

# GOVERNOR'S OFFICE of CRIME CONTROL & PREVENTION

## FY 2017 Sexual Assault/Rape Crisis (SARC) Grant

### Notice of Funding Availability Application Guidance Kit



**Online Submission Deadline: March 24, 2016, 3 pm**  
**Hardcopy Submission Deadline: April 7, 2016, 3 pm**

**Funded through:  
State of Maryland**

Governor's Office of Crime Control & Prevention  
300 East Joppa Road, Suite 1105  
Baltimore, MD 21286-3016  
(410) 821-2828  
(877) 687-9004  
[www.goccp.maryland.gov](http://www.goccp.maryland.gov)

Larry Hogan, Jr., Governor  
Boyd K. Rutherford, Lt. Governor

#### **ELIGIBILITY**

This Notice of Funding Availability will only give consideration to local full service Rape Crisis Centers as identified by the Maryland Coalition Against Sexual Assault (MCASA). These public and private non-profit organizations as well as government agencies are eligible to submit **one** application for the Sexual Assault (SARC) Program and **one** application for the Rape Crisis Intervention (RFCI) Program.

#### **IMPORTANT NOTES**

Applicants are required to apply for grant funding through the Governor's Office of Crime Control & Prevention online application process located on the Governor's Office of Crime Control & Prevention website <https://grants.goccp.maryland.gov>. Additionally, all applicants **MUST** provide proof that they have a valid federal **DUNS** number and be **currently registered** with [www.SAM.gov](http://www.SAM.gov). A screen shot from SAM.GOV reflecting this information is sufficient.

## Getting Started

Thank you for applying for the **Sexual Assault/Rape Crisis Grant Program** from the **Governor's Office of Crime Control & Prevention**. The primary purpose of the Sexual Assault/Rape Crisis program is to provide comprehensive services to meet the specific needs of rape and sexual assault victims and their family members affected by the abuse. Services to victims may include a 24-hour hotline, counseling, medical accompaniment, and assistance in accessing and using other support services such as legal assistance.

The Sexual Assault/Rape Crisis Program is funded through State General Funds to support local rape crisis centers. Services are provided through a network of community based rape crisis programs and are available in every jurisdiction in Maryland. These funds are used to provide services to adult and child victims of rape and other sexual offenses.

If you need application assistance, please contact:

Lashonde Beasley, Program Manager  
410-821-2840  
Lashonde.Beasley@maryland.gov

Laurie Rajala, Division Chief  
410-821-2841  
Laurie.Rajala@maryland.gov

The Governor's Office of Crime Control & Prevention's success is measured by sub-recipient success. It is critical that we hear from you, our customers. To share your ideas of how the Governor's Office of Crime Control & Prevention can serve you better, email us at [info@goccp.state.md.us](mailto:info@goccp.state.md.us).

### **Governor's Office of Crime Control & Prevention Mission:**

The Governor's Office of Crime Control & Prevention is Maryland's one stop shop for resources to improve public safety. The Governor's Office of Crime Control & Prevention exists to educate, connect, and empower Maryland's citizens and public safety entities through innovative funding, strategic planning, crime data analysis, best practices research, and results-oriented customer service.

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## I. TRAINING / TECHNICAL ASSISTANCE (TA)

To help applicants prepare and submit applications that reflect the Governor's Office of Crime Control & Prevention's established guidelines and procedures, training is provided through training videos posted on the Governor's Office of Crime Control & Prevention website. These may be accessed through the following web URL: <http://www.goccp.maryland.gov/gms-training/>.

Please review the training videos prior to working on your application (system guidelines, fiscal review and tips, civil rights requirements, and those specific to the program funding source).

## II. INTRODUCTION/SCOPE

The Sexual Assault/Rape Crisis Program is funded through State General Funds to support local rape crisis centers. Services are provided through a network of community based rape crisis programs and are available in every jurisdiction in Maryland. These funds are used to provide services to adult and child victims of rape and other sexual offenses. Services to victims include a 24-hour hotline, counseling, medical accompaniment, and assistance in accessing and using other support services such as legal assistance.

Applicants may include outreach activities designed to reach underserved victims of rape and sexual assault/abuse in the geographic area to be served. These victim populations include, but are not limited to: minorities, vulnerable and elderly populations, individuals with disabilities, individuals with limited English proficiency, persons living in poverty, or persons applying for public assistance.

All funding is contingent upon the Governor's Office of Crime Control & Prevention receiving the specified grant funds from the State of Maryland. As of the posting of this Notice of Funding Availability, the State of Maryland General Assembly has not provided final budget appropriation.

## III. BACKGROUND

The Maryland Sexual Assault/Rape Crisis Program is a statewide program that makes counseling and support services available through a network of local rape crisis service programs. These programs provide comprehensive services to meet the specific needs of rape and sexual offenses and family members affected by the abuse. Having these services available on a local level increases the likelihood that victims will avail themselves of the services and that there shall be appropriate linkages to other community based services as needed. Additionally, provision of services and community education fosters a coordinated community approach to serving victims of rape and sexual assault that includes partnerships with law enforcement, courts, hospitals, local departments of social services and other related support agencies.

Currently, funds support 17 rape crisis programs that serve all 24 jurisdictions in Maryland. These programs consist of both private and non-profit agencies as well as governmental agencies.

