

<b>1. ORGANIZATION</b>			
Unique Application Number (UAN)			
Legal Name of Applicant			
Name of Agency Contact			
Agency Contact's Telephone Number			
<i>Purpose Areas (Check all that Apply)</i>			
<input type="checkbox"/> Direct Victim Services	<input type="checkbox"/> Outreach	<input type="checkbox"/> Training	
<input type="checkbox"/> Check if applying for an OVAG Statewide Project			
	<b>Amount Requested</b>		<b>%of Personnel and Fringe Requested</b>
FY 2018	\$0.00		0%
FY 2019	\$0.00		0%
<b>2. MISSION STATEMENT</b>			
2.1 Provide the mission statement of your organization.			
<b>3. DESCRIPTION OF THE ORGANIZATION</b>			
3.1 Provide a detailed description of the history of your organization including the purpose for which it was created.			

3.2 Provide a detailed description of how the organization has evolved to its current structure, this may include the scope of service, geographic areas covered, staff hierarchy, legal organization, etc.

**4. VICTIM SERVICES EXPERIENCE**

**YEARS**

4.1 How many years has the organization been providing victim-related services or assistance?

**5. VICTIM SERVICES WORK**

5.1 Provide a description of the work the organization is doing on behalf of victims of crime.

5.2 How does this work fit into the organization's overall goals and objectives?

**6. VOLUNTEERS**

6.1 Does the organization currently have a volunteer program, or plan to implement one this grant term?

6.2 How many volunteers were active within the last year?

6.3 Describe how the organization utilizes or plans to utilize volunteers to support the organization's mission, including any specific victim-related services.

6.4 Describe training for volunteers including both training required prior to providing services and ongoing training conducted throughout the volunteer's service.

6.5 Describe how the organization recruits and retains volunteers or plans to do so.

**7. COLLABORATIONS**

7.1 Describe the benefits realized by victims of crime as a result of your organization's collaboration(s) with other organizations (if your organization collaborates) or through your organization alone (if your organization does not collaborate).

7.2 If your organization collaborates, provide a list of the organizations, including the organization type (law enforcement agency, advocacy center, hospital, task force, etc.) the applicant collaborates with to serve victims of crime for the purpose of supporting or assisting in victim recovery.

**8. STATE AND FEDERAL FUNDS EXPERIENCE**

**YEARS**

8.1 How many years of experience does the organization have in managing state or federal grant funds?

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9. OUTPUT TARGET CALCULATION				
OUTPUT CATEGORIES	Grant Funded Personnel listed in Section 10 of TAB C		Professional & Consultant listed in Section 11 of TAB C	
	OUTPUT TARGET		OUTPUT TARGET	
<b>DIRECT VICTIM SERVICES</b>				
<b>VICTIMS SERVED</b>	FY 2018	FY 2019	FY 2018	FY 2019
Number of Unique Victims Served				
<b>DIRECT VICTIM SERVICES PROVIDED</b>	FY 2018	FY 2019	FY 2018	FY 2019
Assistance with Crime Victims' Compensation				
Assistance with Texas SAVNS Information and Referral				
Assistance with Restitution				
Accompaniment to Hospitals, Law Enforcement Offices, Prosecutors' Offices and Courts				
Advocacy				
Assistance with Victim Impact Panels				
Assistance with Victim Impact Statements				
Crisis Intervention				
Emergency Funds				
Follow-up with Victim				
Groups (Support, Therapeutic)				
Individual Counseling				
Legal Assistance				
Lodging				
Peer Support Services				
Transportation				
Other Direct Victim Services				
<b>EDUCATION</b>				
<b>OUTREACH</b>	FY 2018	FY 2019	FY 2018	FY 2019
Total Number of Public Speeches				
Total Number of Participants				
Informational Booths				
Total Attendees at Informational Booths				
25% of Total Attendees (auto-calculates)	0	0	0	0
<b>TRAINING</b>	FY 2018	FY 2019	FY 2018	FY 2019
Total Number of all Training Sessions				
Faith-Based Individuals Trained				
Law Enforcement Individuals Trained				
Medical Individuals Trained				
Prosecution/Judicial Individuals Trained				
School Faculty Individuals Trained				
Volunteer Individuals Trained				
Other Individuals Trained				
Total Number of all Individuals Trained	0	0	0	0
<p>9.1 If Targets were entered for "Other Direct Victim Services", identify the type of service and provide targets for each type of service in the box below.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>				

