will auto-populate once the salary and benefits are entered. The CVSSD E-Grants system calculates FTE by combining both salary and personnel expenses for a two-year period. Grantees should use the same method of calculating FTE on the Staff Roster. FTE can be calculated using the following formula:

Actual Grant Funded Salary + Actual Grant Funded Personnel Expenses / Total 1 FTE Salary + Total 1 FTE Personnel Expenses (based on amounts for a two-year period).

- 8. What are the top five (5) major direct service activities to be performed by this proposed VOCA funded staff member?** Explain the need for the personnel funds requested. Specifically describe the five (5) major direct service activities to be conducted by the grant-funded position in this project. Ensure that the description is consistent with the Job Description and the associated checklists and narratives.

FORM N: VOCA Contracts and Subawards

For funds budgeted in two or more funding categories (Domestic Violence, Sexual Assault, Underserved), consider how contracts and or subawards will directly or indirectly benefit survivors of each category.

Applicants completing this section of the budget form should keep the following in mind:

- Expenditures in this section should support and enhance direct services and show they are consistent with the project activities;
- The basis for each computation should be clearly demonstrated;
- Costs should be directly attributable to the project or represent a pro-rated cost based on an agency identified allocation method;
- Expenditures must be allowable costs for the grant funds that are being requested; and
- The budget narrative should clearly explain the benefits of each grant-funded expense to the project.

Contract/Subaward. If the applicant is requesting funds in this line item, the applicant is required to complete **Form G: MOUs, Contracts and Subawards** and upload a copy of the Contract or Subaward.

Name of Proposed Contractor/Subawardee. The name of the proposed contractor/subawardee will pre-populate on this form.

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Contract/Subaward Period. Enter the dates for the contract period. This should coincide with the dates on the contract uploaded on Form G.

Contract/Subaward Amount. Enter the total Contract Amount to be funded by this grant, either 100% in one category or allocated between them. Do not include contracted services for accounting or other administrative services, these costs should be included on the Services & Supplies page under Administrative Costs or Indirect Costs.

Consultant fees in excess of \$650 per day or \$81.25 per hour require additional justification and prior approval.

Calculation Examples: *Contract for FTE: \$15/hour X 1040 hours = \$15,600; 40% (\$6,240) DV funds, 60% (\$9,360) SA funds. Contract for Trainer: \$50/hour X 16 hours = \$800; 100% DV*

Consider all expenses to be paid on the Contract in addition to any compensation (training costs, travel costs, mileage, meals and lodging, supplies, etc.).

Calculation Example: *Contract for Trainer: \$300 for mileage, per diem and lodging and \$50 for supplies and copies.*

FORM O: VOCA Services & Supplies

Costs may be budgeted in more than one funding category (Domestic Violence, Sexual Assault, Underserved). Costs attributed to different categories must benefit the survivors served under each category. Indirect/De Minimis Costs or Administrative Costs must be in proportion to the other line items and categories already budgeted.

Applicants completing this section of the budget form should keep the following in mind:

- Expenditures in this section should support and enhance direct services and show they are consistent with the project activities;
 - The basis for each computation should be clearly demonstrated;
 - Costs should be directly attributable to the project or represent a pro-rated cost based on an agency identified allocation method;
 - Expenditures must be allowable costs for the grant funds that are being requested; and
 - The budget narrative should clearly explain the benefits of each grant-funded expense to the project.
- 1. Travel.** Indicate the amounts the applicant is requesting for Travel in the 2-year grant period. In the text box describe the purpose of the budgeted travel expenses (e.g. travel to attend meetings, travel for outreach, staff or volunteers providing client transport, and any other travel **not** related to attendance at training, etc.), show the basis of the computation (# of miles, cost per mile), and explain how the travel costs are necessary and beneficial to the project. Mileage amount cannot exceed the current GSA mileage rate.

- 2. Training.** Provide the training name and a website for each training budgeted for the project. Provide the location, the approximate date of the training and number of attendees. Identify

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the *total* cost of the training for each category under which it is funded. Check the box beneath the training table to confirm that all travel costs comply with CVSSD and federal guidance. Provide information about the trainings in the field below. Applicants may choose to describe the training expenses and show the basis of the computation (# of staff, registration fee, travel to training, lodging, meal per diem, etc.).

All travel costs will be based on the organization or program's written travel policy. Per diem rates will not exceed the federal per diem rates found at www.gsa.gov/travel-resources. In financial reports to CVSSD, the applicant must provide documentation of the actual expenses budgeted for this section.

Out of state travel is allowable but must be well justified and approved by DOJ CVSSD. See the fund specific guidance for further details about training requests outside of Oregon.

No VOCA or VAWA funding can be used to purchase food and/or beverages for any meeting, retreat, seminar, symposium, training, or other similar event. Some exceptions do apply. This does not apply to providing emergency support to survivors.

Instructions for Questions #3-#9. Office Supplies, Agency Rent/Utilities, Emergency Services, Capital Outlay, Indirect/De Minimis Costs, Administrative Costs, and Other Costs.

Indicate the amounts your agency is requesting for each of the cost categories to be funded in by this two-year grant period. In the text boxes for each category describe the purpose of the budgeted expenses, show the basis of the computation, and explain how the costs are necessary and beneficial to the project.

- 3. Office Supplies.** Indicate the amounts your agency is requesting for Office Supplies to be funded for the 2-year grant period. In the text box, describe the purpose of the budgeted expenses, show the basis of the computation, and explain how the costs are necessary and beneficial to the project.
- 4. Agency Rent/Utilities.** Indicate the amounts your agency is requesting for Rent/Utilities to be funded for the 2-year grant period. In the text box, describe the type of rent expense (office space, training space, storage space, etc.) and or the type of utilities (electric, water, gas, etc.), show how the cost was determined (cost per square foot, monthly rent, etc.), the basis for the computation, and explain how the rent/utilities costs are necessary and beneficial to the project.

NOTE: Mortgage costs are not allowed by VOCA or VAWA.

- 5. Emergency Services.** Indicate the amounts the applicant is requesting for Emergency Services to be funded for the 2-year grant period. In the text box, describe the type of Emergency Services, explain how the cost was determined, and explain how the emergency service costs are necessary and beneficial to the project.
- 6. Capital Outlay.** Indicate the amounts the applicant is requesting for Capital Outlay to be funded in to be funded for the 2-year grant period. In the text box, list each non-expendable

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item to be purchased, the cost for each item, and the pro-rated portion allocated to funds unless the item is being purchased exclusively for this project. Explain how the item(s) to be purchased is necessary for the success of the project. Capital purchases are those that have a purchase price equal to or greater than the applicant's capitalization limit and a useful life of more than one year. Expendable items should be included in Office Supplies.

- 7. Indirect/De Minimis Costs.** If an applicant is charging indirect costs or a *de minimis*, then the applicant cannot also charge Direct Administrative costs to federal awards. An applicant may charge the indirect or *de minimis* costs to the federal awards, and Direct Administrative costs to state awards.³

For federal grants, DOJ is required to honor an applicant's negotiated indirect cost rate, or the *de minimis* rate of modified total direct costs (not to exceed 10%). **Select the appropriate boxes to signal the organization's intent regarding the use of indirect or de minimis costs with this two-year award.**

A federal grant may be charged an indirect cost rate based on:

Use of a current indirect cost rate already negotiated either provisional or approved by a federal agency:

- Applicants with a federally approved or provisional⁴ indirect cost rate agreement may choose to charge their indirect cost rate to the grant.
- Applicants that elect to charge indirect costs must use the same indirect cost rate for all federal funding awards.
- Applicants can choose to charge the full amount, a reduced amount or waive their indirect cost rate for this award.
- Applicants that currently have or have had in the past a federally approved negotiated rate cannot use the 10% *de minimis* rate and must use the current negotiated rate or contact the cognizant federal agency to request an extension of the expired negotiated rate.
- Applicants **MUST** upload their current, signed indirect cost rate agreement certificate under the My Organization section of EGrants.