## IV. ELIGIBILITY CRITERIA

*This Notice of Funding Availability will only give consideration to local full service Rape Crisis Centers as identified by the Maryland Coalition Against Sexual Assault (MCASA).*

The following entities in Maryland are eligible to submit no more than **one (1)** application for Sexual Assault/Rape Crisis Program funding and **one (1)** application for the **Rape Crisis Intervention (RFCI)** funding:

- State Government Agencies
- Local Government Agencies
- Non-Profit, Non-Governmental Victim Services Programs including Faith-Based and Community Organizations

\* Again this year, the Governor's Office of Crime Control & Prevention has placed funding limitations on "continuation" projects. Current the Sexual Assault/ Rape Crisis Grant Program sub-recipients who apply to continue a project currently funded through the program may not apply for more than the amount awarded during FY 2016. To be clear, funding requests for projects that are similar in scope or nature to the current Sexual Assault/ Rape Crisis Grant program may not exceed the FY 2016 award amount. It is important that applicants review budgets and requests carefully. Applications that are submitted in excess of the previous year's award amount will be flagged prior to review and may result in receipt of less funding than awarded in FY 2016. In addition, applications for "continuation" projects must detail success of existing projects and status of existing goals, objectives, and performance measures.

## V. APPLICATION PROCESS

Applicants are required to apply for grant funding through the Governor's Office of Crime Control & Prevention web-based application process, which may be accessed through the Governor's Office of Crime Control & Prevention website homepage: [www.goccp.maryland.gov](http://www.goccp.maryland.gov) by clicking on **GRANTS MANAGEMENT SYSTEM**, or go directly to the login screen using the web URL <https://grants.goccp.maryland.gov>.

**In order to use the Governor's Office of Crime Control & Prevention web-based application you must have a User ID.**

If you have *not* previously applied through the web go to the following web URL to obtain instructions and the information required to obtain a User ID and password:

<http://www.goccp.maryland.gov/grants/access-to-gms.php>

The last day to request a User ID is March 17, 2016. If you have previously applied through the web, use your same User ID and password.

If you have previously applied to the Governor's Office of Crime Control & Prevention but *do not have your User ID*, or are having *technical issues with the system*, contact the Governor's Office of Crime Control & Prevention Helpdesk via email at [support@goccp.freshdesk.com](mailto:support@goccp.freshdesk.com) for assistance.

If you need assistance completing the program specific information required in the online application please contact Lashonde Beasley at 410-821-2840 or [Lashonde.Beasley@maryland.gov](mailto:Lashonde.Beasley@maryland.gov) or Laurie Rajala at 410-821-2841 or [Laurie.Rajala@maryland.gov](mailto:Laurie.Rajala@maryland.gov).

**In addition to the online submission, you must submit one (1) hard copy original** (generated by the online system and bearing original signatures in blue ink for the certifications and anti-lobbying documents) **and one (1) additional copy of the application.**

**The online application must be submitted no later than 3:00 PM on March 24, 2016. All of the aforementioned documents must be submitted to the Governor's Office of Crime Control & Prevention no later than 3:00 PM on April 7, 2016.**

***Email/Fax submissions will not be accepted. Please do not use binders or folders; all hard copies must be generated by the online system.***

## VI. APPLICATION REQUIREMENTS

The local program shall offer the following services to adult and child victims of rape and sexual offenses:

- Receipt and response to crisis calls on a 24-hour basis;
- Counseling with the alleged victim and his or her friends and relatives to alleviate the immediate crisis;
- Accompaniment for medical services;

- Assistance and support for the victim using mental health, social, medical, police, and legal services;
- Information and education for the general public regarding the prevention and treatment of rape and sexual offenses;
- Other specialized services designed to help adult and child victims and their families.

The local program may offer the following services:

- On-going counseling;
- Specialized services designed to help adult victims of incest;
- Assistance and support to the victim in legal and judicial proceedings;
- Training of professionals in the community who are involved in the investigation or prosecution of sexual offenses or the provision of services to victims.

## VII. IMPORTANT DATES

- |  |                         |
|--|-------------------------|
| ➤ Deadline to Request a User ID  | March 17, 2016          |
| ➤ Deadline to Submit an Online Application   | March 24, 2016, 3:00 pm |
| ➤ Hardcopy of Application Due ( <b>plus 1 copy</b> )<br><i>Fax/Email will not be accepted as hardcopy.</i> | April 7, 2016, 3:00 pm  |
| ➤ Award Documents/Denial Letters Mailed  | June 2016               |
| ➤ Sub-award Start Date   | July 1, 2016            |
| ➤ Sub-award End Date   | June 30, 2017           |

## VIII. OBJECTIVES

- To establish, enhance or expand the availability of direct services to crime victims and their families through designated categories and eligible services.
- To assure that victims are apprised of their rights and available services.
- To assure that victims receive information about and assistance in filing for Victim's Compensation.
- To target un-served and underserved populations for provision of crime victim services.

## IX. FUNDING EVALUATION

The Governor's Office of Crime Control & Prevention will assess the worth of each organization's overall project based on the following:

- Problem Statement/Needs Justification
- Project Description
- Description of Goals, Objectives, and Reaching Objectives
- Performance Measures
- Projected Work Plan Schedule
- Organization Management Capabilities/Cooperating Agencies
- Project Evaluation & Sustainability
- Budget
- Documentation of need
- Current availability of existing domestic violence and sexual assault program services
- Geographic size and location
- Ability to recognize and address the needs of underserved populations
- Demonstrated capacity and effectiveness of existing DV/SA programs

The Governor's Office of Crime Control & Prevention will conduct an internal staff review of each application submitted in accordance with this Notice of Funding Availability.

## X. FUNDING SPECIFICATIONS

### A. Funding Cycle

Commencement of awards funded under the Sexual Assault/ Rape Crisis Grant Program for FY 2017 will begin July 1, 2016 and end on June 30, 2017. Funds are paid on a reimbursable basis.

### B. Budget

Budgets must be clear and specific. Budgets must reflect one year of spending and, where applicable, be adjusted to reflect start date, state furlough days, and holidays. The Governor's Office of Crime Control & Prevention reserves the right to reduce budgets.