10. PERSONNEL & FRINGE											
Title of Position	Sched-uled to work	Sched-uled on this grant	Direct Services on this grant	Admin. on this grant	Outreach and Training on this grant	Annual Salary	Total Salary Requested on this grant	% Salary Funded by this grant	Annual Fringe Benefits for the Position	Fringe Funds Requested on this grant	% Fringe Funded by this grant
<b>FY 2018</b>		<b>HOURS PER WEEK</b>				<b>SALARY</b>			<b>FRINGE</b>		
1		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
2		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
3		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
4		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
5		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
6		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
7		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
8		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
9		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
10		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
						\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
<b>FY 2019</b>		<b>HOURS PER WEEK</b>				<b>SALARY</b>			<b>FRINGE</b>		
1		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
2		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
3		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
4		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
5		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
6		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
7		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
8		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
9		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
10		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%
						\$ -	\$ -	0.00%	\$ -	\$ -	0.00%

10.1 FY 2018 POSITION NARRATIVE

Provide a summary justification for each position listed which details how the position will be used to support the project's goal.

1	
2	
3	
4	
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7	

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10		

**10.2 FY 2019 POSITION NARRATIVE**

Provide a summary justification for each position listed which details how the position will be used to support the project's goal.

1		
2		
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10		

**REQUESTS FOR EXCEPTIONS:** If an Applicant is requesting an exception for one or both of the Personnel Requirements, the below questions must be answered for each exception requested.

**10.3 REQUEST FOR EXCEPTION TO OVAG/VCLG REQUIREMENTS: 75% Personnel and Fringe Requirement**

Indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.

Empty response area for 10.3 request.

**10.4 REQUEST FOR EXCEPTION TO OVAG/VCLG REQUIREMENTS: 20 Hours Direct Victim Service Requirement**

Indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.

Empty response area for 10.4 request.

**11. PROFESSIONAL & CONSULTANT SERVICES**

Name of Professional/Company that Applicant will contract with to perform Professional & Consultant Services	Description of Professional & Consultant Services	No. of Days of Consultation	FY 2018		FY 2019		
			Daily Rate of Compensation	Cost	No. of Days of Consultation	Daily Rate of Compensation	Cost
1			\$ -	\$ -		\$ -	\$ -
2			\$ -	\$ -		\$ -	\$ -
3			\$ -	\$ -		\$ -	\$ -
4			\$ -	\$ -		\$ -	\$ -
5			\$ -	\$ -		\$ -	\$ -
6			\$ -	\$ -		\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -

**11.1 FY 2018 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE**

Provide a summary justification for Professional & Consultant Services which details how the Services will be used to support the project's goal.

**11.2 FY 2019 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE**

Provide a summary justification for Professional & Consultant Services which details how the Services will be used to support the project's goal.

**12. TRAVEL**

Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type	Expense Type	FY 2018			FY 2019		
			Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant
<b>OAG Conference</b>								
OAG Conference		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		<b>TOTAL</b>				\$ -		
<b>Additional Training</b>								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		<b>TOTAL</b>				\$ -		
<b>Additional Training</b>								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		<b>TOTAL</b>				\$ -		
<b>Additional Training</b>								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		<b>TOTAL</b>				\$ -		

Additional Training								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		<b>TOTAL</b>			\$ -	\$ -		\$ -

Local Travel			FY 2018			FY 2019		
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant
Local Travel (Mileage Only)		Mileage		\$ -	\$ -		\$ -	\$ -
					\$ -			\$ -

**12.1 FY 2018 TRAVEL NARRATIVE**  
Provide a summary justification describing the travel staff members will perform. This should include the location to be traveled to, the number of trips planned, the title of the staff member who will be making the trips, and how the travel supports the goal of the grant.