Use of an established *de minimis* rate of the MTDC (not to exceed 10%). Eligible organizations must certify that no unallowable expenses are included in the modified total direct cost (MTDC) rate (including lobbying and fundraising) and must keep the documentation of this decision on file. Eligible entities include:

³ Applicants that wish to negotiate an indirect cost rate may contact their cognizant federal agency or follow the instructions available at <http://ojp.gov/funding/Apply/Resources/IndirectCosts.pdf>. An applicant must prepare and, if required, submit an indirect cost rate proposal no later than 90 calendar days from the date the award is made and thereafter annually within 6 months of the end of the applicant's fiscal year.

⁴ Applicants that have a pending federally approved indirect cost rate agreement may choose to budget their provisional indirect cost rate to the grant. Applicants **MUST** upload their pending indirect cost rate proposal. Billing for indirect costs may require a budget revision and will be contingent on the applicant receiving a final rate from the federal awarding agency and submitting a current, signed indirect cost rate agreement. The Grant Agreement will include an award condition requiring submission of the negotiated indirect cost rate agreement when approved by the federal cognizant agency.

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- Nonprofit organizations that have **NEVER** negotiated a federal indirect cost rate;
- State and local government departments that have **NEVER** negotiated indirect cost rates with the Federal government and that receive less than \$35 million in direct Federal funding per year;
- Federally recognized Indian tribes that have **NEVER** negotiated an indirect cost rate with the Federal government may use the *de minimis* rate of MTDC (not to exceed 10%).

Modified Total Direct Costs (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each sub-award (regardless of the period of performance of the sub-awards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each sub-award (contract) more than \$25,000.

Example: *Calculating the Modified Total Direct Costs (MTDC) rate in a budget:*

<i>Personnel:</i>	\$20,000
<i>Personnel Expenses:</i>	\$4,400
<i>Contractual Services:</i>	\$27,000
<i>Travel:</i>	\$1,000
<i>Office Supplies:</i>	\$400
<i>Equipment:</i>	\$3,000
Total Direct Costs:	\$55,800
<i>Less amount of a contract exceeding \$25,000 (for each contract)</i>	\$2,000
<i>Less Equipment</i>	\$3,000
<i>Less Rental costs (if part of an organization allocation plan)</i>	0
MTDC	\$50,800
<i>de minimis @ 10% of the total MTDC:</i>	
$\$50,800 \times 10\%$	\$5,080
Total Project Amount: \$55,800 total Direct Costs + \$5,080 Indirect Costs.	\$60,880

- 8. Direct Administrative Costs.** Applicants that do not have an indirect/de minimis cost rate or choose not to apply the indirect cost/de minimis rate to their state awards may choose to directly charge administrative costs. Direct charge of administrative costs cannot exceed more than 10% of the total budget amount.

By category, indicate the amount your organization will directly charge administrative costs for the two-year award period. Provide a detailed explanation of the administrative costs to be funded by this grant (e.g., staff FTE, fiscal services, IT services, HR services, general liability insurance, audit costs), the method used by the organization to equitably allocate administrative costs, and how these costs are necessary and beneficial to the project.

- 9. Other.** Indicate any amounts your organization is requesting for Other Costs to be funded in the 2-year grant period. Separate costs by category as appropriate. Provide the basis for the computation and how these costs are necessary and beneficial to the project.

FORM P: VOCA Program Income

Applicants completing this form will click “yes” to the questions on **Form K. VOCA Program Income Narrative**. Only complete this form if you plan to generate program income using VOCA funds in this grant period.

Program Income is income that is earned by sub-recipients performing program service activities for a fee (typically paid for by the recipient of the service or by a third party, such as an insurance provider). Program income may be earned as a result of activities directly related to this VOCA award. Sub-recipients interested in collecting program income from VOCA grant funds should carefully review the CVSSD Program Income Policy on Form K and consider whether they will be able to fully comply with all requirements. Note:

- Sub-recipients may not generate program income on CVSSD administered federal grant funding without prior approval from CVSSD.
- Program income funds are subject to the same allowances and restrictions as the federal grant on which the funds are earned.
- Program income is subject to the same terms and conditions under the VOCA Grant Agreement.

For each budget line 1-12:

- Enter the amount of anticipated VOCA Program Income earned in the 2-year grant period.
- Describe any cost included and provide an explanation for how these costs are necessary to the budget and beneficial to the project.

FORM Q: VOCA Match

VOCA requires a 20% match contribution (cash or in-kind) of the total project cost. The total project cost consists of federal funds plus match contributions derived from nonfederal sources. All funds designated as match must be used for VOCA eligible activities and expended within the grant period. Match must be provided on a project-by-project basis.

All applicants: The Office for Victims of Crime has authorized CVSSD to approve a blanket match waiver for all new awards in FY 2021-2022. Thus, you are not required to contribute match during year one of the award period and you are not required to submit a match waiver request letter. Calculate your required VOCA match at 50% of the total VOCA award. You will not be required to report your match until year two of the award period.

Applicants completing this section of the budget should keep the following in mind:

- Applicants must provide 20% match of the total project. Match can also be calculated at 25% of the requested grant funds;
- Match may be provided in cash or as an in-kind contribution;
- Match must come from a VOCA allowable activity source;

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- Match needs to be part of the project but does not need to align line-item by line-item in the grant budget;
- Applicants are strongly encouraged to limit match to one or two budget line items. The applicant's accounting system must be able to track the exact matching funds;
- **Federal funds cannot be used as match for VOCA;** and
- Additional valuable references include Office of Justice Grants Financial Guide, and the Uniform Guidance – 2 CFR Part 200

Calculation example of 20% match: *The amount of match required is typically calculated as a percentage of the total project cost. If the total project cost known, multiply that amount by the percentage of match required.*

Total Project Cost = Requested Grant Funds + Match Contribution

Total project cost is \$125,000. Multiply the total project cost of \$125,000 x 20%. The match contribution is \$25,000. Thus the requested grant funds are \$100,000 and the match contribution is \$25,000.

Alternate calculation example: *If the applicant doesn't know the total project cost, but knows the amount of requested grant funds, then match is calculated as follows:*

Requested grant funds are \$100,000. Multiply the requested grant funds x 25%. The match contribution is \$25,000. Thus the total project cost is \$100,000 + \$25,000 = \$125,000.

If you determine that you are not able to contribute the required match in year two of the award period, applicants may request a full or partial match waiver. See the complete guidance on match waiver requests available on Form H, Attachments to Upload. If a match waiver is requested, enter the amount the applicant is requesting to waive. Complete questions #1-#12 for the match amount the applicant can provide. **NOTE: If an applicant does not have the ability to provide match and a waiver is not approved, the applicant is only eligible to receive grant funds up to the amount of its match contribution.**

Tribal Nations are not required to provide match. Tribal Nations must check the box for "The applicant is a Tribal Nation and is not required to provide match."

1. Volunteer Hours.

Volunteer hours: Enter the number of volunteer hours to be provided in the 2-year award period.

Volunteer Hourly Rate: Enter the hourly rate that represents the monetary value of time contributed by volunteers. The appropriate volunteer hourly rates may vary based on the type of work performed by the volunteer. Mandated personnel costs may be included in the hourly rate, that is, FICA, FICA Med, UI and Workers' Compensation. Hourly rates for volunteers performing work like that performed by paid staff should reflect similar hourly rates. An applicant may use an average rate in the Match budget and then report actual rates. Refer to the Independent Sector's Value of Volunteer time to determine a recommended *maximum* hourly rate for Oregon:

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www.independentsector.org/volunteer_time.

Click “save” and the total amount will autofill.

In the text box, describe the volunteer position(s), and describe how the hourly rate for any volunteers was calculated (**mandated personnel costs should be included in the hourly rate**). Include an explanation of how the volunteer hours are necessary and beneficial to the project.

- 2. Salary.** Indicate any amounts the applicant is providing as match in Salary in the 2-year grant period.

In the first text box describe any percentage of salary for any position(s) included as match.