The prioritization of line items is required for all applications having multiple line items. Applicant requirements will be taken into consideration should budgets need to be reduced.

The justification sections must contain brief statements (1 to 2 sentences per line item) that explain each line item and their relevance to the project goals and objectives. **Do not state "See Narrative, Goals, or Objectives".**

### C. Unallowable Costs

The following services, activities, and costs, although not exhaustive, cannot be supported with Sexual Assault/Rape Crisis grant funds at the sub-recipient level:

- **Audit Costs**
- **Property Insurance**

The Governor's Office of Crime Control & Prevention reserves the right to make additional budget reductions and adjustments at its discretion.

### D. Indirect Cost Rate

Applicants that intend to charge indirect costs through the use of an indirect cost rate must have a Federally-approved indirect cost agreement. Please include a copy of a current, signed Federally-approved indirect cost rate agreement.

Non-federal entities, other than State and local governments that have never received a Federally-approved indirect cost rate may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as a non-federal entity chooses to negotiate for a rate.

For guidance on calculating indirect cost please refer to the indirect cost calculator:

<http://www.goccp.maryland.gov/grants/grantee-toolbox.php>.

### E. Consultant Rates

The limit for consultant rates is \$650 per day.

### F. Food/Meal Expenses

Allowable food expenses include **per diem for travel only and direct food for victims (i.e., food for shelters)**. Grant funds cannot be used to purchase food and/or beverages for any meeting, conference, training or other event.

## **XI. DISTRIBUTION OF FUNDS & REPORTING REQUIREMENTS**

The Governor's Office of Crime Control & Prevention will distribute awarded funds to sub-recipients on a quarterly reimbursement of expenditures basis in conjunction with the timely submission of corresponding quarterly Fiscal and Programmatic Reports. These reports must be submitted through the Grants Management System and Fiscal Reports must also be submitted via a mailed hard copy. All programmatic electronic reports are due electronically within 15 calendar days of the end of each quarter; financial report hard copies are due electronically and by hard copy within 30 calendar days of the end of each quarter. All reporting activity occurs through the Grant Management System, using the same User ID and password that was used for the application process.

For further Post Award Instructions read your Special Conditions, and go to:

<http://www.goccp.maryland.gov/grants/general-conditions.php>

The exception for monthly reporting is only provided for non-profit entities that have applied for Domestic Violence, Family Violence Prevention and Services Administration, Rape Crisis Intervention, Community Sexual Violence Prevention & Awareness, Sexual Assault/Rape Crisis, Victims of Crime Act and Violence Against Women Act (awards must be over \$50,000) funds. The *Non-Profit Reimbursement Request* form is an attached document to the Notice of Funding Availability.

**Electronic Funds Transfer (EFT)** – The Governor's Office of Crime Control & Prevention encourages the use of electronic funds transfer (EFT). To obtain the appropriate form, the address to submit the form, and a general overview, including FAQs, refer to the following website:

[http://compnet.comp.state.md.us/General\\_Accounting\\_Division/Vendors/Electronic\\_Funds\\_Transfer/](http://compnet.comp.state.md.us/General_Accounting_Division/Vendors/Electronic_Funds_Transfer/)

## **XII. MATCH**

There is no match required for this funding source. Do NOT enter match into your budget. If you wish to show other financial or in-kind contribution to your program, it may be written into your narrative.

## **XIII. SUPPLANTING, TRANSPARENCY AND ACCOUNTABILITY**

Federal funds must be used to supplement existing state and local funds for program activities and must not replace those funds that have been appropriated for the same purpose. See the OJP Financial Guide (Part II, Chapter 3). There are strict federal laws against the use of federal funds to supplant current funding of an existing program. Jurisdictions must provide assurances and certifications as to non-supplanting and the existence of proper administrative/financial procedures.

A strong emphasis is being placed on accountability and transparency. Award recipients must be prepared to track, report on, and document specific outcomes, benefits, and expenditures attributable to the use of grant funds. Misuse of grant funds may result in a range of penalties to include suspension of current and future funds and civil/criminal penalties.

## **XIV. COLLABORATIVE REVENUE FORM**

The purpose of the Collaborative Revenue Form is for applicants to provide information that will be used in the processing and review of their application. A sample of this form is on the following page and a fillable PDF version can be located in the attachment(s) to this Notice of Funding Availability.

## **CHECKLIST**

- Collaborative Revenue Form – Must be printed from this Notice of Funding Availability and completed
- Face Sheet – Printed from the online software
- Project Summary/Narrative – Printed from the online software
- Screenshot of DUNS number and SAM.GOV expiration date
- Project Budget – Printed from the online software
- Audit Requirements – Printed from the online software
- Certified Assurances – Printed from the online software and signed
- Certification Lobbying - Drug Free Workplace – Printed from the online software and signed
- Letters of Support/Memorandums of Understanding (Optional)
- Non-Profit Reimbursement Request Form – Must be printed from this Notice of Funding Availability, completed, and attached to the hard copy application

**COLLABORATIVE REVENUE FORM**

Date Submitted\_\_\_\_\_

Current Grant Award Number:

Project Year:

**\*\*\*REQUIRED DOCUMENTATION\*\*\***

Applicant Organization:

Contact Person:

Title:

Phone:

Fax:

Email:

Jurisdiction:

DUNS Number:

SAM.GOV Expiration Date:

A DUNS number and SAM.GOV registration/expiration date are required of all sub-recipients. If your organization does not have both of these registrations, indicate steps you will be taking to register so that you are compliant by the end of your first reporting quarter:

**Funding (Please Exclude Match Funding When Completing Sections Below)**

Funding Request:

2016 Award:

2015 Award:

List all partnerships established under an MOU (name, organization, contact person, phone number and the extent and capacity of collaboration (use a separate sheet if needed):

- 1.
- 2.

