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The Criminal Justice Coordinating Council (CJCC) is pleased to announce that it is seeking applications for funding under the Family Violence Prevention and Services Act (FVPSA) ARP-COVID Supplemental Grant Program.

FY2022 Family Violence Prevention and Services Act (FVPSA) American Rescue Plan (ARP) COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funding Program

CFDA 93.671

Eligibility

Applicants are limited to agencies located in Georgia that are 501(c)(3) non-profit organizations that meet the eligibility requirements outlined in this solicitation. *Please see Appendix C for eligible entities and the funding allocation chart. ***Do not apply if your agency is not listed in the allocations list, your application will not be considered.***

Applicant agencies should be certified and eligible to receive Local Victim Assistance (LVAP) 5% funds. Agencies without certification may apply for funding; however, if funding is awarded the agency will have to complete certification requirements prior to drawing down funds.

Deadline

Applications are due at 5:00 p.m. on September 21, 2022

Award Period

October 1, 2022 – September 30, 2023

Contact Information

For assistance with the requirements of this solicitation, contact:

Natalie Williams at 404-657-2224 or Natalie.Williams@cjcc.ga.gov

Cynthia Valdez at 404-657-2233 or Cynthia.Valdez@cjcc.ga.gov

In accordance with the Americans with Disabilities Act, the State will provide reasonable accommodation for persons with disabilities. If you need a reasonable accommodation, please contact CJCC at 404-657-1956 or TTY: 404-463-7650.

Release Date: September 1, 2022

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FY2021 Family Violence Prevention and Services Act (FVPSA) American Rescue Plan (ARP) COVID-19 Testing, Vaccines, and Mobile Health Units Supplemental Funding Program

Criminal Justice Coordinating Council

The Criminal Justice Coordinating Council (CJCC) is designated by the Governor of Georgia as the State Administering Agency for criminal justice and victims' assistance programs. Created by the General Assembly (O.C.G.A. § 35-6A-2), the Council is comprised of twenty-seven members representing various components of the criminal justice system. CJCC is charged with fiscal and programmatic oversight of the Family Violence Prevention and Services Act (FVPSA) FY2021 COVID-19 Testing, Vaccines, and Mobile Health Units (ARP-COVID) Supplemental Program.

CJCC is soliciting applications for the FVPSA ARP-COVID Grant Program. Agencies must submit an application to be considered for funding. Agencies are encouraged to read this entire RFA thoroughly before preparing and submitting their grant application. This application is open to all agencies meeting eligibility guidelines for the FVPSA ARP-COVID Grant Program.

Overview

The Administration on Children, Youth and Families (ACYF) is the federal agency that administers FVPSA State Formula Grant Funds to U.S. states and territories. ACYF is committed to facilitating healing and recovery, and promoting the social and emotional well-being of victims, children, youth, and families who have experienced domestic violence, maltreatment, exposure to violence, and trauma. An important component of promoting well-being in this regard includes addressing the impact of trauma, which can have profound impacts on coping, resiliency, and skill development. ACYF promotes a trauma-informed approach, which involves understanding and responding to the symptoms of chronic interpersonal trauma and traumatic stress across the lifespan.

The purpose of these supplemental funds in the FVPSA program is to prevent, prepare for, and respond to COVID-19 with an intentional focus on increasing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of this virus, and increase supports for domestic violence survivors. Within these parameters, grant recipients have flexibility to determine which services best support the needs of survivors, children, and families experiencing family violence, domestic violence, and dating violence.

Domestic violence is a significant public health issue for survivors and their dependents. The implementation of this supplemental funding aligns with the FVPSA definition of supportive services (45 CFR § 1370.2) and also aligns with medical advocacy and other services identified in FVPSA at 42 U.S.C. 10408(b)(1)(A)-(H).

The COVID-19 testing, vaccines, and mobile health units supplemental funding provides resources for states, territories, and tribes to increase access to services and supports for domestic violence survivors and their dependents who have been impacted by the COVID-19 virus and the COVID-19 public health emergency. Expanding the access to health care and supportive services increases survivor safety, as well as strengthens the health and wellbeing of 1.3 million survivors served by FVPSA-funded programs every year.

