

# **Oregon Department of Justice Crime Victim and Survivor Services Division**



## **2023-24 ARPA Community Violence Intervention and Prevention (CVI) Funds Application E-Grants Form Instructions**

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## Initiating Application

To initiate an application, visit Oregon CVSSD E-Grants at [www.cvssdegrants.com](http://www.cvssdegrants.com). If this is your first application with DOJ CVSSD, you will need to create a username and password to access E-Grants. Once you create an account, CVSSD will then review the information you submitted and activate your account. You will receive an email notification once your account has been activated. Once you receive the notification that your account has been activated, you can then sign in and access the grant application.

As part of setting up your account, you will enter your organization information. Once your account is set up, then:

Enter the information below

- Organization Members
- Staff Roster for those funded with this grant
- Governing Board Roster

Complete the certifications below

- Civil rights certification
- Whistleblower certification

Refer to the [CVSSD E-Grants Applicant User Guide](#) for assistance as needed.

## General Budget Information

Each applicant should submit a budget for all costs associated with the proposed ARPA CVI project for the award period of **July 1, 2023-December 31, 2024**. Information regarding allowable and unallowable services and activities is listed in the RFA.

Direct administrative costs should be included under the budget line item associated with the cost (e.g., listing supervision or fiscal staff costs on the “Salaries, Wages, and Related Costs” page) rather than under a separate line item. Administrative costs still must be reasonably limited and directly related to the project.

The budget form has two columns, Tier 1 and Tier 2.

- Please enter proposed budget up to \$125,000 in the Tier 1 column. If total request is \$125,000 or less, then there is no need to complete a Tier 2 budget.
- If requesting \$125,001 or more (up to a maximum of \$250,000), then **also** complete the Tier 2 column by listing all expenses over and above those listed in the Tier 1 column. These should reflect costs and expenses that you are adding on to the Tier 1 budget.

**Please note: If the number of requests received exceeds the funds available, DOJ CVSSD may need to adjust downward the level of the grant award to ensure some level of funding for all qualified applicants.**

**Remember to click the “Save” button before leaving this page.**

## 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 complete and accurate. Please be sure that the appropriate people have access to this application, including those who will need to complete reports. Information on how to make any necessary changes can be found in the [CVSSD E-Grants Applicant User Guide](#).

Applicants also need to certify that the Staff Roster and Governing Board Roster are both accurate and complete. Both rosters should be updated throughout the life of the grant to reflect the most current information for the organization. Staff rosters should reflect any staff funded with these grant funds. They can be found by clicking on your name in the top right corner of the screen, then “Profile.” Links for the Staff Roster and Governing Board Roster will be on the left-hand side of the screen.

Applicants will need to upload position descriptions into the staff roster for any staff funded with grant funds.

Applicants must agree to send at least one representative to any applicable required training event hosted by CVSSD.

Applicants must certify that they are eligible to apply for the funds.

- 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 at [cvi@doj.state.or.us](mailto:cvi@doj.state.or.us) 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, 5, or 6. Include all that are covered by your service area. A link to the Congressional District map is available next to the question.
  - d. SAM Expiration Date:** To register and receive a Unique Entity Identification number and expiration date, visit here: [SAM.gov | Entity Registrations](#).
  - 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. You will select from the drop-down menu that is based on the information you entered in your Organization page.

- 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 organization fiscal records. You will select from the drop-down menu that is based on the information you entered in your Organization page.

3. **Required Reporting.** Applicants must review the reporting requirements described in the RFA as well as the two required reporting templates ([here](#) and [here](#)) developed by the Department of Administrative Services and agree to comply with the reporting requirements.

**Remember to click the “Save” button before leaving this page.**

## Form B: Project Description

All applicants must complete this form. Please keep the following in mind as you complete the Project Description:

- **Narrative Questions:**

Responding to the narrative questions is the applicant's opportunity to explain concisely the project and the services being planned specifically with these funds. Answer each question below in as much detail as necessary to provide a clear description of the project. You are allowed up to 4,000 characters to answer each of these two questions. You are not required to use all the character space provided, but you are allowed to if needed.