In the second text box describe the source(s) of the match (type of state or local funds, foundation grants, private donations of cash, services or goods, etc.).

- 3. Personnel Expenses.** Indicate any amounts the applicant is providing as match in Personnel Expenses in the 2-year grant period.

In the first text box describe any percentage of personnel expenses for any position(s) included as match.

In the second text box describe the source(s) of the match (type of state or local funds, foundation grants, private donations of cash, services or goods, etc.).

For Questions #4-#9. Contractual Services, Travel, Training, Office Supplies, Rent/Utilities, Emergency Services, Capital Outlay.

Indicate any amounts your agency is providing as match in any of these cost categories in the 2-year grant period.

In the first text box describe any specific costs, indicate how the cash or in-kind value was determined, and provide an explanation for how these costs are necessary and beneficial to the project.

In the second text box describe the source(s) of the match (type of state or local funds, foundation grants, private donations of cash, services, or goods, etc.).

For Questions #10-#11. Indirect Costs, *De Minimis*, and Direct Administrative costs. If the applicant’s entire indirect cost rate or direct administrative costs were not charged to the grant it could be included as match.

- 12. Other.** Indicate any amounts your agency is providing as match in any of these cost categories the 2-year grant period.

In the first text box describe any specific costs, indicate how the cash or in-kind value was determined, and provide an explanation for how these costs are necessary and beneficial to the

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project.

In the second text box describe the source(s) of the match (type of state or local funds, foundation grants, private donations of cash, services, or goods, etc.).

13. Click on the “save” button and the total match amounts will autofill. The match will also autofill on the **Form R: VOCA Budget Summary**.

FORM R: VOCA Budget Summary

This page summarizes the budgets from the VOCA Personnel, Contracts and Subawards, Services and Supplies, Program Income and Match pages. **Please click the “Save” button when opening this form** to have it pull information from the budget forms and calculate totals. To address any errors that appear on this page you will need to go back to the appropriate budget form to make the necessary corrections. Once the corrections have been made return to the Budget Summary and click the “Save” button to ensure that no additional errors exist.

CVSSD fund coordinators have entered the allocation amounts for each category in your award. The total expenses in each category may not exceed this amount. If you wish to negotiate the distribution of funds per category, contact your CVSSD fund coordinator as soon as possible.

FORM S: VAWA Services

Examples of services to be provided with VAWA funds:

Civil legal advocacy	Outreach
Civil legal assistance	Protection Order assistance
Counseling Services/Support group	Transitional housing
Criminal justice advocacy	Transportation
Court accompaniment	Victim/Survivor advocacy
Crisis intervention	Victim/Survivor advocacy for incarcerated victims
Emergency shelter	Other
Forensic exam	
Hospital/clinic/other medical response	
Hotline services	
Language services	

VAWA grantees must demonstrate how the use of funds meet the state funding priorities identified in the [VAWA Implementation Plan](#).

1. **Project Description.** Discuss how you plan to use each VAWA category award, i.e. Domestic Violence, Sexual Assault, and/or Culturally Specific and include victims to be served through these funds. Provide a description on how the victim service program

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facilitates meaningful consultation and planning in the provision of services with local law enforcement, prosecution, and courts.

- 2. Federal Statutory Purpose Area(s).** The VAWA STOP Formula Grant program contains 20 Federal Statutory Purpose Area (s) of which only eight (8) are applicable to the Joint Application. Applicants may apply for funding under one (or more) of the following identified Purpose Areas: 5, 6, 9, 10, 11, 14, 17, and 19. The link to the VAWA Federal Statutory Purpose Area(s) is available [here under section III.A.](#)
- 3. Legal Assistance for Victims Certification Letter (if applicable).** There are statutory requirements for the documentation of expertise and training for any person providing legal assistance through a VAWA-funded program or organization. Applicants are required to upload a letter certifying that the proposed project utilizes grant funds to provide legal assistance.

FORM T. VAWA Program Income Narrative

An applicant that earns any program income must select “Yes” as a response to Question #1. If “yes” is selected, Question #2 will appear and require a yes or no response. If “no” is selected, then the form is complete. If “yes” is selected for Question 2, then Questions #3-#8 will appear. These questions ask the applicant to choose the method that the applicant will use to record and report program income (deduction or addition), provide the estimated amount that will be generated and source of program income, and give other general information pertaining to program income. Read the [CVSSD Program Income Policy](#) for more information.

FORM U: VAWA Culturally Specific Funds

STOP VAWA Culturally Specific funds are distributed to non-profit and tribal organizations that are culturally specific or that have established culturally specific programs to address domestic violence, sexual assault, dating violence and stalking. Unlike VOCA or ODSVS, STOP VAWA defines "culturally specific" as *primarily directed toward racial and ethnic groups*. "Culturally specific services" are those that include *culturally relevant and linguistically specific services and resources to culturally specific communities*.

Only **Questions #1 and #2** appear on this page. For Question #1, describe the project focus for these funds. For Question #2, describe how the organization collaborates with the culturally specific population(s) to enhance services to the population(s).

FORM V: VAWA Personnel

General Information: Each applicant must submit a 2-year budget for VAWA funds. A list of allowable and unallowable services and activities is available on the Non-Competitive Application Menu in E-Grants. An allocation table is uploaded in the E-Grants application and directs the

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amount of funding available, state and federal funding sources and specific categories of funding assigned to each grant award. Allocation amounts are pre-populated on the budget summary page for each funding source. Please contact a CVSSD fund coordinator with questions or change requests.

Funding sources and funding categories:

- DV = Domestic Violence (VOCA, VAWA, ODSVS)
- SA = Sexual Assault (VOCA, VAWA, ODSVS)
- CS = Culturally Specific (VAWA and ODSVS)⁴
- US = Underserved Populations (VOCA only)⁵

VAWA Personnel Instructions: For staff supported by or assigned to two or more sources of funding and/or funding categories, properly budget that person's time to the appropriate funding sources and funding categories. Only include costs for staff providing direct client services and services that can be identified specifically with the project (includes supervision of direct service staff and completion of program-related records, statistics, and reports). Any staff performing general administrative duties, duties that cannot be readily identified with the project (salaries and expenses of executive directors, personnel administration, fiscal administration, etc.) should be included on Form X. VAWA Services and Supplies page as Indirect/De Minimis Costs or Administrative Costs.

Applicants completing this form should keep the following in mind:

- This is a multiple page form. A separate personnel page must be created for each grant-funded staff. After the form is SAVED, click on the ADD button to open a new page.
- Applicants should consider any personnel salary and benefit increases when preparing project budget requests for the project award period July 1, 2021 – June 30, 2023;
- Salary should only include actual wages; all mandatory and optional personnel expenses should be included in the personnel expenses lines;
- Personnel expenses (mandatory payroll taxes and optional fringe benefits) may include any of the following: FICA, workers' compensation, unemployment insurance, health insurance, short/long term disability, retirement, etc.;
- The basis for each computation should be clearly demonstrated; and
- The information entered on each page aligns with the position name(s) and FTE(s) shown on the Staff Roster and in the Project Description.

- 1. Staff Name:** For each position requested list the name of the employee. If the position is not filled, enter *Vacant* or *To Be Hired*.
- 2. Position Title:** For each position provide the position title.
- 3. Salary Funded by this Grant:** List the total salary for the position to be funded by this grant, either 100% in each category or allocated between them for a two-year period. In the first text box provide a detailed calculation that clearly shows how the budgeted salary for each category of the two-year period was determined. This should be a total amount for the full

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award period of two years.

Example: Salary Detail: $\$30,000/\text{year} \times 2 \text{ years} \times .6 \text{ FTE (DV funds)} = \$36,000$ and $\$30,000/\text{year} \times 2 \text{ years} \times .2 \text{ FTE (SA funds)} = \$12,000$. This can also be calculated using an hourly approach: $\$14.4231/\text{hour} \times 2496 \text{ hours (.6 DV funds)} = \$36,000$ AND $\$14.4231/\text{hour} \times 832 \text{ hours (.2 SA funds)} = \$12,000$.