Federal Definitions

1. Family Violence: Any act or threatened act of violence, including any forceful detention of an individual, which (a) results or threatens to result in physical injury and (b) is committed by a person against another individual (including an elderly person) to whom such person is or was related by blood or marriage or is otherwise legally related, or with whom such person is or was lawfully residing.

2. Related Assistance: The provision of direct assistance to victims of family violence and their dependents for the purpose of preventing further violence, helping such victims gain access to civil and criminal courts and other community services, facilitating the efforts of such victims to make decisions concerning their lives in the interest of safety, and assisting such victims in healing from the effects of the violence.

A. Eligibility

An eligible applicant must meet all of the following criteria:

1. Be a 501(c)(3) non-profit organization or a public government entity;
2. Serve as the fiscal agent for the grant and the point of contact to CJCC; and
3. Be responsible, liable, and oversee financial, program and post-award reporting requirements.
4. Be certified and eligible to receive Local Victim Assistance (LVAP) 5% funds.
5. Be a current federal domestic violence grant award subrecipient from CJCC (See Appendix C for eligible entities)

Priority Areas

The purpose of this supplemental funding is to prevent, prepare for, and respond to the COVID-19 virus with an intentional focus of increasing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of this virus and increase supports for domestic violence survivors and their dependents. This RFA will address three priority areas: 1) community-based organizations that provide services to victims of domestic violence and 2) domestic violence organizations with shelter capacity that provide residential and non-residential, supportive services and 3) culturally-specific organizations that provide services to domestic violence victims.

Purpose Areas

- Emergency Housing (Hotel; Rental Assistance)
- COVID-19 Vaccine Access
- Transportation
- Air Purifiers/Anti-microbial Housewares
- Digital Technologies to Strengthen Response to COVID-19
 - Items and services furnished to an individual during health care provider office visits (including in-person visits and telehealth visits) in connection with an order for or administration of COVID-19 testing or COVID-19 mitigation activities;
- COVID-19 Testing
 - At-Home COVID Test Kits and related supplies
 - Temperature Monitoring Equipment
- Personal Protection Equipment (PPE)
- Staff Retention; Expenses needed to maintain adequate personnel to mitigate COVID-19
 - Fringe Benefits
 - Supplemental Pay
- Wellness Supports for Staff
 - Counseling services
- Mobile Health Units
- Providing interpreters and translated materials for LEP individuals
- Coordinated Community Response (CCR) Collaborations (health)
 - Coordinating with existing vaccination sites and public health partners to identify isolated and/or vaccine hesitant populations,
- Preventative health services to mitigate the spread of COVID-19 such as vaccines, primary healthcare, or behavioral health services
 - Telehealth
 - Telemental Health
- Childcare

Additional Specific Eligibility Requirements

ACYF established eligibility criteria that must be met by all organizations that receive FVPSA funds. These funds are to be awarded to applicants only for providing services to victims of crime through their staff. Each applicant organization shall meet the following requirements:

- **Religion** - Grantee programs may not promote, discuss, or teach religion. Program activities and services are required to be accessible to any interested participant, regardless of religious affiliation.
- **Federal Criminal Background Checks** - All Grantees must conduct criminal background checks on all direct service and outreach personnel who have contact with victims of domestic violence and their children. Grantees must use Cogent Systems, Georgia Applicant Processing Services, to conduct a background check on all direct service and outreach personnel once every three years.
- **Internet Security Policy** - CJCC requires all subgrantees to establish and enforce an Internet Security Policy when minor participants and/or staff have access (supervised or

unsupervised) to the Internet. This includes any technology provided by CJCC funding and technology utilized by participants during a CJCC funded program component.