Read through each question before responding. Map out the response to each question to avoid providing duplicative information. Also, ensure that the information entered on this form aligns with any position(s) and FTE(s) shown on the Staff Roster and the costs included in the budget

- **Question #1** (this response is limited to 4,000 characters): What work is your organization currently doing for community violence intervention and prevention?
- **Question #2** (this response is limited to 4,000 characters): How will ARPA Community Violence Intervention and Prevention funds supplement your organization's current community violence intervention and prevention efforts?
- **Question #3:** Click the check box(es) to indicate which programs and services this grant will fund. Click all that apply. If your program or service is not listed, then use the "Other" text box(es) to add the programs and services.
- **Question #4:** Click the check box(es) to indicate the approaches your CVI project would include or employ. Click all that apply. If the approach your organization uses is not listed, then use the "Other" text box(es) to add the approach(es).

**Remember to click the "Save" button before leaving this page.**

## Form C: Goals, Objectives, and Expected Outcomes

Applicants have an opportunity to write goals, objectives, and expected outcomes specific to their project for the purpose of measure the project's performance. For reference, descriptions are noted below:

- **Goals** are broad, general statements of what the program hopes to accomplish.
- **Objectives** are desired changes of the project and are derived from the goal. Objectives should be simple, realistic, reachable, and measurable.
- **Expected Outcomes** are changes in participants' lives based because of the services delivered by the project. Outcomes are generally measured by asking for feedback through an evaluation process from those served by the project.

Applicants are also required to report on goals in the Department of Administrative Services Performance Plan (see Form E instructions). The goals reported on Form C should be consistent with those reported on the DAS Performance Plan.

You must complete at least one set of Goals, Objectives, and Expected Outcomes. You may include additional goals, objectives, and outcomes. If you wish to do so, click the button to add another set and a new section will automatically appear.

**Remember to click the "Save" button before leaving this page.**



## Form D: Memorandum of Understanding and Contracts

This form page may be left blank if no Memorandum of Understanding (MOU) or contract 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. To read guidance about the procurement process, click [here](#).

**A. Memorandum of Understanding (MOU).** A sample MOU is available [here](#). Upload a complete, signed MOU. It is okay to upload an unsigned MOU that both parties have discussed and agreed to if a signed copy is not yet available. Up to three MOUs may be uploaded under Part 'A'. A signed copy of the MOU will be required prior to distribution of funds.

For applicants proposing to work with programs within Tribal Nations (or programs within 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. It is okay to upload an unsigned document if a signed copy is not yet available.

**B. Contracts.** View the recommended minimum elements of a contract [here](#). If proposing to contract funds to an individual or organization, then respond to **Questions 1.a. – 1.i.:** **“Proposed Contract #1.”** Upload a complete, signed contract under Question 1.h. It is okay to upload an unsigned contract if a signed copy is not yet available. A signed copy of the contract will be required prior to the expenditure of grant funds for contract costs.

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.

**Remember to click the “Save” button before leaving this page.**

## Form E: Attachments to Upload

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

### 1. Letter of Authorization

For nonprofits, if someone other than the Board Chair intends to sign grant documents and/or submit reports, applicants must attach a Letter of Authorization to the application. If applicable, upload a signed Letter of Authorization. A sample form can be found [here](#).

If the applicant is a program within a Tribal Nation, please submit a single letter, resolution, affidavit, or other documentation that indicates the individual(s) authorized to sign the Grant Agreement and any grant-related documents and certifies that the applicant has the legal authority to apply for funds on behalf of the Tribe. The documentation must be current, sufficient to demonstrate authority for the application, and contain authorized signature(s).

### 2. Performance Plan

All applicants will need to complete the required Department of Administrative Services (DAS) [Performance Plan](#), using the template developed by DAS. This is a one-time requirement to be used by DAS. Please note that, as the form states, it is understood that some of the questions on the Performance Plan may not be relevant to all grantees. If that is the case, please enter “Not Applicable” in the appropriate text box.

### 3. Administrative Risk Assessment

This is required as part of the CVSSD Monitoring Process, a chart describing the process can be found [here](#). [The Administrative Risk Assessment](#) must be completed and uploaded with the grant application and is required before funds are disbursed.

### 4. Financial Risk Assessment

This is required as part of the CVSSD Monitoring Process, a chart describing the process can be found [here](#). [The Financial Risk Assessment](#) must be completed and uploaded with the grant application and is required before funds are disbursed.

### 5. Internal Revenue Service (IRS) 501(c)(3) Determination Letter

All applicants must be either 1) a non-profit; or 2) program within a federally recognized Tribal Nation in Oregon. Non-profit applicants (not Tribal Nations) must upload the organization’s IRS 501(c)(3) determination letter with the grant application.

**Remember to click the “Save” button before leaving this page.**

## Form F: Salaries, Wages, and Related Costs

Grantees must maintain accurate time and attendance records for positions budgeted in awards. Grantees must also maintain written personnel policies and keep these policies updated. It is recommended that policies are reviewed and updated every two years.