- 4. Total Two-Year Salary:** List the total two-year salary for this position funded at a full-time equivalency (1 FTE). Even if the position is part-time, list the cost for 1 FTE. A 1 FTE position for 24 months is calculated at 4160 hours.

Example: Two years of salary for 1 FTE would be $\$60,000$ ($\$14.4231 \times 4160 \text{ hours} = \$60,000$).

- 5. Personnel Expenses Funded by this Grant:** Indicate the amounts your agency is requesting for personnel expenses to be funded by this grant, either 100% in one category or allocated between categories. In the text box, provide a detailed calculation that clearly shows how the budgeted personnel expenses were determined for the two-year grant period. Indicate the dollar amount and the rate used to calculate the personnel costs of the staff position to be allocated to the project and list the personnel costs included in the calculation (FICA, UI, Workers' Compensation, health insurance, retirement, etc.).

Example: $\$60,000 \times .35 = \$21,000 \times .6 \text{ (DV funds)} = \$12,600$ and $\$60,000 \times .35 = \$21,000 \times .2 \text{ (SA funds)} = \4200 . Personnel expenses are calculated at 35% of the total salary. Personnel expenses may include employer portion of FICA, workers' compensation, unemployment, health insurance, short/long term disability, life insurance, and retirement.

- 6. Total Two-Year Personnel Expenses:** Indicate the total two-year costs of personnel expenses for this position funded at a full-time equivalency (1 FTE). Even if the position is part-time, list the cost for 1 FTE for a two-year period.

Example: Personnel expenses for 1 FTE for a two-year period is $\$60,000 \times .35$. The total two-year personnel expenses would be $\$21,000$.

- 7. FTE Calculation:** The FTE will auto-populate once the salary and benefits are entered. The CVSSD E-Grants system calculates FTE by combining both salary and personnel expenses for a two-year period. Grantees should use the same method of calculating FTE on the Staff Roster. FTE can be calculated using the following formula:

Actual Grant Funded Salary + Actual Grant Funded Personnel Expenses / Total 1 FTE Salary + Total 1 FTE Personnel Expenses (based on amounts for a two-year period).

- 8. What are the top five (5) major direct service activities to be performed by this proposed VOCA funded staff member?** Explain the need for the personnel funds requested. Specifically describe the five (5) major direct service activities to be conducted by the grant -

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funded position in this project. Ensure that the description is consistent with the Job Description and the associated checklists and narratives.

FORM W: VAWA Contracts and Subawards

For funds budgeted in two or more funding categories (Domestic Violence, Sexual Assault, Culturally Specific), consider how contracts and or subawards will directly or indirectly benefit survivors of each category.

Applicants completing this section of the budget form should keep the following in mind:

- Expenditures in this section should support and enhance direct services and show they are consistent with the project activities.
- The basis for each computation should be clearly demonstrated;
- Costs should be directly attributable to the project or represent a pro-rated cost based on an agency identified allocation method;
- Expenditures must be allowable costs for the grant funds that are being requested; and
- The budget narrative should clearly explain the benefits of each grant-funded expense to the project.

Contract/Subaward. If the applicant is requesting funds in this line item, the applicant is required to complete **Form G: MOUs, Contracts and Subawards** and upload a copy of the Contract or Subaward.

Name of Proposed Contractor/Subawardee. The name of the proposed contractor/subawardee will pre-populate on this form.

Contract/Subaward Period. Enter the dates for the contract period. This should coincide with the dates on the contract uploaded on Form G.

Contract/Subaward Amount. Enter the total Contract Amount to be funded by this grant, either 100% in one category or allocated between them. Do not include contracted services for accounting or other administrative services, these costs should be included on the Services & Supplies page under Administrative Costs or Indirect Costs.

Consultant fees more than \$650 per day or \$81.25 per hour require additional justification and prior approval.

Calculation Examples: Contract for FTE: \$15/hour X 1040 hours = \$15,600; 40% (\$6,240) DV funds, 60% (\$9,360) SA funds. Contract for Trainer: \$50/hour X 16 hours = \$800; 100% DV

Consider all expenses to be paid on the Contract in addition to any compensation (training costs, travel costs, mileage, meals and lodging, supplies, etc.).

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Calculation Example: Contract for Trainer: \$300 for mileage, per diem and lodging and \$50 for supplies and copies.

FORM X: VAWA Services & Supplies

Costs may be budgeted in more than one funding category (Domestic Violence, Sexual Assault, Culturally Specific). Costs attributed to different categories must benefit the survivors served under each category. Indirect/De Minimis Costs or Administrative Costs must be in proportion to the other line items and categories already budgeted.

Applicants completing this section of the budget form should keep the following in mind:

- Expenditures in this section should support and enhance direct services and show they are consistent with the project activities;
- The basis for each computation should be clearly demonstrated;
- Costs should be directly attributable to the project or represent a pro-rated cost based on an agency identified allocation method;
- Expenditures must be allowable costs for the grant funds that are being requested; and
- The budget narrative should clearly explain the benefits of each grant-funded expense to the project.

- 1. Travel.** Indicate the amounts the applicant is requesting for Travel in the 2-year grant period. In the text box describe the purpose of the budgeted travel expenses (e.g., travel to attend meetings, travel for outreach, staff or volunteers providing client transport, and any other travel *not* related to attendance at training, etc.), show the basis of the computation (# of miles, cost per mile), and explain how the travel costs are necessary and beneficial to the project. Mileage amount cannot exceed the current GSA mileage rate.
- 2. Training.** Provide the training name and a website for each training budgeted for the project. Provide the location, the approximate date of the training and number of attendees. Identify the *total* cost of the training for each category under which it is funded. Check the box beneath the training table to confirm that all travel costs comply with CVSSD and federal guidance. Provide information about the trainings in the field below. Applicants may choose to describe the training expenses and show the basis of the computation (# of staff, registration fee, travel to training, lodging, meal per diem, etc.).

All travel costs will be based on the organization or program's written travel policy. Per diem rates will not exceed the federal per diem rates found at www.gsa.gov/travel-resources. In financial reports to CVSSD, the applicant must provide documentation of the actual expenses budgeted for this section.

Out of state travel is allowable but must be well justified and approved by DOJ CVSSD. See the fund specific guidance for further details about training requests outside of Oregon.

No VOCA or VAWA funding can be used to purchase food and/or beverages for any meeting,

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retreat, seminar, symposium, training, or other similar event. Some exceptions do apply. This does not apply to providing emergency support to survivors.

Instructions for Questions #3-#9. Office Supplies, Agency Rent/Utilities, Emergency Services, Capital Outlay, Indirect/De Minimis Costs, Administrative Costs, and Other Costs.

Indicate the amounts your agency is requesting for each of the cost categories to be funded in by this two-year grant period. In the text boxes for each category describe the purpose of the budgeted expenses, show the basis of the computation, and explain how the costs are necessary and beneficial to the project.

- 3. Office Supplies.** Indicate the amounts your agency is requesting for Office Supplies to be funded for the 2-year grant period. In the text box, describe the purpose of the budgeted expenses, show the basis of the computation, and explain how the costs are necessary and beneficial to the project.
- 4. Agency Rent/Utilities.** Indicate the amounts your agency is requesting for Rent/Utilities to be funded for the 2-year grant period. In the text box, describe the type of rent expense (office space, training space, storage space, etc.) and or the type of utilities (electric, water, gas, etc.), show how the cost was determined (cost per square foot, monthly rent, etc.), the basis for the computation, and explain how the rent/utilities costs are necessary and beneficial to the project.

NOTE: Mortgage costs are not allowed by VOCA or VAWA.