- **Comply with CJCC grant requirements** – Agencies must adhere to financial and programmatic guidelines; comply with deadlines; and provide all information to CJCC as requested in a timely fashion.
- **Fiscal Accountability - Commingling of funds on either a program-by-program or project-by-project basis is prohibited.** The subrecipient’s accounting system must maintain a clear audit trail for each source of funding for each fiscal budget period and include the following:
 - a. Separate accountability of receipts, expenditures, disbursements and balances. CJCC recommends creating an account in your accounting system for each grant using the grant number provided by CJCC.
 - b. Itemized records supporting all grant receipts, expenditures and match contributions in sufficient detail to show exact nature of activity.
 - c. Data and information for each expenditure and match contribution with proper reference to a supporting voucher or bill properly approved.
 - d. Hourly timesheets describing work activity, signed by the employee and supervisor, to document hours personnel worked on grant related activities. Match hours must be documented in same manner.
 - e. Maintenance of payroll authorizations and vouchers.
 - f. Maintenance of records supporting charges for fringe benefits.
 - g. Maintenance of inventory records for equipment purchased, rented, and contributed.
 - h. Maintenance of billing records for consumable supplies (i.e., paper, printing) purchased.
 - i. Provisions for payment by check.
 - j. Maintenance of travel records (i.e., mileage logs, gas receipts).
 - k. Lease Agreements, contracts services, and purchases of equipment that adhere to established procurement processes.
- **Office of Civil Rights** - Pursuant to 28 C.F.R. Section 42.302 all recipients of federal funds must be in compliance with EEO and Civil Rights requirements. All programs that receive FVPSA funds or are subawarded FVPSA funds via program agreements are required to conform to the grant program requirements. If there is a violation to this it may result in suspension or termination of funding, until such time as the recipient is in compliance. Information on required Civil Rights trainings can be found at <http://ojp.gov/about/ocr/assistance.htm>.
- **Nondiscrimination** - Federal laws prohibit recipients of financial assistance from discriminating on the basis of race, color, national origin, religion, sex, or disability in funded programs or activities, not only in respect to employment practices but also in the delivery of services or benefits. Federal law also prohibits funded programs or activities from discriminating on the basis of age in the delivery of services or benefits. Findings of discrimination must be submitted to the Office for Civil Rights and to CJCC.
- **Limited English Proficiency (LEP) Individuals** - In accordance with Department of Justice Guidance pertaining to Title VI of the Civil Rights Act of 1964, 42 U.S.C. § 2000d, recipients of federal assistance must take reasonable steps to provide meaningful

access to their programs and activities for persons with limited English proficiency. For more information access <http://www.lep.gov>.

- **Equal Employment Opportunity Plans** - The applicant agency must meet the requirements of 28 CFR 42.301 et seq., Equal Employment Opportunity Plans (EEO). The plan must cover the grant period specified in the application. If your agency needs technical assistance in preparing an Equal Employment Opportunity Plan, please contact the Office for Civil Rights Compliance Specialist, Office of Justice Programs, Washington, D.C., (202) 307-0690.
- **Grant Acceptance/Request for Funds** - To accept the grant award, each applicant must return all award documents and all required forms with original signatures within 45 calendar days of the award date. The applicant will be unable to request funds until all required documents are returned to the CJCC office.
- **Special Conditions** - CJCC will assign special conditions for each approved project. Each subgrantee should refer to their award packet for their special conditions. Applicants agree to comply with all the guidelines set forth by the Criminal Justice Coordinating Council. These guidelines can be found in the [Subgrantee Programmatic and Fiscal Compliance Policy](#) on CJCC's website. Any programmatic and fiscal non-compliance may result in a reduction of the award.
- **Other** - Applicants must comply with all forms, assurances, and certifications attached to this RFA. This includes maintaining a DUNS number, EIN, active registration with the System for Award Management (SAM), and other federal forms as requested by CJCC in the award packet.

B. Grant Award Agreement

Grant Award Amount: Applicants are applying for one-time funding in federal fiscal year 2022. In the distribution of FVPSA grant funds, not less than 70 percent of the funds distributed are used for the primary purpose of providing immediate shelter and supportive services to adult and youth victims of family violence, domestic violence, or dating violence, and their dependents; not less than 25 percent of the funds will be used for the purpose of providing supportive services and prevention services (42 U.S.C. § 10408(b)(2)).