Accurate time and attendance records must be maintained for all positions budgeted under this award. Federal funding requires grantees to engage in direct timekeeping. This includes salaried positions and any personnel written into the grant budget. Adequate documentation and policies must be maintained. Special care should be taken if a position is funded from more than one source.

For more information on direct timekeeping, please read [Guidance on Timekeeping](#). 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 in the upper right corner of the page to open a new page.
- Applicants should consider any salary and personnel expense increases when preparing the personnel budget for the project award period July 1, 2023 – December 31, 2024.
- 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.
- The information entered on each page should align 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:** Enter the salary amount for the position that will be funded by the grant. Use the textbox to enter a detailed calculation that clearly shows how the budgeted salary was determined.
4. **Total Salary:** List the total salary for this position funded at a full-time equivalency (1 FTE) for the full award period of 1.5 years (July 1, 2023-December 31, 2024). Even if the position is part-time, list the cost for 1 FTE (E-Grants will calculate if the FTE is anything less than 1.0 FTE). A 1 FTE position for a year is calculated at 2080 hours, so 1.5 years is 3,120 hours.

**Example calculations:** \$60,000/year for 1 FTE. Grant will fund 0.5 FTE for July 1, 2023 – December 31, 2024. Grant funded salary:  $\$60,000 \times 0.5 \times 1.5 \text{ FTE} = \$45,000$ . Total 1 FTE salary:  $\$60,000 \times 1.5 \text{ years} = \$90,000$ .

- 5. Personnel Expenses Funded by this Grant:** Enter the amount the applicant organization is requesting for personnel expenses to be funded by the grant. Use the textbox to enter a detailed calculation that clearly shows how the budgeted personnel expenses were determined. 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.).
- 6. Total Personnel Expenses:** Indicate the total costs of personnel expenses for this position funded at a full-time equivalency (1 FTE) for the full award period of 1.5 years. Even if the position is part-time, list the cost for 1 FTE (E-Grants will calculate if the FTE is anything less than 1.0 FTE).

**Example calculations:** Personnel expenses are calculated at 35% of the total salary. Personnel expenses include employer portion of FICA, workers' compensation, unemployment, health insurance, short/long term disability, life insurance, and retirement. Grant funded personnel expenses for 0.5 FTE:  $\$60,000 \text{ salary} \times 1.5 \text{ years} \times .35 \times .5 \text{ (grant funded)} = \$15,750$ . Total personnel expenses:  $\$60,000 \text{ salary} \times 1.5 \text{ years} \times .35 = \$31,500$ .

- 7. FTE Calculation:** The FTE will auto-populate once the salary and personnel expenses are entered. The E-Grants system calculates FTE by combining both salary and personnel expenses. Applicants should use the same method of calculating FTE on the Staff Roster. FTE can be calculated using the following formula (based on the two-year amounts):

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

- 8. What are the top five activities to be performed by this proposed grant funded staff member?** Explain the need for the personnel funds requested. Specifically describe the five (5) major activities to be conducted by the grant-funded position in this project. Ensure that the description is consistent with the Job Description uploaded on the Staff Roster and the grant activities listed in the application.

**Remember to click the "Save" button before leaving this page.**

## Form G: Contracts

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

- Expenditures in this section should support and enhance CVI and be consistent with the project activities.
- Costs should be directly attributable to the project or represent a pro-rated cost based on an agency identified allocation method; and
- Expenditures must be allowable costs for the grant funds.

If the applicant is requesting funds on this page, the applicant is required to complete **Form D: MOUs and Contracts** and upload a copy of the Contract. Each Contract will not appear on this page until it is entered on Form D.

**Name of Proposed Contractor:** The name of the proposed contractor will pre-populate on this form.

**Contract/ Period:** Enter the dates for the contract period. This should match the dates on the contract uploaded on Form D.

**Contract Amount:** Enter the total Contract Amount to be funded by this grant.

**Payment Terms:** Enter the agreed upon payment terms for the contract (e.g., an hourly rate, quarterly set payment amount, etc.).

