

E-Grants Application Form Instructions

2026-2028 VOCA Culturally Specific & Culturally Responsive Program Competitive Grant

These Application Instructions provide guidance for each line item in the application.

The [ODOJ CVSSD E-Grant Applicant User Guide](#) answers questions about navigating the system.

New to E-Grants? Watch a recorded training webinar about E-Grants.

[E-Grants Training with ASL](#)

[E-Grants Training without ASL](#)

[VOCA Allowable and Unallowable Costs](#): This document describes what these grant funds can and cannot be used for.

[VOCA Subaward Handbook](#): This Subaward Management Handbook discusses general program requirements and restrictions relating to the administration of all federal VOCA Assistance subawards funded through the Oregon Department of Justice (DOJ), Crime Victim and Survivor Services Division (CVSSD).

**READ THE INSTRUCTIONS FOR EACH PAGE BEFORE COMPLETING THE
E-GRANT FORMS**

FORM A. Cover Page

1. Organization Certification – Check boxes to certify that information is correct and up to date. Visit the Organization Information Profile by selecting “Profile” beneath the username on the upper right-hand corner of the page.
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2. Applicant Information – Review the applicant organization’s information to verify that it is complete and accurate (e.g., address, federal ID). Only add a physical address if it is different than the mailing address. If the physical address is confidential, write “confidential”.
3. Implementing Agency Type - Select the agency type that describes the applicant agency: government, nonprofit, Federally Recognized Tribal Governments, Agencies, and Organizations.
4. Staff information
 - (a) Write in the total number of individuals (not FTE) who currently work for the victim services program.

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(b) Write in the FTE that will be funded by the VOCA award and are included in this application.

5. Project Summary - Provide a snapshot of the proposed project. Include the following information: significant need addressed by the proposal, target population(s), overall goal, FTE & position(s) to be funded, and major activities.

FORM B. VOCA Eligibility Requirements

- All applicants must complete this form page, even if you are a current recipient of a CVSSD grant.
- The VOCA eligibility requirements must be met by all applicant organizations/agencies.
- Click on the link to open the form.
- Print the form, the authorized official must initial each of the requirements and upload the form at the bottom of the page.

FORM C. Organization Capability and Capacity

1. Brief Overview of the Organization

Applicants must demonstrate capability to implement the proposed project. Applicants should refer to the structure, practices, procedures, etc. already in place within the organization. This section is intended to provide CVSSD with a sense of how the organization will oversee the proposed project and what capabilities the organization possesses. These capabilities are a factor in determining a proposed project's success.

Select organization type.

Mission Statement. As space allows, you may consider including Vision Statement and/or Values Statements if these will add relevant background or perspective.

Be sure to address each of the elements listed from an organization-wide perspective. More detailed questions focused on the capacity of the organization to deliver victim services proposed in grant funded project are asked for on Form K. Project Description.

Describe the geographical service area and the primary clientele served organization-wide, not for the specific project for which you are requesting funding. More detailed questions on the specific population(s) to be served by the grant-funded project are asked on Form K. Project Description.

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2. Organizational Capacity to Deliver Services to Victims of Crime

Describe how your organization currently supports and serves those clients who identify as victims of crime.

FORM D. Staff, Volunteers, and Training Requirements

1. Check boxes for each statement to certify each statement is true; you will respond either as a New Applicant or and Existing Grantee, not both.
2. Indicate if there will be volunteers working within the organization or if the organization will request a hardship waiver or if you are a Tribal program not utilizing volunteers. Volunteers do not have to be working directly with victims & survivors.
3. Indicate the number of volunteers or the anticipated number of volunteers that will support the project over the two-year project period.
4. Indicate the number of anticipated hours that volunteers will contribute to support the project over the two-year project period.

FORM E. Governing Body and Training Requirements (for non-profits only)

When completing the Governing Body Roster:

The Governing Body Roster is completed in the Organization Information section in EGrants and includes 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. 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.

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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. Completing the Governing Body Roster:

Check the box for the statement to certify the statement is true.