Please note that the Criminal Justice Coordinating Council has not approved individual allocation amounts for this solicitation. Any award made pursuant to this solicitation is dependent upon the receipt and availability of federal grant awards and any requirements/conditions attached thereto.

Grant Award Period: The grant award period covers October 1, 2022 through September 30, 2023. The funding source is the Family Violence Prevention and Services Grant Program, ARP-COVID Act Supplemental Funding. If the funds appropriated are reduced or eliminated by the Administration for Children and Families, CJCC may immediately terminate or reduce the grant award by written notice to the grantee. Termination or reduction will not apply to allowable costs already incurred by the grantee to the extent that funds are available for payment of such costs.

Modification of Funds: CJCC reserves the right to make changes to the application budget at the time of the grant award and will communicate any changes to the applicant. CJCC may negotiate all or part of any proposed budget after award of the grant award agreement due to funding or program requirements provisions.

C. Reporting Requirements

CJCC requires that subgrantees comply with and fully participate in the financial and programmatic reporting requirements for this grant program.

Financial Reporting Requirements

1. *Monthly or Quarterly Subgrant Expenditure Requests:* Upon accepting the award, each agency is required to indicate whether it agrees to submitting Monthly or Quarterly SERs to CJCC. Monthly SERs are due on the 15th day of the month immediately following the month in which expenses were incurred; i.e., an SER for expenses incurred in January is due by February 15. Quarterly SERs are due on the following dates for the corresponding financial reporting periods:

<i>QUARTERLY SERs</i>	
<i>FINANCIAL REPORTING PERIOD</i>	<i>DUE ON OR BEFORE THE FOLLOWING DATES</i>
October 1- December 31, 2022	January 30, 2023
January 1 – March 31, 2023	April 30, 2023
April 1 – June 30, 2023	July 30, 2023
July 1- September 30, 2023	October 30, 2023

Failure to submit these financial reports in a timely manner will significantly delay any SERs submitted within the grant period. Continued delays will result in a staff recommendation to reduce noncompliant agencies’ award amounts.

2. Grantees are required to maintain expenditure documentation such as timesheets, equipment purchases, travel logs, supply purchases, inventory records, and consultant contracts. This documentation may be requested at any time.
3. Grantees must attend any scheduled grant management workshop (if required) prior to the release of grant funds.

Program Reporting Requirements

CJCC requires that grantees comply with and fully participate in the main components of evaluation and program reporting:

1. *Submission of program data through a database identified by CJCC:* No later than 30 days after the end of each quarter, the grantee will ensure that program data are reported through a database identified by CJCC. The grantee will be responsible and liable for reviewing all data entered into the database for completeness, accuracy, and compliance with CJCC reporting requirements which includes programmatic and financial reporting.
2. *Surveys for Service Outcomes:* Surveys that indicate victims have strategies to enhance safety and increased knowledge of community resources.
3. *Community Awareness and Outreach Narrative Report:* Submit brief narrative of community awareness and outreach activities performed throughout each quarter.
4. *Safety Plans:* Safety plan development that indicates victims have access to safety planning and strategies to enhance safety.
5. *Performance Deliverables:* All performance deliverables are due 30 calendar days following the close of the period. Please see Appendix B for detailed information regarding quarterly reporting requirements.