- 5. Emergency Services.** Indicate the amounts the applicant is requesting for Emergency Services to be funded for the 2-year grant period. In the text box, describe the type of Emergency Services, explain how the cost was determined, and explain how the emergency service costs are necessary and beneficial to the project.
- 6. Capital Outlay.** Indicate the amounts the applicant is requesting for Capital Outlay to be funded in to be funded for the 2-year grant period. In the text box, list each non-expendable item to be purchased, the cost for each item, and the pro-rated portion allocated to funds unless the item is being purchased exclusively for this project. Explain how the item(s) to be purchased is necessary for the success of the project. Capital purchases are those that have a purchase price equal to or greater than the applicant's capitalization limit and a useful life of more than one year. Expendable items should be included in Office Supplies.
- 7. Indirect/De Minimis Costs.** If an applicant is charging indirect costs or a *de minimis*, then the applicant cannot also charge Direct Administrative costs to federal awards. An applicant may charge the indirect or *de minimis* costs to the federal awards, and Direct Administrative costs to state awards.⁵

⁵ Applicants that wish to negotiate an indirect cost rate may contact their cognizant federal agency or follow the instructions available at <http://ojp.gov/funding/Apply/Resources/IndirectCosts.pdf>. An applicant must prepare and,

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For federal grants, DOJ is required to honor an applicant's negotiated indirect cost rate, or the de minimis rate of modified total direct costs (not to exceed 10%). **Select the appropriate boxes to signal the organization's intent regarding the use of indirect or de minimis costs with this two-year award.**

A federal grant may be charged an indirect cost rate based on:

Use of a current indirect cost rate already negotiated either provisional or approved by a federal agency:

- Applicants with a federally approved or provisional⁶ indirect cost rate agreement may choose to charge their indirect cost rate to the grant.
- Applicants that elect to charge indirect costs must use the same indirect cost rate for all federal funding awards.
- Applicants can choose to charge the full amount, a reduced amount or waive their indirect cost rate for this award.
- Applicants that currently have or have had in the past a federally approved negotiated rate cannot use the 10% *de minimis* rate and must use the current negotiated rate or contact the cognizant federal agency to request an extension of the expired negotiated rate.
- Applicants **MUST** upload their current, signed indirect cost rate agreement certificate under the My Organization section of EGrants.

Use of an established *de minimis* rate of the MTDC (not to exceed 10%). Eligible organizations must certify that no unallowable expenses are included in the modified total direct cost (MTDC) rate (including lobbying and fundraising) and must keep the documentation of this decision on file. Eligible entities include:

- Nonprofit organizations that have **NEVER** negotiated a federal indirect cost rate;
- State and local government departments that have **NEVER** negotiated indirect cost rates with the Federal government and that receive less than \$35 million in direct Federal funding per year;
- Federally recognized Indian tribes that have **NEVER** negotiated an indirect cost rate with the Federal government may use the *de minimis* rate of MTDC (not to exceed 10%).

Modified Total Direct Costs (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each sub-award (regardless of the period of performance of the sub-awards under the award). MTDC

if required, submit an indirect cost rate proposal no later than 90 calendar days from the date the award is made and thereafter annually within 6 months of the end of the applicant's fiscal year.

⁶ Applicants that have a pending federally approved indirect cost rate agreement may choose to budget their provisional indirect cost rate to the grant. Applicants **MUST** upload their pending indirect cost rate proposal. Billing for indirect costs may require a budget revision and will be contingent on the applicant receiving a final rate from the federal awarding agency and submitting a current, signed indirect cost rate agreement. The Grant Agreement will include an award condition requiring submission of the negotiated indirect cost rate agreement when approved by the federal cognizant agency.

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excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each sub-award (contract) more than \$25,000.

Example: *Calculating the Modified Total Direct Costs (MTDC) rate in a budget:*

<i>Personnel:</i>	<i>\$20,000</i>
<i>Personnel Expenses:</i>	<i>\$4,400</i>
<i>Contractual Services:</i>	<i>\$27,000</i>
<i>Travel:</i>	<i>\$1,000</i>
<i>Office Supplies:</i>	<i>\$400</i>
<i>Equipment:</i>	<i>\$3,000</i>
Total Direct Costs:	\$55,800
<i>Less amount of a contract exceeding \$25,000 (for each contract)</i>	<i>\$2,000</i>
<i>Less Equipment</i>	<i>\$3,000</i>
<i>Less Rental costs (if part of an organization allocation plan)</i>	<i>0</i>
MTDC	\$50,800
<i>de minimis @ 10% of the total MTDC:</i>	
<i>\$50,800 x 10%</i>	<i>\$5,080</i>
Total Project Amount: \$55,800 total Direct Costs + \$5,080 Indirect Costs.	\$60,880

- 8. Direct Administrative Costs.** Applicants that do not have an indirect/de minimis cost rate or choose not to apply the indirect cost/de minimis rate to their state awards may choose to directly charge administrative costs. Direct charge of administrative costs cannot exceed more than 10% of the total budget amount.

By category, indicate the amount your organization will directly charge administrative costs for the two-year award period. Provide a detailed explanation of the administrative costs to be funded by this grant (e.g., staff FTE, fiscal services, IT services, HR services, general liability insurance, audit costs), the method used by the organization to equitably allocate administrative costs, and how these costs are necessary and beneficial to the project.

- 9. Other.** Indicate any amounts your organization is requesting for Other Costs to be funded in the 2-year grant period. Separate costs by category as appropriate. Provide the basis for the computation and how these costs are necessary and beneficial to the project.

FORM Y. VAWA Program Income

Applicants completing this form will click “yes” to the questions on **Form T. VAWA Program Income Narrative**. **ONLY** complete this form if you plan to generate program income using VAWA funds in this grant period.

Program Income is income that is earned by sub-recipients performing program service activities for a fee (typically paid for by the recipient of the service or by a third party, such as an insurance provider). Program income may be earned as a result of activities directly related to this VAWA award. Sub-recipients interested in collecting program income from VAWA grant

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funds should carefully review the link "[CVSSD Program Income Policy](#)" on Form K and consider whether they will be able to fully comply with all requirements. Note:

- Sub-recipients may not generate program income on CVSSD administered federal grant funding without prior approval from CVSSD.
- Program income funds are subject to the same allowances and restrictions as the federal grant on which the funds are earned.
- Program income is subject to the same terms and conditions under the VAWA Grant Agreement.

For each budget line 1-12:

- Enter the amount of anticipated VAWA Program Income earned in the 2-year grant period.
- Describe any cost included and provide an explanation for how these costs are necessary to the budget and beneficial to the project.

FORM Z: VAWA Budget Summary

This page summarizes the budgets from the VAWA Personnel, Contracts and Subawards, Services and Supplies, and Program Income pages. **Please click the "Save" button when opening this form** to have it pull information from the budget forms and calculate totals. To address any errors that appear on this page you will need to go back to the appropriate budget form to make the necessary corrections. Once the corrections have been made return to the Budget Summary and click the "Save" button to ensure that no additional errors exist.

CVSSD fund coordinators have entered the allocation amounts for each category in your award. The total expenses in each category may not exceed this amount. If you wish to negotiate the distribution of funds per category, contact your CVSSD fund coordinator as soon as possible.

FORMS AA-AF pertains only to ODSVS and ODHS funds. The E-Grants application is set so that only applicants scheduled to receive ODSVS funds will see these forms. Applicants scheduled to receive ODSVS funds are required to complete Forms AA-AF. Applicants who are not scheduled to receive ODSVS funds will not complete these forms.

FORM AA: ODSVS and ODHS Services

FORM AA pertains only to ODSVS and ODHS funds. Currently all applicants receive funds from ODSVS and ODHS. **ODSVS and ODHS "no-budget" grants** are flexible and may support services without contributing directly to FTE or other service costs. Applicants do not provide a budget for ODSVS and ODHS "no-budget" grants. **ODSVS "budget" grants** require the applicant to

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complete a budget like budgets for VOCA and VAWA. Read the ODSVS and ODHS funding guidance for more information.

