SEXUAL ASSAULT NURSE EXAMINER SERVICES

ND OFFICE OF ATTORNEY GENERAL

I – APPLICATION OVERVIEW

Name of Subrecipient - *Subrecipients are state agencies, units of local government (such as a city or county), or other general-purpose political subdivisions of a state or Indian Tribe.*	**Unique Entity Identifier**

Subrecipient Contact Name	**Email**	**Telephone Number**

Subrecipient Street Address	**City**	**State**	**Zip Code**

Subrecipient Level of Government (check one)

State   County   City/Town   Indian Tribe   Park District   School District   Local Government

Authorized Official Name - *The authorized official must have the legal authority to commit the subrecipient to a contract or other agreement. Overall responsibility for the administration of the project rests with this individual. Examples are the mayor, city or county auditor, director of the state agency, or Tribal Chairperson.*	**Authorized Official Title**

Authorized Official Email Address	**Authorized Official Telephone Number**

Authorized Official Street Address	**City**	**State**	**Zip Code**

Implementing Agency Name- *Implementing agencies are the agencies performing the project activities (such as a non-profit).*	**Multi Agency Project** Yes No	**Multi-Jurisdiction Project** Yes No

Implementing Agency Street Address	**City**	**State**	**Zip Code**

Project Director Name - *The project director has direct responsibility for implementation of the project activities. This person will prepare and submit all progress reports as required by the Office of Attorney General.*	**Project Director Title**

Project Director Email Address	**Project Director Telephone Number**

Project Director Mailing Address (if different)	**City**	**State**	**Zip Code**

Fiscal Officer Name- *The fiscal officer prepares and submits all financial reports as required by the Office of Attorney General and has responsibility for the financial administration of the project. .*	**Fiscal Officer Title**

Fiscal Officer Email Address	**Fiscal Officer Telephone Number**

Fiscal Officer Mailing Address (if different)	**City**	**State**	**Zip Code**

Authorized Program Area (select all that apply)   Direct Victim Support   Support of Advocacy Services

Emergency/Long Term Crisis Services   Development and Implementation of Direct Care

Residential Care   Programs Promoting Positive Outcomes for Victims   Training for Law Enforcement/victim Service Providers

II - BUDGET NARRATIVE & CALCULATIONS - Totals must equal budget summary total for each section. Applicants should indicate the total cost for each category of the proposed project, and indicate what portion of that project will be funded by this award, and what portion will be funded through other means.

A. Personnel - List each position by type. Compensation for employees engaged in grant activities must be consistent with that paid for similar work within the surrounding areas. Fringe benefits should be based on actual known costs or an established formula. Fringe benefits may include common items such as payroll taxes, health and life insurance, and retirement contributions. **FOR SALARY/MONTH, FRINGE/MONTH AND TOTAL MONTHS – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, $ signs, etc.) Total cost will not calculate correctly if characters are used.**

SALARY			
Name/Position	Salary/ Month	Total Months	Total Cost
		Total SalaryRequest:	

FRINGE			
Name/Position	**Fringe/ Month**	**Total Months**	**Total Cost**
		Total Fringe Request:	

Continuation/Sustainability Plan -

B. Overtime - List overtime by type of position. Overtime for employees engaged in grant activities must be consistent with that paid for similar work within the surrounding areas. **FOR OT RATE/HOUR AND TOTAL HOURS – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, $ signs, etc.) Total cost will not calculate correctly if characters are used.**

Type of Position	Overtime Rate/Hour	Total Hours	Total Cost
		Total Request:	

C. Travel & Training - Itemize travel expenses of project personnel by purpose (i.e. training, meetings, mileage, etc.). State rates for in-state travel, or GSA rates for out-of state travel apply. **FOR UNIT COST AND QUANTITY – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, $ signs, etc.) Total cost will not calculate correctly if characters are used.**

Purpose of Travel	Unit Cost	Quantity	Total Cost
		Total Request:	

D. Equipment - List non-expendable items that are to be purchased that are $5000 each or more. Items that do not meet these criteria should be considered Supplies. Rented or leased equipment should be listed in the Equipment Rent/Lease category. Attach a sheet using this format if you have additional items. **FOR UNIT COST AND QUANTITY – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, $ signs, etc.) Total cost will not calculate correctly if characters are used.**

Description	Unit Cost	Quantity	Total Cost
		Total Request:	

E. Equipment Rent/Lease - List equipment items to be rented or leased. **FOR RATE/MONTH AND TOTAL MONTHS – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, $ signs, etc.) Total cost will not calculate correctly if characters are used.**