REPORTING PERIOD	PERFORMANCE DELIVERABLES	DUE DATES
FIRST PERIOD October 1 – December 31, 2022	<ul style="list-style-type: none"> • Fully executed grant award agreement and attachments • Submission of program data through a database identified by CJCC • Completion of project-specific outcome measures and/or performance deliverables • Submission of Community Awareness and Outreach Narrative Report (all projects) • Attendance at all required quarterly meetings and trainings 	January 30, 2023
SECOND PERIOD January 1 – March 31, 2023	<ul style="list-style-type: none"> • Submission of program data through a database identified by CJCC • Completion of project-specific outcome measures and/or performance deliverables • Submission of Community Awareness and Outreach Narrative Report (all projects) • Attendance at all required quarterly meetings and trainings 	January 1 – March 31, 2023
THIRD PERIOD April 1 – June 30, 2023	<ul style="list-style-type: none"> • Submission of program data through a database identified by CJCC 	July 30, 2023

	<ul style="list-style-type: none"> • Completion of project-specific outcome measures and/or performance deliverables • Submission of Community Awareness and Outreach Narrative Report (all projects) • Attendance at all required quarterly meetings and trainings 	
<p>FOURTH PERIOD July 1 – September 30, 2023</p>	<ul style="list-style-type: none"> • Fully executed grant award agreement and attachments • Submission of program data through a database identified by CJCC • Completion of project-specific outcome measures and/or performance deliverables • Submission of Community Awareness and Outreach Narrative Report (all projects) • Attendance at all required quarterly meetings and trainings 	<p>October 30, 2023</p>

Post-Award Requirements

1. **Grant Management Workshop** - If an applicant is awarded a grant, the subgrantee may be required to attend a CJCC grant management workshop.
2. **Compliance Monitoring** - CJCC staff may conduct a site visit or desk review during the grant period. Additional monitoring activities may also be conducted during the grant year. Site visits and desk reviews will be scheduled with the grantee in advance. Site visits and desk reviews will be conducted to monitor the program for implementation and to view program documentation.
3. **Additional Training, Technical Assistance, and Events** - CJCC may offer a number of non-mandatory, post-award training and technical assistance opportunities and special events. Grantees will be informed of events via e-mail, and the events will be posted on the CJCC website. CJCC staff also will give ongoing, individual technical assistance and other support activities to sub-grantees as needed or requested throughout the year.

D. Application Submission Instructions

Applications must be submitted online via FormStack. Please click [here](#) to access the application. Applicants will not be able to log out or log back in once the application is started. CJCC recommends that each applicant compile all information requested in this RFA before beginning the online application, and allowing 2-3 hours for completion.

Applicants who experience technical difficulties or emergency circumstances should contact Cynthia Valdez at Cynthia.valdez@cjcc.ga.gov or 404-657-2233; or Natalie Williams immediately at Natalie.Williams@cjcc.ga.gov or 404-657-2224 to request an extension or alternate method of applying.

Applications must be submitted on **September 21, 2022 by 5:00 PM. There is no commitment on the part of CJCC to fund an application or to fund it at the amount**

requested.

All line items within the budget are subject to review and approval. Decisions related to these budget line items are based on allowability, justification and reasonableness.

The application must be completed and submitted in accordance with RFA guidelines for submission or the proposal may be disqualified. Applications for funding will undergo reviews by CJCC staff, the Victim Assistance Grants Committee, and the Council. At any point during these reviews, a decision not to fund a project or any part thereof may be made. These decisions are within the complete discretion of CJCC.

Formstack Application

The first section includes basic information about the applicant agency and its main points of contact for the application. Failure to enter accurate agency and contact information may result in a miscategorization of an application and a delay in funds.

A. Agency Description

- Please state the priority area the agency is applying under:
 - Community-based organization that provide domestic violence services
 - Domestic Violence Shelter
 - Culturally Specific Organization that provide domestic violence services
- What are the current challenges your agency is facing due to COVID-19

B. Problem Statement

- Provide a description of the need(s) to be addressed.
- Provide a description of how the proposed request (proposed personnel, program, service, activity, etc) will be utilized to prevent, prepare for, and/or respond to COVID-19 mitigation efforts.
- Please prioritize your request in order of need.
- Describe how your agency is leveraging current funding to meet the need.

C. Agency/ Project Budget

- Agency Fiscal Year
- Enter amount (\$) of funds requested through this solicitation.
- Briefly describe how these funds will be used and prioritize the agency's most urgent needs.
- Enter the amount (\$) of your total Domestic Violence Program budget.