List all current and/or pending funding sources (State, Local, Federal, and Private Funds). If your agency is a Domestic Violence (DV) Sexual Assault (SA) Victim Service Provider, provide all funding for your agency. If the agency is a local unit of government and/or provides services beyond DV/SA, provide all funding for the DV/SA department/unit, etc.

	Funding Amount	Effective Date	End Date
<b>State</b>			
<b>Local</b>			
<b>Federal</b>			
<b>Private Funds</b>			
<b>Other Funds</b>			

## XV. APPLICATION WEBSITE WORKSHEET

### Notice to All Applicants:

The information collected on the grant application form is collected for the purposes of the Governor's Office of Crime Control & Prevention's function under Executive Order 01.01.2005.36. Failure to provide all of this information may result in the denial of your application for funding. Governor's Office of Crime Control & Prevention is a government entity; upon submission, this application is considered public information. The Governor's Office of Crime Control & Prevention does not sell collected grant information. Under the Maryland Public Information Act (PIA) (MD State Government Code Ann. 10-617 (h)(5)), you may request in writing to review grant award documentation. Please send those requests to Governor's Office of Crime Control & Prevention, 300 E. Joppa Rd., Suite 1105, Baltimore, MD 21286-3016

### A. FACE SHEET TAB INSTRUCTIONS

#### 1. PROJECT TITLE:

The project title should be brief, precise, and reflect what is being funded. For example: "Sexual Assault Rape Crisis", "Sexual Assault Services", or "Comprehensive Sexual Assault Services."

#### 2. APPLICANT AGENCY

The unit of local government (county, city, town, or township) or State agency that is eligible to apply for grant funds (See Eligible Applicants). Full details about the Applicant Agency (Federal ID, DUNS, etc) may be viewed by clicking the corresponding underlined organization field. If any information needs to be revised, contact [support@goccp.freshdesk.com](mailto:support@goccp.freshdesk.com).

If the Government, Township, or Board of Commissioners mandates that the County Executive, Mayor, or Commissioner sign all grant award documents (for all subordinate agencies) then the Government, Township, or Board of Commissioners MUST be the APPLICANT Agency.

**NOTE:** the following DUNS/SAM information is for federal funding sources ONLY.

**DUNS/SAM Registration:** Provide your DUNS number and SAM.GOV *expiration date at the end of your Narrative*. In an appendix, attach proof of your agency's current SAM registration from [www.sam.gov](http://www.sam.gov). Include a printed screenshot of **just the page that lists your DUNS number and SAM.GOV expiration date**. Please do not include any additional pages (i.e., those containing banking information). **Access to SAM.GOV and DUNS (D&B):**

<https://www.sam.gov/portal/public/SAM/>

<http://fedgov.dnb.com/webform/displayHomePage.do;jsessionid=81407B1F03F2BDB123DD47D19158B75F>

#### 3. AUTHORIZED OFFICIAL

You may view the contact information for either agency's Authorized Official by clicking their underlined name. A popup box will appear after clicking their name. Procedures for revising an agency's authorized official can be obtained by contacting [support@goccp.freshdesk.com](mailto:support@goccp.freshdesk.com). Or by viewing Condition #18 at: <http://www.goccp.maryland.gov/grants/general-conditions.php>.

#### 4. IMPLEMENTING AGENCY

The name of the entity that is responsible for the operation of the project. Full details about the Implementing Agency (Federal ID, DUNS, etc) may be viewed by clicking the corresponding underlined organization field. Contact [support@goccp.freshdesk.com](mailto:support@goccp.freshdesk.com) to make any revisions.

**5. 'Is service site?' CHECKBOX**

Clicking these checkboxes automatically adds the Applicant and/or Implementing Organization to the Service Site tab.

**6. PROPOSED START/END DATES**

**Start and end date are determined by the parameters of the Notice of Funding Availability** and are filled in automatically. Projects may not exceed twelve (12) months or commence before the Notice of Funding Availability defined start date.

**7. PREPARER INFORMATION**

Enter the name of the person completing the application, their phone number and their email address.

**8. OFFICERS TAB INSTRUCTIONS**

To add a new officer or new contact to the Grant Management System, contact [support@goccp.freshdesk.com](mailto:support@goccp.freshdesk.com).

**9. PROJECT DIRECTOR**

Select the person who will be responsible for oversight and administration of the project on behalf of the applicant. Selections are limited to implementing/applicant agency personnel in the Grant Management System.

**10. FISCAL OFFICER**

Select the person who will be responsible for financial reporting and record keeping for the project. You may select any contact currently in the Grant Management System. Use the search windows to search by last name, organization, and/or job title.

**11. CIVIL RIGHTS CONTACT**

Select the agency's point of contact for handling internal civil rights violation complaints (usually a Human Resources or Personnel Manager). You may select any contact currently in the Grant Management System. Use the search windows to search by last name, organization, and/or job title.

**12. SERVICE SITES TAB INSTRUCTIONS**

If the service site is either the applicant agency and/or the implementing agency, select the associated "Is service site?" check box(es) on the application Face Sheet.

Otherwise, provide the site name and full address, **for the location(s) the project is taking place/serving**. If there is more than one location, please enter complete information for each site (up to five). If the project has a statewide or countywide impact, please enter "state-wide," or "county-wide" in the 'Site Name' field and the county served in the 'City' field. Whether an address is provided, or "state-wide" or "county-wide" is entered, the 'CITY' field and nine (9) digit zip-code must be provided.