- 1. Services.** Check each service you will provide with ODSVS “no-budget” and “budget” funds.
- Describe how **24-hour crisis line and 24-hour crisis response services** are provided. If provided by another organization, be sure to complete Form G. MOUs, Contracts, and Subawards.
- If the services are the same under ODSVS and ODHS funds, then check the box. If not, describe the **services to be provided with ODHS funding**.
- For ODHS funds only.** Per Section VIII.G. of the RFA, applicants are required to submit a complete and signed copy of the [Applicant Certification of Understanding with Practice Values](#). Once completed and signed, upload the certification form in the field provided.
- No-budget awards.** Describe how the applicant will spend the ODSVS and ODHS no-budget grant funds. This information does not commit the applicant to use the funds in any way. It is simply information for CVSSD and ODHS to identify how applicants are spending the no-budget funds.

FORM AB: ODSVS Population Specific Services and Organizations

The E-Grants application is set so that only applicants scheduled to receive ODSVS ‘Culturally Specific’ funds will see Form AB. Applicants who do not receive ODSVS ‘Culturally Specific’ funds will not complete this form. Form AC and Form L - VOCA Population Specific Services and Organizations are very similar. Both Form L and Form AB must be completed if the applicant receives VOCA ‘Underserved’ and ODSVS ‘Culturally Specific’ funds.

Select the option that best describes your organization:

- Applicant providing population specific services but is *not* a population specific organization or program within a larger organization.
- Applicant is a population specific organization.
- Applicant is a population specific program within a larger organization.

Applicants providing population specific services but are *not* a population specific organization or program within a larger organization. Applicants will respond to **Part ‘A’ - Population Specific Services**. Be sure to describe each population group and the corresponding project activities separately. “Add” another field after Part ‘A’, Question #1 for each distinct population group to be served.

Respond to **Part ‘A’, Questions #2 and #3**. Describe how well the organization or program meets the criteria for population specific services. Read the criteria [here](#). Although meeting the

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criteria is not required, it is a framework to help applicants and CVSSD assess current and future capacity for providing population specific services.

Respond to **Part 'A', Question #4** by identifying a “lead” or “specialist” staff position to facilitate learning for and provide expertise to the organization about a specific population. The population specific “lead” is responsible for staying up to date on best practices for serving survivors from a specific population. The population specific “lead” is not required or expected to provide all of the services for a specific population served by the organization or program. **Part 'A', Questions #4a-#4d** identifies the individual staff person that will act as the population specific “lead.” Questions must be answered with the individual’s name, position title, date of hire, and training received. The applicant can add training descriptions as necessary.

Applicants that are a population specific organization or a population specific program within a larger organization. Applicants will respond to **Part 'B' - Population Specific Organization or Program**. Be sure to describe each population group and the corresponding project activities separately. “Add” another field after Part 'B', Question #1 for each distinct population group to be served.

Respond to **Part 'B', Questions #2 and #3**. Describe how well the organization or program meets the criteria for population specific organizations and programs within a larger organization. Read the criteria [here](#). Although meeting the criteria is not required, it is a framework to help applicants and CVSSD assess current and future capacity as a population specific organization or program within a larger organization.

FORM AC: ODSVS Personnel (for ‘budget’ funds only)

General Information: Each applicant must submit a 2-year budget for ODSVS “budget” funds. Guidance about allowable and unallowable services and activities is available on the Non-Competitive Application Menu in E-Grants. An allocation table is uploaded in the E-Grants application and directs the amount of funding available, state and federal funding sources, and specific categories of funding assigned to each grant award. Allocation amounts are pre-populated on the budget summary page for each funding source. Please contact a CVSSD fund coordinator with questions or change requests.

Funding sources and funding categories:

- DV = Domestic Violence (VOCA, VAWA, ODSVS)
- SA = Sexual Assault (VOCA, VAWA, ODSVS)
- CS = Culturally Specific (VAWA and ODSVS)⁷
- US = Underserved Populations (VOCA only)⁸

⁷ As identified under the broader term “population specific.”

⁸ As identified under the broader term “population specific.”

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ODSVS Personnel Instructions: For staff supported by or assigned to two or more sources of funding and/or funding categories, properly budget that person's time to the appropriate funding sources and funding categories. Only include costs for staff providing direct client services and services that can be identified specifically with the project (includes supervision of direct service staff and completion of program-related records, statistics, and reports). Any staff performing general administrative duties, duties that cannot be readily identified with the project (salaries and expenses of executive directors, personnel administration, fiscal administration, etc.) should be included on Form AE. ODSVS Services and Supplies page as Indirect/De Minimis Costs or Administrative Costs.

Applicants completing this form should keep the following in mind:

- This is a multiple page form. A separate personnel page must be created for each grant-funded staff. After the form is SAVED, click on the ADD button to open a new page.
- Applicants should consider any personnel salary and benefit increases when preparing project budget requests for the project award period July 1, 2021 – June 30, 2023;
- Salary should only include actual wages; all mandatory and optional personnel expenses should be included in the personnel expenses lines;
- Personnel expenses (mandatory payroll taxes and optional fringe benefits) may include any of the following: FICA, workers' compensation, unemployment insurance, health insurance, short/long term disability, retirement, etc.;
- The basis for each computation should be clearly demonstrated; and
- The information entered on each page aligns with the position name(s) and FTE(s) shown on the Staff Roster and in the Project Description.

1. **Staff Name:** For each position requested list the name of the employee. If the position is not filled, enter *Vacant* or *To Be Hired*.
2. **Position Title:** For each position provide the position title.
3. **Salary Funded by this Grant:** List the total salary for the position to be funded by this grant, either 100% in each category or allocated between them for a two-year period. In the first text box provide a detailed calculation that clearly shows how the budgeted salary for each category of the two-year period was determined. This should be a total amount for the full award period of two years.

Example: Salary Detail: $\$30,000/\text{year} \times 2 \text{ years} \times .6 \text{ FTE (DV funds)} = \$36,000$ and $\$30,000/\text{year} \times 2 \text{ years} \times .2 \text{ FTE (SA funds)} = \$12,000$. This can also be calculated using an hourly approach: $\$14.4231/\text{hour} \times 2496 \text{ hours (.6 DV funds)} = \$36,000$ AND $\$14.4231/\text{hour} \times 832 \text{ hours (.2 SA funds)} = \$12,000$.

4. **Total Two-Year Salary:** List the total two-year salary for this position funded at a full-time equivalency (1 FTE). Even if the position is part-time, list the cost for 1 FTE. A 1 FTE position for 24 months is calculated at 4160 hours.

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Example: Two years of salary for 1 FTE would be \$60,000 ($\$14.4231 \times 4160 \text{ hours} = \$60,000$).

- 5. Personnel Expenses Funded by this Grant:** Indicate the amounts your agency is requesting for personnel expenses to be funded by this grant, either 100% in one category or allocated between categories. In the text box, provide a detailed calculation that clearly shows how the budgeted personnel expenses were determined for the two-year grant period. Indicate the dollar amount and the rate used to calculate the personnel costs of the staff position to be allocated to the project and list the personnel costs included in the calculation (FICA, UI, Workers' Compensation, health insurance, retirement, etc.).

Example: $\$60,000 \times .35 = \$21,000$ (DV funds) = $\$12,600$ and $\$60,000 \times .35 = \$21,000 \times .2$ (SA funds) = $\$4200$. Personnel expenses are calculated at 35% of the total salary. Personnel expenses may include employer portion of FICA, workers' compensation, unemployment, health insurance, short/long term disability, life insurance, and retirement.

- 6. Total Two-Year Personnel Expenses:** Indicate the total two-year costs of personnel expenses for this position funded at a full-time equivalency (1 FTE). Even if the position is part-time, list the cost for 1 FTE for a two-year period.

Example: Personnel expenses for 1 FTE for a two-year period is $\$60,000 \times .35$. The total two-year personnel expenses would be $\$21,000$.

- 7. FTE Calculation:** The FTE will auto-populate once the salary and benefits are entered. The CVSSD E-Grants system calculates FTE by combining both salary and personnel expenses for a two-year period. Grantees should use the same method of calculating FTE on the Staff Roster. FTE can be calculated using the following formula:

Actual Grant Funded Salary + Actual Grant Funded Personnel Expenses / Total 1 FTE Salary + Total 1 FTE Personnel Expenses (based on amounts for a two-year period).