D. Attachments

- Budget Narrative (Required)
- Detailed Budget Worksheet (Required)
- Supporting Documentation
- Other Documents

Budget

Applicants must attach a budget using the [Budget Detail Worksheet](#). Staff will review the budget and provide feedback on whether line items are allowable, reasonable and justifiable. Please complete both the budget worksheet and the narrative section.

The budget narrative should be submitted for clarity of expenses requested in the different budget categories. Applicants must provide details on each cost item in the budget. For example, applicants may not just include a cost item for “Speaker Contracts,” the applicant must describe what the event is and its purpose, a brief bio of the speaker, and a justification of including this cost and value added to the grant. Grantees are responsible for obtaining and executing necessary agreements with partners or contractors providing services under this agreement. Documentation and copies of agreements can be requested by CJCC at any time during the contract period.

Program Income

“Program income” is gross income earned during the funding period by the recipient as a direct result of the grant award. *As a general rule, the CJCC does not allow subgrantees to earn or use program income.*

Match

There is no match associated with these funds.

Allowable and Unallowable Costs

Please see Appendix A for list of unallowable costs.

Supplantation

Funds must be used to supplement existing funds for program activities and cannot replace or supplant funds that have been appropriated for the same purpose.

Certification and Completion

Before you submit, review your application from start to finish to ensure you submit complete and accurate information. To finalize the application, please enter the name of the person submitting the application and initials to certify completion. **Remember to submit the application** when you are finished with this section. If more than one application is submitted for the same agency, CJCC will only accept the most recent application.

Appendix A – FVPSA ARP-COVID Grant Program - Allowable Activities and Unallowable Costs. **Please note: these are overall program allowable costs and not necessarily what is allowed through this solicitation.*

ARP COVID-19, Vaccines, and Mobile Health Units Supplemental Funding Allowable Use of Funds Guidance: States, Territories, and Tribes The purpose of this supplemental funding is to prevent, prepare for, and respond to the COVID-19 virus with an intentional focus of increasing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of this virus and increase supports for domestic violence survivors and their dependents.

The implementation of this supplemental funding aligns with the FVPSA definition for supportive services. Supportive services is defined as services for adult and youth victims of family violence, domestic violence, or dating violence, and their dependents that are designed to meet the needs of such victims and their dependents for short-term, transitional, or long-term safety and recovery. Supportive services include, but are not limited to: direct and/or referral-based advocacy on behalf of victims and their dependents, counseling, case management, employment services, referrals, transportation services, legal advocacy or assistance, child care services, health, behavioral health and preventive health services, culturally and linguistically appropriate services, and other services that assist victims or their dependents in recovering from the effects of the violence. To the extent not already described in this definition, supportive services also include but are not limited to other services identified in FVPSA at 42 U.S.C. 10408(b)(1)(A)-(H). Supportive services may be directly provided by recipients and/or by providing advocacy or referrals to assist victims in accessing such services (45 CFR § 1370.2).

Please also note that the implementation of this supplemental funding also aligns with medical advocacy and other services in FVPSA at 42 U.S.C. 10408(b)(1)(A)-(H). Specification, FVPSA Section 308 includes the following for allowable activities as supportive services: (iii) medical advocacy, including provision of referrals for appropriate health care services (including mental health, alcohol, and drug abuse treatment).

In terms of implementation, the FVPSA Program will allow subrecipients to use the ARP COVID-19 testing, vaccines, and mobile health units supplemental funding for a broad range of efforts to mitigate the spread of COVID-19 and to improve domestic violence survivors' access to health care in local communities, rural areas, underserved communities, American Indian/Alaska Native communities, and for racial and ethnic specific communities. All supplemental grant subrecipients are expected to reinforce services, practices, and basic messages about prevention and treatment of COVID-19 and other infectious diseases

All FVPSA grant subrecipients are trusted messengers and are expected to provide consistent, fact-based public health messaging to help domestic violence survivors make informed decisions about their health and COVID-19, including steps to protect themselves, their families, and their communities. The below four sections provide detailed information on the following allowable uses of funds for: COVID-19 testing; COVID-19 vaccine access; mobile health unit access; and workforce expansions, capacity building, and supports. Please note that FVPSA grant subrecipients are expected to use educational materials authorized by federal agencies and/or local public health departments.