Example:

Site Name: **Anytown Police Department**  
Address: **123 Main Street**  
**Some City, MD 21000-0570**

OR if Location is 'County-wide' or 'State-wide': **must still list a City and 9-digit zip for funding source reporting.**

## B. SUMMARY TAB INSTRUCTIONS

The Project Summary should provide a concise summary of your proposal and be limited to 100 words or less. Because the Sexual Assault/Rape Crisis Grant program is funding a very specific service, the Governor's Office of Crime Control & Prevention would like to make writing the project summary as simple and consistent as possible. Use the template provided below for your project summary.

The \_\_\_\_\_ (Implementing Agency's) <sup>1</sup> \_\_\_\_\_(Title) <sup>1</sup> \_\_\_\_\_ program assists in developing and implementing strategies specifically intended to provide assistance to sexual assault victims in the State of Maryland. The program \_\_\_\_\_.<sup>2</sup> Program funds provide personnel, equipment, and training.<sup>3</sup>

### Make the following additions/changes to the above template:

1. The beginning of the first sentence contains the Agency's Name and the Program Project Title.
2. 1-2 sentences describing the program's main function and who the program benefits/serves.
3. The last sentence summarizes the budget items proposed to be funded.

## C. NARRATIVE TAB INSTRUCTIONS

Provide a description of the program timeline, and potential for information sharing. The contents for the narrative are explained below. The Narrative must be in a outline-styled format (**retaining all numbering, lettering, and headers**). Incomplete narratives may be returned for revision.

1. **Problem Statement:** Include a description of the nature and extent of the problem to be addressed, target population, and geographical area served. Provide the latest statistical data to document the problem. What efforts have been made to address this problem in the past, if any? What will be accomplished by this project?
2. **Goals, Objectives & Performance Measures:** Each application must include clearly defined goals, objectives, and performance measures.
  - **GOALS:** Provide a broad statement that conveys, in general terms, the program's intent to change, reduce, or eliminate the problem described. Goals identify the program's intended short and long-term results for the anticipated funding year(s).
  - **OBJECTIVES:** Explain how the program will accomplish the goals. Objectives are specific, quantifiable statements of the program's desired results, and should include the target level of achievement, thereby further defining goals and providing the means to measure program performance.
  - **PERFORMANCE MEASURES:** Quantitative ways to objectively measure the degree of success a program will have in achieving its stated objectives, goals, and planned program activities. *The Governor's Office of Crime Control & Prevention reserves the right to add or delete performance measures to applications selected for funding.*
3. **Strategy & Timeline:** This section details any planning process that was undertaken in developing the plan of response. Further, it should provide an overview of the strategy to be employed and the timeline for implementing the strategy. Include linkages to other programs, organizations, and stakeholders that will be involved in or impacted by the grant program.

Applicants must submit a detailed timeline/work plan. This timeline/work plan must include:

- Key tasks that must be carried out to implement the program successfully

- Person(s) responsible for seeing that each task is completed within the proposed timeline
  - Target dates for task completion
4. **Spending Plan:** Detail the timeline for the implementation of each budget line item (i.e., personnel costs will be expended evenly in each quarter; personnel costs cannot be projected evenly in each quarter due to overtime variance, computer will be procured during the 2<sup>nd</sup> quarter).
  5. **Management Capabilities:** Qualifications and Experience of Implementing Agencies: Provide a brief description of the agency's experience and achievements that qualify the agency to conduct the project.

Present and Proposed Staff: List the names and provide a short professional biography of the project director, key consultants, financial officer, and other professional staff members. Clearly identify, by name and title, requested personnel. Indicate how all requested staff are currently funded (i.e., name grant fund or state that personnel are line items in the existing agency budget. If funded by more than one source, list percentages for each funding source).

6. **Sustainability:** What prospects exist for continued financing of the project when grant funds are terminated: What efforts have been or will be made to continue the methods, techniques, and operational aspects of the project when the grant funds are concluded? Indicate planned future sources of funding or proposed jurisdictional planning efforts. If possible, include one copy of your Annual Report with your original application).

#### **LETTERS OF SUPPORT / COMMITMENT (optional)**

In an appendix to your application, submit letters of commitment by partners who participate in the execution of the project or whose cooperation or support is necessary to its success. Letters of support are optional. **Letters of commitment/support will only be accepted when they accompany the submitted hardcopies of the application.**

#### **D. BUDGET TAB INSTRUCTIONS**

##### ***BUDGET – GENERAL REQUIREMENTS***

You must complete a detailed budget for your proposed project. All 'Total Budget' fields will be rounded by the Grant Management System to the nearest whole dollar. There is no match requirement for this program. *See below instructions if match is required.*

Budgets must be clear and specific. Budgets must reflect one year of spending and where applicable, be adjusted to reflect start date, state furlough days, and holidays. The grant cycle will reflect twelve (12) months, July 1, 2016 to June 30, 2017.

Each budget line item must include a justification entry. The justification sections must contain brief statements (1 to 2 sentences per line item) that explain each line item and their relevance to the project goals and objectives. **Do not state "See Narrative, Goals, or Objectives".**

The Governor's Office of Crime Control & Prevention is requiring prioritization of budget requests. This requirement is addressed following the Budget Tab Instructions under 'Budget Priority Tab.'

Refer to the Grant Management System training videos for further instructions  
<http://www.goccp.maryland.gov/gms-training>.

#### **MATCH:**

Match is not required for this program, therefore DO NOT enter match into your budget. If you wish to reflect that there are matching contributions, refer to it in your Narrative.