**12.2 FY 2019 TRAVEL NARRATIVE**  
Provide a summary justification describing the travel staff members will perform. This should include the location to be traveled to, the number of trips planned, the title of the staff member who will be making the trips, and how the travel supports the goal of the grant.

13. EQUIPMENT						
Item	FY 2018			FY 2019		
	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
			\$ -			\$ -

**13.1 FY 2018 EQUIPMENT NARRATIVE**

Provide a summary justification for Equipment which relates to the project's goal. This should include the grant funded position(s) which will be using the equipment and why the equipment is needed.

**13.2 FY 2019 EQUIPMENT NARRATIVE**

Provide a summary justification for Equipment which relates to the project's goal. This should include the grant funded position(s) which will be using the equipment and why the equipment is needed.

**14. SUPPLIES**

Item	FY 2018			FY 2019		
	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
			\$ -			\$ -

**14.1 FY 2018 SUPPLIES NARRATIVE**

Provide a summary justification for Supplies which relates to the project's goal. This should include what the Supplies will be used for and which grant funded position(s) will be using the Supplies.

**14.2 FY 2019 SUPPLIES NARRATIVE**  
Provide a summary justification for Supplies which relates to the project's goal. This should include what the Supplies will be used for and which grant funded position(s) will be using the Supplies.

Item	FY 2018			FY 2019		
	Total Cost of ODOE	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of ODOE	% Requested by this OAG Grant	Cost Requested by this OAG Grant
OAG Conference Registration	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
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	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -

**15.1 FY 2018 OTHER DIRECT OPERATING EXPENSES NARRATIVE**  
Provide a justification for Other Direct Operating Expenses which relates to the project's goal.

**15.2 FY 2019 OTHER DIRECT OPERATING EXPENSES NARRATIVE**  
Provide a justification for Other Direct Operating Expenses which relates to the project's goal.

**16. PROJECT SUMMARY**

16.1 Complete the following statement, which may be used by the OAG to summarize or describe the project. "This project funds [number of staff] to serve victims by providing [types of ] services in [geographic locations]."

[Empty space for project summary text]

**17. TARGET POPULATION**

SPECIFIC VICTIMIZATIONS		SPECIFIC POPULATIONS	
Assault		African-American	
Child Abuse		Asian	
DUI/DWI		Elderly (65 and up)	
Family Violence		Gay/Lesbian/Bisexual/Transgender	
Hate/Bias Crimes		Hispanic	
Human Trafficking		Persons with Disabilities	
Physical Abuse and/or Neglect		Rural	
Robbery		Spanish-speaking	
Sexual Assault		Other	
Survivors of Homicide Victims			
Other Victims of Crime			

**18. PROBLEM STATEMENT**

18.1 Provide a brief description of the specific victim-related issue(s) this project is designed to address as it relates to the specific victimization types reported in 17. Target Population of Tab D - Project Summary.

[Empty space for problem statement text]

**19. SUPPORTING DATA**

19.1 Provide data that supports the victim-related issue(s) and/or specific victimization types this project is designed to address. Cite research and/or data that is geographically relevant and specific to your service area.

**20. PROJECT GOAL**

20.1 Provide a project goal, which relates to your Problem Statement, that shows what the project plans to achieve over the next two years with these grant funds. The goal should be a "SMART" goal: Specific, Measurable, Achievable, Realistic and Timely.

**21. OUTPUT ASSESSMENT AND EVALUATION**

21.1 Describe the systems, including tools and/or processes, written policies and procedures, databases, tracking forms or quality control testing, which will be used to track and verify the project's outputs.