- 8. What are the top five (5) major direct service activities to be performed by this proposed VOCA funded staff member?** Explain the need for the personnel funds requested. Specifically describe the five (5) major direct service activities to be conducted by the grant-funded position in this project. Ensure that the description is consistent with the Job Description and the associated checklists and narratives.

FORM AD: ODSVS Contracts and Subawards

For funds budgeted in two or more funding categories (Domestic Violence, Sexual Assault, Culturally Specific), consider how contracts and or subawards will directly or indirectly benefit survivors of each category.

Applicants completing this section of the budget form should keep the following in mind:

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- Expenditures in this section should support and enhance direct services and show they are consistent with the project activities;
- The basis for each computation should be clearly demonstrated;
- Costs should be directly attributable to the project or represent a pro-rated cost based on an agency identified allocation method;
- Expenditures must be allowable costs for the grant funds that are being requested; and
- The budget narrative should clearly explain the benefits of each grant-funded expense to the project.

Contract/Subaward. If the applicant is requesting funds in this line item, the applicant is required to complete **Form G: MOUs, Contracts and Subawards** and upload a copy of the Contract or Subaward.

Name of Proposed Contractor/Subawardee. The name of the proposed contractor/subawardee will pre-populate on this form.

Contract/Subaward Period. Enter the dates for the contract period. This should coincide with the dates on the contract uploaded on Form G.

Contract/Subaward Amount. Enter the total Contract Amount to be funded by this grant, either 100% in one category or allocated between them. Do not include contracted services for accounting or other administrative services, these costs should be included on the Services & Supplies page under Administrative Costs or Indirect Costs.

Consultant fees more than \$650 per day or \$81.25 per hour require additional justification and prior approval.

Calculation Examples: *Contract for FTE: \$15/hour X 1040 hours = \$15,600; 40% (\$6,240) DV funds, 60% (\$9,360) SA funds. Contract for Trainer: \$50/hour X 16 hours = \$800; 100% DV*

Consider all expenses to be paid on the Contract in addition to any compensation (training costs, travel costs, mileage, meals and lodging, supplies, etc.).

Calculation Example: *Contract for Trainer: \$300 for mileage, per diem and lodging and \$50 for supplies and copies.*

FORM AE: ODSVS Services & Supplies (for 'budget' funds only)

Costs may be budgeted in more than one funding category (Domestic Violence, Sexual Assault, Culturally Specific). Costs attributed to different categories must benefit the survivors served under each category. Indirect/De Minimis Costs or Administrative Costs must be in proportion to the other line items and categories already budgeted.

Applicants completing this section of the budget form should keep the following in mind:

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- Expenditures in this section should support and enhance direct services and show they are consistent with the project activities;
- The basis for each computation should be clearly demonstrated;
- Costs should be directly attributable to the project or represent a pro-rated cost based on an agency identified allocation method;
- Expenditures must be allowable costs for the grant funds that are being requested; and
- The budget narrative should clearly explain the benefits of each grant-funded expense to the project.

- 1. Travel.** Indicate the amounts the applicant is requesting for Travel in the 2-year grant period. In the text box describe the purpose of the budgeted travel expenses (e.g. travel to attend meetings, travel for outreach, staff or volunteers providing client transport, and any other travel *not* related to attendance at training, etc.), show the basis of the computation (# of miles, cost per mile), and explain how the travel costs are necessary and beneficial to the project. Mileage amount cannot exceed the current GSA mileage rate.
- 2. Training.** Provide the training name and a website for each training budgeted for the project. Provide the location, the approximate date of the training and number of attendees. Identify the *total* cost of the training for each category under which it is funded. Check the box beneath the training table to confirm that all travel costs comply with CVSSD and federal guidance. Provide information about the trainings in the field below. Applicants may choose to describe the training expenses and show the basis of the computation (# of staff, registration fee, travel to training, lodging, meal per diem, etc.).

All travel costs will be based on the organization or program's written travel policy. Per diem rates will not exceed the federal per diem rates found [here](#). In financial reports to CVSSD, the applicant must provide documentation of the actual expenses budgeted for this section.

Out of state travel is allowable but must be well justified and approved by DOJ CVSSD. See the fund specific guidance for further details about training requests outside of Oregon.

Instructions for Questions #3-#9. Office Supplies, Agency Rent/Utilities, Emergency Services, Capital Outlay, Indirect/De Minimis Costs, Administrative Costs, and Other Costs.

Indicate the amounts your agency is requesting for each of the cost categories to be funded in by this two-year grant period. In the text boxes for each category describe the purpose of the budgeted expenses, show the basis of the computation, and explain how the costs are necessary and beneficial to the project.

- 3. Office Supplies.** Indicate the amounts your agency is requesting for Office Supplies to be funded for the 2-year grant period. In the text box, describe the purpose of the budgeted expenses, show the basis of the computation, and explain how the costs are necessary and

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beneficial to the project.

- 4. Agency Rent/Utilities.** Indicate the amounts your agency is requesting for Rent/Utilities to be funded for the 2-year grant period. In the text box, describe the type of rent expense (office space, training space, storage space, etc.) and or the type of utilities (electric, water, gas, etc.), show how the cost was determined (cost per square foot, monthly rent, etc.), the basis for the computation, and explain how the rent/utilities costs are necessary and beneficial to the project.
- 5. Emergency Services.** Indicate the amounts the applicant is requesting for Emergency Services to be funded for the 2-year grant period. In the text box, describe the type of Emergency Services, explain how the cost was determined, and explain how the emergency service costs are necessary and beneficial to the project.
- 6. Capital Outlay.** Indicate the amounts the applicant is requesting for Capital Outlay to be funded in to be funded for the 2-year grant period. In the text box, list each non-expendable item to be purchased, the cost for each item, and the pro-rated portion allocated to funds unless the item is being purchased exclusively for this project. Explain how the item(s) to be purchased is necessary for the success of the project. Capital purchases are those that have a purchase price equal to or greater than the applicant's capitalization limit and a useful life of more than one year. Expendable items should be included in Office Supplies.
- 7. Indirect/De Minimis Costs.** If an applicant is charging indirect costs or a *de minimis*, then the applicant cannot also charge Direct Administrative costs to federal awards. An applicant may charge the indirect or *de minimis* costs to the federal awards, and Direct Administrative costs to state awards.⁹

For federal grants, DOJ is required to honor an applicant's negotiated indirect cost rate, or the de minimis rate of modified total direct costs (not to exceed 10%). **Select the appropriate boxes to signal the organization's intent regarding the use of indirect or de minimis costs with this two-year award.**

A federal or state grant may be charged an indirect cost rate based on:

Use of a current indirect cost rate already negotiated either provisional or approved by a federal agency:

- Applicants with a federally approved or provisional¹⁰ indirect cost rate agreement may choose to charge their indirect cost rate to the grant.

⁹ Applicants that wish to negotiate an indirect cost rate may contact their cognizant federal agency or follow the instructions available at <http://ojp.gov/funding/Apply/Resources/IndirectCosts.pdf>. An applicant must prepare and, if required, submit an indirect cost rate proposal no later than 90 calendar days from the date the award is made and thereafter annually within 6 months of the end of the applicant's fiscal year.

¹⁰ Applicants that have a pending federally approved indirect cost rate agreement may choose to budget their provisional indirect cost rate to the grant. Applicants MUST upload their pending indirect cost rate proposal. Billing

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- Applicants that elect to charge indirect costs must use the same indirect cost rate for all federal funding awards.
- Applicants can choose to charge the full amount, a reduced amount or waive their indirect cost rate for this award.
- Applicants that currently have or have had in the past a federally approved negotiated rate cannot use the 10% *de minimis* rate and must use the current negotiated rate or contact the cognizant federal agency to request an extension of the expired negotiated rate.
- Applicants MUST upload their current, signed indirect cost rate agreement certificate under the My Organization section of EGrants.