## PERSONNEL

The salaries and fringe benefits for staff required to implement the project are listed in the personnel category. Consultants must be listed in Contractual Services. **Time and Effort reports (Timesheets) must be maintained for all personnel included in the grant project. Refer to the bottom of the page at <http://www.goccp.maryland.gov/grants/grantee-toolbox.php> for more information.** If you are paying an employee directly, they should be entered in the Personnel category. For each position, list salary and fringe benefits on separate line items.

Original Grant Application Budget						
Original Budget						
Previous Budget						
Print						
Refr						
Help	Budget Category	Total Grant Funds	Total Cash Match	Total In Kind	Total Budget	
?	<b>Personnel</b>	<b>\$33,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$33,000.00</b>	
Description of Position	Salary Type	Funding	Wage Type	Wage Amount	Total Budget	Just.
<b>Community Outreach Coordinator</b>						<b>\$22,000.00</b>
Community Outreach Coordinator	Salary	Grant Funds	Annual	\$60,000.00	\$20,000.00	<a href="#">[View/Edit]</a>
Community Outreach Coordinator	Fringe	Grant Funds	Annual	\$20,000.00	\$2,000.00	<a href="#">[View/Edit]</a>
<b>Community Outreach Trainer</b>						<b>\$11,000.00</b>
Community Outreach Trainer	Salary	Grant Funds	Annual	\$40,000.00	\$10,000.00	<a href="#">[View/Edit]</a>
Community Outreach Trainer	Fringe	Grant Funds	Annual	\$10,000.00	\$1,000.00	<a href="#">[View/Edit]</a>

- The 'Description of Position' field must contain the title of the position.
- Position line items (salary and fringe) are grouped via the 'Description of Position' field.
- After completing the first Position's line item, use the dropdown to add additional budget items to the position.
- The 'Description of Position' field is used to select existing positions and to add new positions.
- For multiple staff in the same position, use a suffix (i.e., Position 1, Position 2, etc.)
- Multiple positions with the same hourly rate may be grouped (i.e., Overtime Patrols – 25 Officers).

Note: Fringe benefits cannot exceed 30% of reported salary costs. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

Example justifications based on the Personnel category:

### Justification (line 1):

The Community Outreach Coordinator helps prepare, schedule, and develop trainings targeted for hospitals and other medical facilities.

Annual salary is \$60,000. She will be devoting 33% of her time to this project. We are requesting  $\$60,000 * .33 = \$20,000$  in grant funds to support her time on this project.

### Justification (line 2):

Fringe benefits @ 10% of salary.  $\$20,000 * .10 = \$2,000$

### Justification (line 3):

The Community Outreach Trainer makes presentations at hospitals and other medical facilities.

Annual salary is \$40,000. She will be devoting 25% of her time to this project. We are requesting  $\$40,000 * .25 = \$10,000$  in grant funds to support her time on this project.

Justification (line 4):

Fringe benefits @ 10% of salary. \$10,000 \* .10 = \$1,000

**OPERATING EXPENSES**

Office supplies (program supplies should be listed in the 'Other' category), Rental Space, Printing, and Communications. Communication expenses include items such as telephone, fax, postage, and other expenditures such as photocopying. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

**TRAVEL**

Travel							
		\$1,050.00	\$0.00	\$0.00	\$1,050.00		
+ Add new record							
Description	Funding	Quantity	Unit Cost	Total Budget	Just.	Edit	Delete
Mileage	Grant Funds	600.00	0.56	\$333.00	Just.		
Meals (B \$8, L \$10, D \$24)	Grant Funds	5.00	42.00	\$210.00	Just.		
<input type="text" value="Hotel"/>	<input type="text" value="Grant Funds"/>	<input type="text" value="5.00"/>	<input type="text" value="\$101.40"/>	<input type="text" value="\$507"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Travel expenses may include mileage and/or other transportation costs, meals and lodging consistent with the local jurisdiction's travel regulations and cannot exceed the State of Maryland reimbursement rate specified below. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

Mileage maximum: \$.54 cents/mile as of 1/1/2016.

Maximum Per Diem/Meal Allowance is \$45/day (\$9 Breakfast, \$11 Lunch, \$25 Dinner).

**CONTRACTUAL SERVICES \***

Consultant contracts for training or evaluation should be included here and shall be consistent with federal guidelines. If you are paying an outside agency for an employee, they are Contractual. For the line item description, enter the agency (Consulting firm, temporary agency, etc.), a dash and then the nature of the service to be provided (e.g., Consultants ABC – training for Seminar). For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

A copy of all contracts associated with items listed in the Contractual Services category must be included with your application.

*\*Construction projects are ineligible for funding under grant programs and expenses for construction may not be included.*

**EQUIPMENT**

Equipment is defined as having a useful life in excess of one year and a procurement cost of \$100 or more per unit or \$50 or more per unit for computer and sensitive items. Costs may include taxes, delivery, installation and similarly related charges. The procurement process used must be consistent with your written procurement guidelines. If such guidelines do not exist, refer to the State of Maryland guidelines by accessing General Condition # 17 on the Governor's Office of Crime Control & Prevention Website under the Grantees Area.

Maintaining internal inventory records for equipment procured under this funding source is mandatory. For post award inventory requirements, access General Condition #18 on the Governor's Office of Crime Control & Prevention Website. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

Property Inventory Report Forms (PIRFs) will only be required for equipment that costs \$5,000 or more per unit cost.

## OTHER

Include all other anticipated expenditures which are not included in the previous categories such as registration fees, and program supplies. For each line item entered, you must include a justification that ties that item to the activities described in your narrative.

## E. BUDGET PRIORITIZATION TAB

After completing the Budget tab, click on the Budget Priority tab in the Grant Management System. This tab will provide a list of all budget line items that the applicant has entered in the previous Budget tab. The Budget Priority tab allows the applicant to 'drag and drop' the budget line items in order of priority for funding, beginning with the most essential line item.

