CRIME VICTIMS ACCOUNT (CVA) GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF CORRECTIONS AND REHABILITATION

SFN 60772 (02-2015)

Name of Program	Grant Request Amount $	Project Period from 7/1/15 to 6/30/16		
Contact Person	Telephone Number	Email Address		
Address		City	State	ZIP Code

Match Requirements: There is a 15% cash match requirement. No federal or state general funds can be used as cash match. Please list the sources below and the amounts of match. Formula to obtain 15% cash match: Divide amount of grant request by 0.85 and subtract the amount of the grant request from the figure obtained (i.e., A program requesting $10,000 would calculate the required cash match as follows: $10,000/0.85 = $11,765 - $10,000 for a required match of $1,765.

Type and Source	Amount
	$
	$
	$
	$
	$
Total	$ 0.00

Narrative Budget: Provide for the CVA grant request amount only in the space provided (1000 characters max)

Identify the victims to be served with requested CVA funds by type of victimization:

- ☐ Child Physical Abuse
- ☐ Domestic Violence
- ☐ Adults Molested as Children
- ☐ DUI/DWI Crashes
- ☐ Assault
- ☐ Other (Identify)
- ☐ Child Sexual Abuse
- ☐ Adult Sexual Assault
- ☐ Survivors of Homicide Victims
- ☐ Robbery
- ☐ Elder Abuse

Check the services to be provided by requested CVA funds:

- ☐ Crisis Counseling
- ☐ Group Treatment
- ☐ Emergency Legal Advocacy
- ☐ Criminal Justice Support / Advocacy
- ☐ Assistance in Filing Compensation Claims
- ☐ Information and Referral (in person)
- ☐ Other (Identify)
- ☐ Follow-up Contact
- ☐ Shelter / Safe House
- ☐ Therapy
- ☐ Emergency Financial Assistance
- ☐ Crisis Hotline Counseling
- ☐ Telephone Contacts (Information / Referral)
- ☐ Personal Advocacy

I certify that the information in this application is correct.

Signature of Program / Project Director	Date
Signature of Board of Directors' President or States Attorney if appropriate	Date

GRANT APPLICATION BUDGET DATE 2015-2016

Program Name: **Grant Number:**

	A	B	C	D
FULL TIME EQUIVALENT EMPLOYEES	**Continue Existing Program**	**Enhance or Expand Program**	**Initiate New Program**	**Grant Request (Total A+B+C=D)**
FTE Employees (Number)				**0.00**
SALARIES AND WAGES				
Permanent				**$0.00**
Temporary				**$0.00**
Overtime and Shift Differential				**$0.00**
Fringe Benefits				**$0.00**
Salary/Wage Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
OPERATING EXPENSES				
Telecommunications				**$0.00**
Travel				**$0.00**
Utilities				**$0.00**
Postage				**$0.00**
Lease/Rentals - Buildings/Land				**$0.00**
Lease/Rentals - Equipment				**$0.00**
Professional Development				**$0.00**
Operating Fees & Services				**$0.00**
Professional Services				**$0.00**
Office Supplies				**$0.00**
Printing				**$0.00**
Medical for Victims				**$0.00**
Miscellaneous Operating				**$0.00**
Operating Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
EQUIPMENT				
Office Equipment				**$0.00**
Motor Vehicles				**$0.00**
Equipment Total	**$0.00**	**$0.00**	**$0.00**	**$0.00**
PROGRAM TOTAL	**$0.00**	**$0.00**	**$0.00**	**$0.00**