Description	Rate/Month	Total Months	Total Cost
		Total Request:	

F. Supplies - List items by type (office supplies, postage, training materials, copy paper). Generally, supplies include any materials that are expendable or consumed during the course of the project **(includes equipment under $5000)**. Attach a sheet using this format if you have additional items. **FOR UNIT COST AND QUANTITY – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, $ signs, etc.) Total cost will not calculate correctly if characters are used.**

Description	Unit Cost	Quantity	Total Cost
		Total Request:	

G. Consultants/Contracts - State service to be provided, anticipated hourly or daily rates, and estimated time on the project. Also include expenses to be paid to the consultants in addition to their fees (i.e., travel, meals, lodging, etc.) **FOR RATE/MONTH AND TOTAL MONTHS – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, $ signs, etc.) Total cost will not calculate correctly if characters are used.**

Consultant/Contract & Service to be Provided	Rate/Month	Total Months	Total Cost
		Total Request:	

H. Other Costs - List items (i.e. direct victim support, facility rent, printing, telephone/cell phone, janitorial or security services). **FOR UNIT COST AND QUANTITY – USE NUMBERS ONLY – DO NOT USE CHARACTERS (such as: letter, commas, $ signs, etc.) Total cost will not calculate correctly if characters are used.**

Description	Unit Cost	Quantity	Total Cost
		Total Request:	

III - BUDGET SUMMARY

Category	Total Requests
A. Personnel	
B. Overtime	
C. Travel/Training	
D. Equipment	
E. Equipment Rent/Lease	
F. Supplies	
G. Consultants/Contracts	
H. Other Costs	
Total Request:	

IV - IMPLEMENTING AGENCY BUDGET SUMMARY - List the agency's entire budget for its current fiscal year, including all funding sources. The total amount of the budget line items should equal the total amount of funding sources.

Line Item	Current Operating Budget Amounts	
Personnel		
Operating Expenses		
Equipment		
Total Budget		
Funding Sources	**Amount**	**Percentage of Total Agency Budget**
Justice Assistance Grant-JAG (Federal Portion Only)		
State General Fund		
Local Government General Fund		
Community Development Block Grant		
Victims of Crime Act (VOCA)		
STOP Violence Against Women Act		
Federal Family Violence		
Domestic Violence Prevention Fund		
Crime Victims Assistance (CVA)		
United Way		
Foundations		
Donations		
Court Fees		
Other (specify) INCLUDING any pending or applied for awards and note the status at the time of application.		
Total Funding		

V - PROJECT NARRATIVE

1. Project Description - Describe the proposed project and how it addresses specific problems, include specifics about the services to be provided, how the services will be provided, and the project deliverables.

2. Current Efforts - Clearly define what efforts are currently underway in response to the problems identified in the project description. Explain how current efforts relate to the project proposed here, will they be continued, modified or expanded? Additionally, provide relevant supporting data that reflects the agency's current and past efforts.

3. Collaboration with Other Agencies - Describe in detail how your agency has collaborated or cooperated with other agencies in providing SANE services, or describe how your agency intends to collaborate with other agencies/ patterns during the grant period.

4. Continued Funding - Describe in detail what plans or steps are in place to assure continuing of the project after the grant period.

VI - PROJECT GOALS, OBJECTIVES, TIMELINE, AND PERFORMANCE MEASURES

1. Overall Project Goals - State the project's goals, in general or broad terms. Goals should address the specific problem/need identified in the application. Goals should be stated in terms of the outcomes that the project wants to achieve. (Example: Develop and sustain an effective mental health program.)

2. Objectives - (Activities directed at achieving goals): State the project's objectives, in terms of specific steps or benchmarks that will eventually lead to accomplishing the goals. Objectives must be clearly expressed and in measurable terms. (Example: Increase the number of mental health services available.)

3. Timeline - Provide a detailed timeline for expenditure of project funds and completion of project goals and objectives.

4. Performance Measures - Describe the measures by which you will determine your project's success. Provide a description of how data supporting these measures will be collected: (Example: Number of victims served.)

VII – AUTHORIZED SIGNATURES

I certify that the project proposed in this application meets applicable requirements, that all information presented is correct, and that the applicant will comply with the provisions of the grant and all other applicable federal laws. By appropriate language incorporated in each grant, sub-grant, or other document under which funds are to be disbursed, the undersigned shall assure that the applicable conditions shown above apply to all recipients of these grant funds.

Signature of Authorized Official (political subdivision)   Date

Signature of Project Director   Date

Signature of Fiscal Officer   Date