COVID-19 TESTING

The intent of the ARP COVID-19 testing, vaccines, and mobile health units supplemental funding is to assist states, territories, tribes with:

- Eliminating barriers to COVID-19 testing and supplies for domestic violence shelters, domestic violence programs, culturally specific organizations, tribes, and rural communities;
- Providing resources for onsite testing for domestic violence shelters, domestic violence programs, culturally specific organizations, tribes, and rural communities;
- Providing resources and access to rapid COVID-19 testing and supplies for domestic violence shelters, domestic violence programs, culturally specific organizations, tribes, and rural communities;
- Maintaining and increasing COVID-19 testing efforts for domestic violence survivors and their dependents;
- Expanding access to testing for tribes, rural communities, racial and ethnic specific communities, limited English proficient (LEP) individuals; and
- Expanding the range of COVID-19 mitigation activities for domestic violence shelters, domestic violence programs, culturally specific organizations, tribes, and rural communities.

The ARP COVID-19 testing, vaccines, and mobile health units supplemental funding can be used for COVID-19 testing and mitigation-related expenses or to reimburse subrecipients for such expenses. Funding should assist the states, territories, and tribes with expanding testing and mitigation-related activities to best address the needs of the local communities in the service area(s). This includes both direct and indirect costs of COVID-19 testing and mitigation and other related expenses. It is important for subgrantees to demonstrate that each related expense is directly and reasonably related to the provision of COVID-19 testing or COVID-19 mitigation activities. Each related expense must be reasonable and appropriate given relevant clinical and public health guidance.

COVID-19 testing, mitigation, and -related expenses refer to the following:

- COVID-19 testing includes viral tests to diagnose active COVID-19 infections, antibody tests to diagnose past COVID-19 infections, and other tests that the Secretary and/or Centers for Disease Control and Prevention (CDC) determines appropriate in guidance;
- Other activities to support COVID-19 testing, including planning for implementation of a COVID-19 testing program, providing interpreters and translated materials for LEP individuals, procuring supplies to provide testing, training providers and staff on COVID-19 testing procedures, and reporting data to HHS on COVID-19 testing activities; or
- Supplies to provide COVID-19 testing including, but not limited to:
 - Test kits,
 - Swabs,
 - Storage (e.g., refrigerator, freezer, temperature-controlled cabinet),
 - Storage unit door safeguards (e.g., self-closing door hinges, door alarms, door locks),
 - Sharps disposal containers, and
 - Temperature monitoring equipment.

- COVID-19 mitigation includes efforts, activities, and strategies to reduce or prevent local COVID-19 transmission and minimize morbidity and mortality of COVID-19 in sectors such as schools, workplaces, and health care organizations, described in the CDC Community Mitigation Framework.
 - Mitigation activities may include, but are not limited to, case investigation, contact tracing, COVID-19 screening, COVID-19 testing promotion and confidence building, community education, health behavior promotion, and referrals to testing, clinical services, and support services.
 - COVID-19 testing and mitigation related-expenses include:
 - Leasing of properties and facilities as necessary to support COVID-19 testing and COVID-19 mitigation;
 - Digital technologies to strengthen the recipient’s core capacity to support the public-health response to COVID-19;
 - Education, rehabilitation, prevention, treatment, and support services for symptoms occurring after recovery from acute COVID-19 infection, including, but not limited to, support for activities of daily living—this includes services for the range of symptoms described as Post-Acute Sequelae of SARS-CoV-2 infection (PASC) (i.e., long COVID-19) and providing interpreters and translated materials for LEP individuals maintenance;
 - Items and services furnished to an individual during health care provider office visits (including in-person visits and telehealth visits) in connection with an order for or administration of COVID-19 testing or COVID-19 mitigation activities; and
 - Other activities to support COVID-19 testing and COVID-19 mitigation, including, but not limited to, planning for implementation, providing interpreters and translated materials for LEP individuals maintenance, and/or expansion of a COVID-19 testing program and/or COVID-19 mitigation program, procuring supplies to provide COVID-19 testing, training providers and staff on COVID-19 testing procedures or COVID-19 mitigation, and reporting data to HHS on COVID-19 testing activities and COVID-19 mitigation activities.