**BUDGET PRIORITY**

Below is a list of budget line items that have been entered for this project. Sort them, by dragging and dropping, so that the most essential items are at the top of the list.

Priority	Description	Salary Type	Funding	Total Budget
1	Executive Director	Salary	Grant Funds	\$3,350.00
2	Program Director	Salary	Grant Funds	\$18,723.00
3	Program Director	Salary	Cash Match	\$3,775.00
4	Volunteer Supervisor - Lucretia Scott	Salary	Grant Funds	\$4,000.00
5	Volunteer Supervisor - Daniel McEachran	Salary	Cash Match	\$8,400.00
6	Volunteer Supervisor - Patti Ross	Salary	Grant Funds	\$2,908.00
7	Volunteer Supervisor - Karen Coleman	Salary	Grant Funds	\$2,234.00
8	Volunteer Supervisor - Anne Feehley	Salary	Cash Match	\$1,795.00

## F. PRINT TAB INSTRUCTIONS

The Print tab allows users to generate a .pdf version of their application for review and/or submission. Application hardcopies generated while in Application Status 'Pending' have 'Pending Submission' printed at the top of the application pages, and are unacceptable for submission.

The Application Status must read 'Awaiting Hard Copy' before generating a final .pdf. The final .pdf version is printed (and if requested, photocopied) by the applicant, signed, and sent or delivered to the Governor's Office of Crime Control & Prevention before the hardcopy deadline.

## G. APPLICATION STATUS DROP DOWN INSTRUCTIONS

Home | Grant Management | Address Book | Admin | Logout

Grant Management > Application Search

App. Number:	Grant Number:	Req. Funds:	Match Funds:	Match %:	Project Dates:	Title:	Application Status:
[Unassigned]		\$1,053.00	\$0.00	0.00 %	03/01/2013 - 03/31/2013	Financial Investigations Prac...	--> Submit Application

Grant Application Menu | Search | PRINT REPORT

Application Status: Pending  
 --> Cancel Application  
 --> Submit Application

After completing and reviewing all sections of the application, use the 'Application Status' dropdown to submit your application electronically. Selecting 'Submit Application' from the dropdown performs a final validation check. If the validation check is successful, the application's status changes to 'Awaiting Hard Copy'.

Your Application must be placed in 'Awaiting Hard Copy' status for it to be considered for funding. After the Governor's Office of Crime Control & Prevention has received your signed hardcopy(ies), the status will appear as 'Hardcopy Received'.

## **H. DOCUMENTS TAB INSTRUCTIONS**

If there are any additional required forms (e.g. Letters of Support, Collaborative Revenue Form) or other documents that you would like included with your application, use the Documents tab to attach those files. You may upload documents throughout the application process. This could include: DUNS/SAM verification, letters of support, etc.

## **I. SIGNATURE PAGES**

The Certified Assurances and Federal Anti-Lobbying Certification must be signed by the appropriate agency representative and included with the application hardcopies. **Both forms may only be signed by the Applicant Agency's Authorized Official or their duly assigned alternate signatory.** Both forms must be generated by the online application software.

In order for an alternate signatory to be valid, the Governor's Office of Crime Control & Prevention must receive a signed, written notification from the applicant agency's Authorized Official (on agency letterhead) stating that an alternate signatory has been designated.

## **J. AUDIT FINDINGS / CORRECTIVE ACTION PLAN**

Applicants must submit copies of any Audit Findings and Corrective Action Plans with the application. **Do not send a copy of your audited financial statements;** ONLY the applicable audit findings and/or corrective action plan is required.

## XVI. CERTIFIED ASSURANCES

**This signed form must be generated by the Online Application Software**

### THE APPLICANT HEREBY ASSURES AND CERTIFIES THE FOLLOWING:

1. That Federal funds made available under this formula grant will not be used to supplant State or local funds, but will be used to increase the amounts of such funds that would, in the absence of Federal Funds, be made available for program activities.

2. That matching funds required to pay the non-Federal portion of the cost of each project, for which grant funds are made available, shall be in addition to funds that would otherwise be made available for program activities by the recipient of the grant funds and shall be provided as required in the Grant Award document.

3. That following the first year covered by a Grant Award and each year thereafter, a performance evaluation and assessment report will be submitted to the Governor's Office of Crime Control & Prevention.

4. That fund accounting, auditing, monitoring, evaluation procedures and such records as the Governor's Office of Crime Control & Prevention shall prescribe to and shall be provided to assure fiscal control, proper management and efficient disbursement of funds received.

5. That the Grantee shall maintain such data and information and submit such reports in such form, at such times, and containing such information as the Governor's Office of Crime Control & Prevention may reasonably require to administer the program.

6. Sub-recipients will comply (and will require any sub-grantees or contractors to comply) with any applicable statutorily-imposed nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968 (42 U.S.C. § 3789d); the Victims of Crime Act (42 U.S.C. § 10604(e)); the Juvenile Justice and Delinquency Prevention Act of 2002 (42 U.S.C. § 5672(b)); the Civil Rights Act of 1964 (42 U.S.C. § 2000(d)); the Rehabilitation Act of 1973 (29 U.S.C. § 704); the Americans with Disabilities Act of 1990 (42 U.S.C. § 12131-34); the Education Amendments of 1972 (20 U.S.C. § 1681, 1683, 1685-86); the Age Discrimination Act of 1975 (42 U.S.C. § 6101-07); and the

Department of Justice (DOJ's) Equal Treatment Regulations (28 C.F.R. pt. 38).

7. That in the event a Federal or state court or administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against the Grantee, a copy of the finding will be forwarded to the Governor's Office of Crime Control & Prevention.