1. Select a response that best describes your program. Depending on the applicant's response, different questions will appear.
- 2.&3. Answers to these questions help ODOJ CVSSD understand the governance structure of the organization or program.

FORM F. Organization/Program Revenue

All applicants must complete the Organization/Program Revenue form.

Provide the amounts and sources of funding (revenue) allocated to victim services or related to your proposed project, based on the program's current fiscal year budget. Further instructions are on the form.

Question 6 will auto-fill once "SAVE" is clicked.

Question 7 requests the applicant to upload a current fiscal year agency budget. If the victim services program is part of a larger organization, please ensure the victim services budget is clearly identifiable.

FORM G. Administrative Self-Assessment

Complete this self-assessment. In regard to where the organization is today, respond to each statement with either:

- a) Unknown or not achieved (We don't have this practice)
- b) Partially achieved (We are working on this practice)
- c) Fully achieved (We have a sound practice)

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Select the questions for your agency type (non-profit organization or Government Agencies and Tribal Nations Program).

CVSSD is required to review and evaluate potential risks posed by applicants prior to awarding Federal funds (2 CFR § 200.205). The self-assessment alone does not determine funding; the self-assessments give CVSSD an update on the status of the organization and helps fund coordinators know what technical assistance to offer and helps determine when a policies and procedures review and/or on-site programmatic review should be conducted.

FORM H. Financial Self- Assessment

Follow the same instructions provided for G. Administrative Risk Self-Assessment

FORM I. Attachments to Upload

Upload all requested documents as indicated on the application form.

A memorandum of understanding is required for non-culturally specific organizations applying to provide culturally responsive services. The MOU should outline collaboration with a culturally specific organization(s) serving the same population the proposal plans to serve.

Only upload memoranda of understanding for partnerships that directly benefit the activities funded by the 2026-2028 VOCA Culturally Specific & Culturally Responsive Program Competitive Grant.

FORM J. VOCA Services Checklist

All applicants for VOCA funds must complete the VOCA Services Checklist.

The checklist corresponds with the victimizations and direct services list in the VOCA Performance Measures Tool (PMT). Selections on this checklist are only for those individuals and services that are directly supported with VOCA funds. What you select on this page is what you will be required to report on in the federal OVC PMT quarterly reports.

1. Victims to be Served:

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Click on all types of victims to be served through these VOCA funds. If the applicant selects Other, a written description must be included in the text box provided.

2. Services to be Provided:

Services are listed in categories a-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.

All VOCA grant recipients are required to assist potential recipients in seeking crime victim compensation benefits and are required to select f at the bottom of the form.

FORM K. Project Description

Responding to the narrative questions is the applicant's opportunity to explain in a clear and concise manner the population to be served, the project, and the specific services that will be provided with these funds. Answer each question in as much detail as necessary to provide a clear description of the project.

Read through each question before responding. Map out the response to each question to avoid providing duplicative information.

The applicant must justify who will be involved in the project and demonstrate they have the capacity to address the stated need and that they can successfully implement the stated project activities.

Include your organization's history, partnerships, and your organization's capacity to serve the population identified in this application.

FORM L. Program Income Narrative

See [CVSSD's Program Income Policy](#) for more information. If you do not intend to generate Program Income, click No. SAVE.

If you intend to generate Program Income as described in CVSSD's Program Income Policy, select Yes, and additional information and narrative responses will be required. You will be required to

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estimate the amount of Program Income that you will generate using these VOCA funds and include that amount on the upcoming Budget pages.

Approval of Federal Program Income requires a written policy statement assuring that services will be provided to victims at no cost, without concern for their financial resources or availability of a third-party payer. Upload your policy on this page.

FORM M. Project Specific Goals, Objectives, Activities, and Performance Measures

All applicants must complete this page. ODOJ CVSSD has developed a logic model for the 2026-2028 VOCA Culturally Specific & Culturally Responsive Program Competitive Grant Funds. All grantees will be required to report on the listed outputs and outcomes.

Applicants need to list the activities they will undertake with their 2026-2028 VOCA Culturally Specific & Culturally Responsive Program Competitive Grant to track and report on the preset outputs and outcomes.