**Remember to click the “Save” button before leaving this page.**

## Form H: Services & Supplies

Applicants completing this section should keep the following in mind:

- Expenditures in this section should support CVI services and be 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; and
  - The budget narrative should clearly explain the benefits of each grant-funded expense to the project.
- 1. Materials and Supplies:** Indicate the amounts your organization is requesting for materials and supplies to support the project for the 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. The text box is limited to 2,000 characters.
  - 2. Travel:** Indicate the amounts the applicant is requesting for Travel. 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, 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. First-class travel is not allowed. The text box is limited to 2,000 characters.
  - 3. Equipment and other Capital Costs:** Indicate the amount the applicant is requesting for Capital Outlay. 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. In the text box, list each item to be purchased, the cost for each item, and the prorated portion allocated to the grant, 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. Examples of capital assets include land, land improvements, buildings and building improvements, motor vehicles, and equipment and machinery. The text box is limited to 2,000 characters.
  - 4. Indirect/De Minimis Costs:** If an applicant is charging indirect costs or a *de minimis*, then typically the applicant should not also charge Direct Administrative costs to the award. CVSSD will honor an applicant's negotiated indirect cost rate, or the de minimis rate of modified total direct costs (MTDC) not to exceed 10%. **Select the appropriate box(es) to signal the organization's intent regarding the use of indirect or de minimis costs with this award.**

The 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 provisional indirect cost rate agreement may choose to charge their indirect cost rate to the grant.<sup>1</sup>
- 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 a federally approved or provisional indirect cost 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 E-Grants.

**Use of an established *de minimis* rate of the MTDC (not to exceed 10%):**

- If the applicant agency does not have a federally approved or provisional indirect cost rate, and is an eligible entity, the applicant may use the 10% *de minimis* indirect cost rate with no additional documentation requirements.
- If an applicant agency chooses to use the *de minimis* rate, it must do so consistently until such time that the agency chooses to negotiate a rate with a federal agency.
- 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 subaward/contract (regardless of the period of performance). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward/contract more than \$25,000.

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<sup>1</sup> 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>.

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

<i>Salary:</i>	<i>\$20,000</i>
<i>Personnel Expenses:</i>	<i>\$4,400</i>
<i>Contract:</i>	<i>\$27,000</i>
<i>Travel:</i>	<i>\$1,000</i>
<i>Office Supplies:</i>	<i>\$400</i>
<i>Capital Outlay:</i>	<i>\$3,000</i>
<b>Total Direct Costs:</b>	<b>\$55,800</b>
<i>Less amount of a contract exceeding \$25,000 (for each contract)</i>	<i>\$2,000</i>
<i>Less Capital Outlay</i>	<i>\$3,000</i>
<b>MTDC</b>	<b>\$50,800</b>
<i>de minimis @ 10% of the total MTDC: \$50,800 x 10%</i>	<i>\$5,080</i>
<b>Total Project Amount: \$55,800 total Direct Costs + \$5,080 Indirect Costs.</b>	<b>\$60,880</b>

- 5. Other Costs:** Indicate any amounts your agency is requesting for costs that do not fall within the other budget categories. In the text boxes describe the costs, provide the computation of the cost, and how it benefits the project. Each text box is limited to 2,000 characters.

Direct Client Services. Indicate the amount the applicant is requesting. Funds designated as direct client services are for participants in CVI programs and services. These funds are available to purchase goods and services for the benefit of program participants. This may include, but is not limited to, public transportation to CVI program and services, GED® preparation and testing, required texts or tools for vocational training, and other goods and services that intervene and prevent community violence. Expenses must be documented and attributed to an individual client.

Organization Rent/Utilities. Indicate the amount the applicant is requesting for organization rent/utilities to be funded by this grant. In the text box describe the type of rent/utility expense (office space, electric, communications, etc.). Show how the cost was determined (cost per square foot, monthly fee, etc.) and the basis for the computation. **Describe rent/utilities as either a cost directly attributable to the project or a pro-rated cost based on an agency identified allocation method.**

Training. Complete a description of each training budgeted for the project. Include a link to the training if one is available. Provide the title, location and approximate date of the training and identify the total cost of the training. Describe the training expenses in the textbox below and show the basis of the computation (# of staff, registration fee, travel



to training, lodging, meal per diem, etc.). Explain how the training costs are necessary and beneficial to the project.

All travel costs should be based on the organization's written travel policy. Per diem rates may not exceed the federal per diem rates found at [www.gsa.gov/travel-resources](http://www.gsa.gov/travel-resources). First-class travel is not allowed.

Out of state travel is allowable but must be well justified and approved by DOJ CVSSD.

**Remember to click the "Save" button before leaving this page.**

## Form I: Budget Summary

This page summarizes the previous budget pages, forms F-H. Please click the **“Save”** button when opening this form to have it pull information from the other 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.

**Remember to click the “Save” button before leaving this page.**