21.2 OUTPUTS SUMMARY	PROJECTED TARGET	
DIRECT VICTIM SERVICES	FY 2018	FY 2019
Number of Unique Victims Served	0	0
Assistance with Crime Victims' Compensation	0	0
Assistance with Texas SAVNS	0	0
Information and Referral	0	0
Assistance with Restitution	0	0
Accompaniment to Hospitals, Law Enforcement Offices, Prosecutors' Offices and Courts	0	0
Advocacy	0	0
Assistance with Victim Impact Panels	0	0
Assistance with Victim Impact Statements	0	0
Crisis Intervention	0	0
Emergency Funds	0	0
Follow-up with Victim	0	0
Groups (Support, Therapeutic)	0	0
Individual Counseling	0	0
Legal Assistance	0	0
Lodging	0	0
Peer Support Services	0	0
Transportation	0	0
Other Direct Victim Services	0	0
OUTREACH	FY 2018	FY 2019
Total Number of Public Speeches	0	0
Total Number of Participants	0	0
Informational Booths	0	0
Total Attendees at Informational Booths	0	0
25% of Total Attendees (auto-calculates)	0	0
TRAINING	FY 2018	FY 2019
Total Number of all Training Sessions	0	0
Faith-Based Individuals Trained	0	0
Law Enforcement Individuals Trained	0	0
Medical Individuals Trained	0	0
Prosecution/Judicial Individuals Trained	0	0
School Faculty Individuals Trained	0	0
Volunteer Individuals Trained	0	0
Other Individuals Trained	0	0
Total Individuals Trained	0	0
<b>22. OUTCOMES</b>		
22.1 Outcome Statements (Auto-Fills based on Purpose Area Selection on Tab A)		
22.2 Describe the systems, including tools and/or processes, written policies and procedures, databases, tracking forms or quality control testing, which will be used to track and verify the project's outcomes listed in Section 22.1.		

<b>23. DETAILED IMPLEMENTATION PLAN</b>
23.1 Describe this project's specific activities, which will be done over the next two years.
23.1 Continued:
23.1 Continued:
23.2 Describe how these activities will help to reach the project's goal.

<b>24. COMMUNITY RESOURCES</b>		<b>Yes/No</b>
24.1 Is collaboration with one or more outside organizations required to achieve specific project activities in the detailed implementation plan?		
24.2 Do these collaborations currently exist?		
24.3 Describe why these agreements are required.		
<b>25. SUSTAINABILITY PLAN</b>		
25.1 Briefly describe what would happen to the proposed grant project in the event that the OAG grant funds are no longer available.		
<b>26. FINANCIAL</b>		
<b>26.1 FINANCIAL SYSTEMS</b>		
26.2 Describe the financial systems, internal controls, written policies and procedures, accounting software, databases, tracking forms or quality control testing, which will be used to track and verify the project's financial activities.		

**26.3 BUDGET NARRATIVE**

26.4 Provide a justification, which relate to the project's goal, for each requested budget category summarized in 27. Budget on Tab D - Project Summary.

27. BUDGET SUMMARY						
PERSONNEL		% of Positions	Hrs./Week	FY 2018 Requested	FY 2019 Requested	Total Project Cost
Description						
		0%		\$	\$	\$
		0%		\$	\$	\$
		0%		\$	\$	\$
		0%		\$	\$	\$
		0%		\$	\$	\$
		0%		\$	\$	\$
		0%		\$	\$	\$
		0%		\$	\$	\$
		0%		\$	\$	\$
		0%		\$	\$	\$
Total FTEs		0.00		\$	\$	\$
<b>Personnel Total</b>				\$	\$	\$
<b>FRINGE</b>						
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
<b>Fringe Total</b>				\$	\$	\$
<b>PROFESSIONAL &amp; CONSULTANT</b>						
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
<b>Professional &amp; Consultant Total</b>				\$	\$	\$
<b>TRAVEL</b>						
OAG Conference				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
Local Travel (Mileage Only)				\$	\$	\$
<b>Travel Total</b>				\$	\$	\$
<b>EQUIPMENT</b>						
				\$	\$	\$
				\$	\$	\$
<b>Equipment Total</b>				\$	\$	\$
<b>SUPPLIES</b>						
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
<b>Supplies Total</b>				\$	\$	\$
<b>OTHER DIRECT OPERATING EXPENSES</b>						
OAG Conference Registration				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
<b>Other Direct Operating Expenses Total</b>				\$	\$	\$
<b>TOTAL BUDGET</b>				\$	\$	\$