APPLICATION BUDGET FORMS

General Information: Each applicant is required to complete and submit a 2-year budget. A list of VOCA Allowable and Unallowable Costs and Services is available on the grant Application Menu in E-Grants.

FORM N. Personnel

Consider how VOCA grant funds will pay for a staff person's time to provide direct victim services, training, outreach, engage in collaborative partnerships, and other allowable activities.

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 under Direct Administrative Costs or Indirect Costs.

Applicants completing this form should keep the following in mind:

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- These are multiple page forms. A separate personnel page must be created for each staff position. Remember to SAVE the form before clicking on the ADD button to open a new personnel page.
 - Applicants should consider any anticipated personnel salary and benefit increases when preparing budgets for the full award period.
 - Salary should only include actual wages; all mandatory and optional personnel expenses should be included in the personnel expenses line.
 - 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 organization should be consistent in how these are billed to the grant.
 - The basis for each computation should be clearly demonstrated.
 - The information entered on each page aligns with the position title(s) and FTE(s) shown on the Staff Roster and in the Project Description.
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1. **Staff Name:** Provide the staff name or “To be determined” if a staff is not yet identified.
 2. **Position Title:** For each position provide the position title.
 3. **Salary Funded by this Grant:** List the total salary for two years to fund the position budgeted with this grant. In the first text box provide a detailed calculation that clearly shows how the budgeted salary of the one-year period was determined.
[Example: Salary Detail: This can be calculated using an hourly approach. For a .5 FTE position: \\$21/hour x 1040 hours annually = \\$21,840.](#)
 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: one year of salary for 1 FTE would be \\$43,680 \(\\$21 x 2080 hours = \\$43,680\).](#)
 5. **Personnel Expenses Funded by this Grant:** List the total personnel expenses for two years to fund the position budgeted for the specific grant. In the second text box provide a detailed calculation that clearly shows how the personnel expenses for the two-year period was 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.).
[Example: for the .5 FTE in the example above \\$21,480 x .35 = \\$7,518. In this example, 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.](#)

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6. **Total Two-Year Personnel Expenses:** Indicate the total one-year cost 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 one-year period is \\$43,680 \(1 FTE salary\) x .35. The total one-year personnel expenses for the example given above would be \\$15,288.](#)
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 one-year period. Applicants should use the same method of calculating FTE on the Staff Roster. FTE can be calculated using the following formula: $\text{Actual Grant Funded Salary} + \text{Actual Grant Funded Personnel Expenses} / \text{Total 1 FTE Salary} + \text{Total 1 FTE Personnel Expenses}$ (based on amounts for a two-year period).
8. **What are the top major direct service activities** to be performed by this proposed staff position? Explain the need for the personnel funds requested. Specifically describe the major direct service activities to be conducted by the VOCA funded position in this project. Ensure that the description is consistent with the position job description and the specific checklists and narratives for VOCA.

FORM O. Contracts and Subawards

If you do NOT plan to use a contract to engage with a partner to provide victim services, you do not need to complete this form.

A contract is needed when either state or federal funds will be used to obtain ancillary goods or services from an outside entity (contractor) for the applicant's own use or for project participants at the direction of the applicant (the contractor will not make participant eligibility determination and does not have the authority to make decisions regarding the delivery of services and the types of _____ services _____ provided).

A subaward is needed when federal grant funds are awarded to an outside entity (subrecipient) to carry out one or more services of the grant-funded project (the subrecipient makes participant eligibility determination and has the authority to make decisions regarding the delivery of services and the types of services provided within the scope of the agreement).

The questions on this form will walk through the process to determine the appropriate relationship, i.e. contract or subaward.

Questions f-h:

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CVSSD is NOT allowing subawards to be used in this 2026-2028 VOCA Culturally Specific & Culturally Responsive Program Competitive Grant. If you are including a contract, you will select Yes for question f. This will generate a checklist for you to complete to confirm that the relationship is a contract and not a subaward.

FORM P. Services & Supplies

Each applicant is requested to complete and submit a two-year budget. A list of VOCA allowable and unallowable costs and services is available on the application menu in E-Grants.