8. Sub-recipients that are governmental or for-profit entities, that have fifty or more employees and that receive a single award of \$500,000 or more under the Safe Streets Act or other Department of Justice (DOJ) program statutes are required to submit their Equal Employment Opportunity Plan (EEO) to the federal Office of Civil Rights (OCR). The sub-recipients are not required to submit a copy to the Governor's Office of Crime Control & Prevention, but must have a copy available on site for monitoring purposes. Those sub-recipients that are subject to the OCR's EEO Certification Form may access this form at: <http://www.ojp.usdoj.gov/about/ocr/eeop.htm>.

9. That the Grantee will comply with the provisions of the Governor's Office of Crime Control & Prevention's General and Special Conditions for Grants. General Conditions are posted on Governor's Office of Crime Control & Prevention's website (<http://www.goccp.maryland.gov/grants/general-conditions.php>).

10. That the Grantee will comply with the provisions of 28 CFR applicable to grants and cooperative agreement.

11. Sub-recipients are obligated to provide services to Limited English Proficient (LEP) individuals. Refer to the DOJ's Guidance Document. To access this document see U.S. Department of Justice, Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons (67 Federal Regulation 41455 (2002)). This regulation may be accessed at: <http://www.archives.gov/eo/laws/title-vi.html>

**CERTIFICATION: I certify that this program will comply with the provisions set forth by the State of Maryland and the Governor's Office of Crime Control & Prevention.**

**This signed form must be generated by the Online Application Software**

## XVII. CERTIFICATION REGARDING LOBBYING

**This signed form must be generated by the Online Application Software**



U.S. DEPARTMENT OF JUSTICE  
OFFICE OF JUSTICE PROGRAMS  
OFFICE OF THE COMPTROLLER

### **CERTIFICATION REGARDING LOBBYING; DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS; AND DRUG-FREE WORKPLACE REQUIREMENTS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under 28 CFR Part 69, "New Restrictions on Lobbying," and 28 CFR Part 67, "Government-wide Debarment and Suspension (Non-Procurement) and Government-wide Requirements for Drug-free Workplace (Grants)." The certification shall be treated as a material representation of fact upon which reliance will be placed when the Department of Education determines to award the covered transaction, grant, or cooperative agreement.

#### 1. LOBBYING

As required by Section 1352, Title 31 of the U.S. Code, and implemented at 28 CFR Part 69, for persons entering into a grant or cooperative agreement over \$100,000, as defined at 28 CFR Part 69, the applicant certifies that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any Federal grant, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal grant or cooperative agreement;

(b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions;

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-grants, contracts under grants and cooperative agreements, and subcontracts) and that all sub-recipients shall certify and disclose accordingly.

#### 2. DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS (DIRECT RECIPIENT)

As required by Executive Order 12549, Debarment and Suspension, and implemented at 28 CFR Part 67, for prospective participants in primary covered transactions, as defined at 28 CFR Part 67, Section 67.510 --

A. The applicant certifies that it and its principals:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

(b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) Are not presently indicted or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph, (1) (b) of this certification; and

(d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminate for cause or default; and

B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

#### 3. DRUG-FREE WORKPLACE (GRANTEES OTHER THAN INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 --

A. The applicant certifies that it will or will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an on-going drug-free awareness program to inform employees about --

(1) The dangers of drug abuse in the workplace;

(2) The grantee's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will –

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency, in writing, within 10 calendar days after having received notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to: Director, Grants and Contracts Service, U.S. Department of Education, 400 Maryland Avenue, S.W. (Room 312A, GSA Regional Office Building No. 3), Washington DC 20202-4571. Notice shall include the identification number(s) of each affected grant.

(f) Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

B. The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant.

Place of Performance (street address, city, county, state, zip code)

\_\_\_\_\_

Check  if there are workplaces on file that are not identified here.

Section 67, 630 of the regulations provides that a grantee that is a State may elect to make one certification in each Federal fiscal year. A copy of which should be included with each application for Department of Justice funding. States and State agencies may elect to use OJP Form 4061/7.

Check  if the State has elected to complete OJP Form 4061/7.

\_\_\_\_\_

DRUG-FREE WORKPLACE

(GRANTEES WHO ARE INDIVIDUALS)

As required by the Drug-Free Workplace Act of 1988, and implemented at 28 CFR Part 67, Subpart F, for grantees, as defined at 28 CFR Part 67, Sections 67.615 and 67.620 --

As a condition of the grant, I certify that I will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the grant; and

B. If convicted of a criminal drug offense resulting from a violation occurring during the conduct of any grant activity, I will report the conviction, in writing, within 10 calendar days of the conviction, to: Department of Justice, Office of Justice Programs, ATTN: Control Desk, 633 Indiana Avenue, N.W., Washington, D.C. 20531.

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As the duly authorized representative of the applicant, I hereby certify that the applicant will comply with the above certifications.

**This signed form must be generated by the Online Application Software**

1. Grantee Name and Address:
2. Application Number and/or Project Name
3. Grantee IRS/Vendor Number
4. Typed Name and Title of Authorized Representative
5. Signature
6. Date

**This signed form must be generated by the Online Application Software**

# Non-Profit Reimbursement Request Form - SARC

Non-Profit Agency Name: \_\_\_\_\_

If awarded, I would like to request...

A monthly reimbursement of funds  
for the SARC Program

Check box,  
if applicable

\*  
If checked, complete justification  
below.

A quarterly reimbursement of funds  
for the SARC Program

Check box,  
if applicable

The reason that our organization needs **monthly** reimbursement is as follows:

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Signed,

---

Authorized Official

---

Date

Name and phone number of person completing this form:

---

Printed Name

---

Phone Number

**\*IMPORTANT: Return this form with your application.**