Use of an established *de minimis* rate of the MTDC (not to exceed 10%). Eligible organizations must certify that no unallowable expenses are included in the modified total direct cost (MTDC) rate (including lobbying and fundraising) and must keep the documentation of this decision on file. Eligible entities include:

- Nonprofit organizations that have **NEVER** negotiated a federal indirect cost rate;
- State and local government departments that have **NEVER** negotiated indirect cost rates with the Federal government and that receive less than \$35 million in direct Federal funding per year;
- Federally recognized Indian tribes that have **NEVER** negotiated an indirect cost rate with the Federal government may use the *de minimis* rate of MTDC (not to exceed 10%).

Modified Total Direct Costs (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each sub-award (regardless of the period of performance of the sub-awards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each sub-award (contract) more than \$25,000.

Example: *Calculating the Modified Total Direct Costs (MTDC) rate in a budget:*

<i>Personnel:</i>	<i>\$20,000</i>
<i>Personnel Expenses:</i>	<i>\$4,400</i>
<i>Contractual Services:</i>	<i>\$27,000</i>
<i>Travel:</i>	<i>\$1,000</i>
<i>Office Supplies:</i>	<i>\$400</i>
<i>Equipment:</i>	<i>\$3,000</i>
Total Direct Costs:	\$55,800
<i>Less amount of a contract exceeding \$25,000 (for each contract)</i>	<i>\$2,000</i>

for indirect costs may require a budget revision and will be contingent on the applicant receiving a final rate from the federal awarding agency and submitting a current, signed indirect cost rate agreement. The Grant Agreement will include an award condition requiring submission of the negotiated indirect cost rate agreement when approved by the federal cognizant agency.

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<i>Less Equipment</i>	\$3,000
<i>Less Rental costs (if part of an organization allocation plan)</i>	0
MTDC	\$50,800
<i>de minimis @ 10% of the total MTDC: \$50,800 x 10%</i>	<i>\$5,080</i>
Total Project Amount: \$55,800 total Direct Costs + \$5,080 Indirect Costs.	\$60,880

- 8. Direct Administrative Costs.** Applicants that do not have an indirect/de minimis cost rate or choose not to apply the indirect cost/de minimis rate to their state awards may choose to directly charge administrative costs. Direct charge of administrative costs cannot exceed more than 10% of the total budget amount.

By category, indicate the amount your organization will directly charge administrative costs for the two-year award period. Provide a detailed explanation of the administrative costs to be funded by this grant (e.g., staff FTE, fiscal services, IT services, HR services, general liability insurance, audit costs), the method used by the organization to equitably allocate administrative costs, and how these costs are necessary and beneficial to the project.

- 9. Other.** Indicate any amounts your organization is requesting for Other Costs to be funded in the 2-year grant period. Separate costs by category as appropriate. Provide the basis for the computation and how these costs are necessary and beneficial to the project.

FORM AF: ODSVS Budget Summary *(for 'budget' funds only)*

This page summarizes the budgets from the ODSVS Personnel, Contracts & Subawards, and Services & Supplies pages. **Please click the “Save” button after opening this form** to have it pull information from the budget forms and calculate totals. To address any errors that appear on this page you will need to go back to the appropriate budget form to make the necessary corrections. Once the corrections have been made return to the Budget Summary and click the “Save” button to ensure that no additional errors exist.

CVSSD fund coordinators have entered the allocation amounts for each category in your award. The total expenses in each category may not exceed this amount. If you wish to negotiate the distribution of funds per category, contact your CVSSD fund coordinator as soon as possible.

FORM AG: New Applicants

FORM AG pertains only to first-time applicants for Joint Non-Competitive Grant funds. The E-Grants application is set so that an applicant will only see this form if “no” is checked for question #4 on Form A. Cover Page.

Questions #1-#2. Describe the applicant organization, the proposed project and the two-year project implementation timeline.

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1. Upload one or more letters of support from one or more current recipients of Joint Non-Competitive Grant funds.
2. Describe what financial support the organization will contribute to the project. Financial support must be from at least one other revenue source and at least 10% of what would be awarded from the Joint Non-Competitive Grant. Responses must demonstrate the applicant's investment and general sustainability in providing these services.

Indirect Cost Rates/10% De Minimis. A federal grant may be charged an indirect cost rate based on:

- A. Use a current indirect cost rate already negotiated either provisional or approved by a federal agency:**
 - Applicants with a federally-approved or provisional¹¹ indirect cost rate agreement may choose to charge their indirect cost rate to the grant.
 - Applicants that elect to charge indirect costs must use the same indirect cost rate for all federal funding awards.
 - Applicants can choose to charge the full amount, a reduced amount or waive their indirect cost rate for this award.
 - Applicants that currently have or have had in the past a federally approved negotiated rate **cannot** use the 10% *de minimis* rate and must use the current negotiated rate or contact the cognizant federal agency to request an extension of the expired negotiated rate.
 - Applicants **MUST** upload their current, signed indirect cost rate agreement certificate.
- B. Entities eligible to use the 10% *de minimis* rate of the MTDC** must certify that no unallowable expenses are included in the rate (including lobbying and fundraising) and must keep the documentation of this decision on file. Entities include:
 - Nonprofit organizations that have **NEVER** negotiated a federal indirect cost rate;
 - State and local government departments that have **NEVER** negotiated indirect cost rates with the Federal government and that receive less than \$35 million in direct Federal funding per year;
 - Federally recognized Indian tribes that have **NEVER** negotiated an indirect cost rate with the Federal government may use the 10% *de minimis* rate of the modified total direct costs (MTDC).

¹¹ Applicants that have a pending federally-approved indirect cost rate agreement may choose to budget their provisional indirect cost rate to the grant. Applicants **MUST** upload their pending indirect cost rate proposal. Billing for indirect costs may require a budget revision and will be contingent on the applicant receiving a final rate from the federal awarding agency and submitting a current, signed indirect cost rate agreement. The Grant Agreement will include an award condition requiring submission of the negotiated indirect cost rate agreement when approved by the federal cognizant agency.

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For federal grants, DOJ is required to honor an applicant’s negotiated indirect cost rate, or the *de minimis* indirect cost rate of 10% of modified total direct costs or the applicant may choose to waive an indirect cost rate. **The applicant is required to select the appropriate box to indicate to CVSSD the applicant’s intent regarding the allocation of indirect costs to these awards.**

NOTE: Applicants that wish to negotiate an indirect cost rate may contact their cognizant federal agency or follow the instructions available [at the OJP website](#). An applicant must prepare and, if required, submit an indirect cost rate proposal no later than 90 calendar days from the date the award is made and thereafter annually within 6 months of the end of the applicant’s fiscal year.

- C. Modified Total Direct Costs (MTDC).** Modified Total Direct Costs (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each sub-award (regardless of the period of performance of the sub-awards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each sub-award (contract) in excess of \$25,000.

Example Budget: *Calculating the Modified Total Direct Costs (MTDC) rate in a budget:*

<i>Personnel:</i>	<i>\$20,000</i>
<i>Personnel Expenses:</i>	<i>\$4,400</i>
<i>Contractual Services:</i>	<i>\$27,000</i>
<i>Travel:</i>	<i>\$1,000</i>
<i>Office Supplies:</i>	<i>\$400</i>
<i>Equipment:</i>	<i>\$3,000</i>
Total Direct Costs:	\$55,800

Total Direct Costs:	\$55,800
<i>Less amount of a contract exceeding \$25,000 (for each contract)</i>	<i>\$2,000</i>
<i>Less Equipment</i>	<i>\$3,000</i>
<i>Less Rental costs (if part of an organization allocation plan)</i>	<i>0</i>
MTDC	\$50,800
<i>de minimis @ 10% of the total MTDC: \$50,800 x 10%</i>	<i>\$5,080</i>
Total Project Amount: \$55,800 total Direct Costs + \$5,080 Indirect Costs.	\$60,880

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