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 proposed services as described on Form K.

- 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 allocation method identified by the organization.
- Expenditures must be allowable costs for the grant funds that are being requested.
- The budget narrative should clearly explain the benefits of each budgeted expense to the project.

- 1. Travel.** Indicate the amounts the applicant is requesting for Travel in the two-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 a brief description of the anticipated training budgeted for the project. Provide the location (if known), the approximate date of the training and number of attendees and how costs were determined (# 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](#). In financial reports to ODOJ CVSSD, the applicant must provide documentation of the actual expenses budgeted for this section.

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Out-of-state travel is allowable but must be well justified and approved by ODOJ CVSSD prior to funds being expended. See the fund specific guidance in the VOCA Grant Management Handbook for further details about training requests outside of Oregon.

3. **Office Supplies.** Indicate the amounts your agency is requesting for Office Supplies to be funded for the two-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.** Indicate the amounts your agency is requesting for Rent to be funded for the two-year grant period. In the text box, describe the type of rent expense (office space, training space, storage space, etc.), show how the cost was determined (cost per square foot, monthly rent, etc.), the basis for the computation, and explain how the rent cost is necessary and beneficial to the project.

Note: Mortgage costs are not allowed with VOCA funds.

5. **Agency Utilities.** Indicate the amounts your organization is requesting for Utilities to be funded for the two-year grant period. In the text box, describe the type of utilities (electric, water, gas, etc.), show how the cost was determined (the basis for the computation, and explain how the utilities costs are necessary and beneficial to the project.
6. **Emergency Assistance.** Emergency assistance involves costs covered on behalf of survivors to meet basic needs and provide immediate safety, like confidential housing, transportation, medical/legal advocacy, or food. Emergency assistance is not intended to pay for the organization's cost of serving the survivor. Indicate the amount the applicant is requesting for emergency assistance to be funded for the two-year grant period. In the text box, describe the type of emergency assistance, explain how the cost was determined, and explain how the emergency assistance costs are necessary and beneficial to the project.
7. **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. Expendable items should be included in Office Supplies.

Indicate the amounts the applicant is requesting for Capital Outlay to be funded in to be funded for the two-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

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purchased exclusively for this project. Explain how the item(s) to be purchased is necessary for the success of the project.

- 8. Indirect/De Minimis Costs.** For federal grants, ODOJ CVSSD is required to honor an applicant's negotiated indirect cost rate, or the de minimis rate of modified total direct costs (not to exceed 15%). If an applicant is charging a de minimis, it cannot exceed 15%. If an applicant charges a de minimis rate AND direct administrative costs, the total together cannot exceed 15%.

Select the appropriate boxes to indicate 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 provisional 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 may 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 15% 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 federally negotiated indirect cost rate agreement certificate under the Organization Information section of E-Grants.

Use of an established de minimis rate of the MTDC (not to exceed 15%).

- a. An established de minimis rate of the MTDC cannot exceed 15% of the project budget. 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.

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b. 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 15%).

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 (regardless of the period of performance of the subawards 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:

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

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9. **Direct Administrative Costs.** Applicants may also choose to budget Direct Administrative Costs; direct charge of administrative costs cannot exceed more than 15% of the total budget amount. If an applicant charges a de minimis rate AND direct administrative costs, the total together cannot exceed 15%. Indicate the amount the organization will directly charge administrative costs for the two-year award period. An applicant must identify what specific costs they will include as a direct administrative cost and 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.
10. **Other.** Indicate any amounts your organization is requesting for Other Costs to be funded in the two-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 Q. Match

All required match is waived in full effective October 1, 2026 - September 30, 2028.

FORM R. Budget Summary

This page summarizes the budgets from the 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.

The VOCA Culturally Specific & Culturally Responsive Program Competitive Grant Application is Due: August 25, 2026, by 4:59 pm PDT.

When applications are submitted, they are entered into a “read-only” status & cannot be changed. At the deadline time, e-grants will lock the system and will no longer accept applications. Late applications will not be considered for funding.