COVID-19 VACCINE ACCESS

The intent of this supplemental funding is to provide resources for states, territories, and tribes to provide access to COVID-19 vaccines for domestic violence survivors and their dependents including individuals from vulnerable and medically underserved communities. Subrecipients may use funds to address any barriers to vaccines that may be experienced by domestic violence survivors and their dependents. The supplemental testing funding can be used for supplies and vaccine administration fees for administering the COVID-19 vaccine are outlined below but are not limited to:

- Administration of a single-dose COVID-19 vaccine,
- Administration of the first dose of a COVID-19 vaccine requiring a series of two or more doses,

- Administration of the final dose of a COVID-19 vaccine requiring a series of two or more doses,
- Administration of recommended booster dose of a COVID-19 vaccine, and
- Other activities to support COVID-19 vaccine access or administration, including planning for implementation of a COVID-19 vaccine program, providing interpreters and translated materials for LEP individuals, procuring supplies to provide vaccines, training providers and staff on COVID-19 vaccine procedures, and reporting data on vaccine activities.

Allowable uses of funds may include, but are not limited to, the development and sharing of vaccine related outreach and education materials that are culturally competent or linguistically appropriate, conducting face-to-face outreach as appropriate, making phone calls or other virtual outreach to community members for education and assistance, providing information on the closest vaccine locations, organizing pop-up vaccination sites, making vaccine appointments for individuals, making vaccine reminder calls/texts, and arranging for transportation and childcare assistance to vaccine appointments, as needed, and using interpreters and translated materials for communications with LEP individuals.

The implementation of this supplemental funding is intended to build upon national vaccine education and outreach efforts (including the HHS-funded programs listed under technical assistance resources below), while tailoring approaches to meet the unique needs of the community. Further, this funding will directly support the increase in state, territorial, tribal, and local domestic violence workforce needed to implement this supplemental funding, support access to vaccines, and support coordination with the local health department, health centers or Indian Health Service (IHS) centers that will support addressing any barriers to vaccination for domestic violence survivors and their dependents, including individuals from vulnerable, underserved, rural and racial or ethnic specific communities. Implementation efforts are expected to be coordinated with the local health department or IHS and may include, but are not limited to: vaccine promotion, information dissemination to survivors about how and where to get vaccinated, coordinating with existing vaccination sites and public health partners to identify isolated and/or vaccine hesitant populations, and increased community and individual patient literacy on benefits of broad vaccination and the safety of vaccines

MOBILE HEALTH UNITS ACCESS

Mobile health units are an innovative model of health care delivery that could help alleviate health disparities among vulnerable populations and individuals with chronic diseases. The target populations of mobile health units include vulnerable communities such as the homeless, displaced populations, immigrant communities, migrant workers, the under-insured, and children. Historically, these populations and communities are often disconnected from traditional health care settings and require support in accessing health care.

Mobile health units travel to partnering locations and provide services on a recurring basis. For example, mobile health units across the country have successfully partnered with other agencies serving the homeless in the community, such as homeless shelters, faith-based organizations, and food banks. Access to services, engagement in care, and successful utilization of needed services may lead to measurable improvements in health care outcomes among homeless populations of individuals and families.

Specifically, this supplemental funding is intended to assist subgrantees with establishing or maintaining contracts with existing mobile health units operated by hospitals, medical clinics, health centers, and public health nonprofit organizations. This funding is intended to provide resources for subgrantees to have contractual agreements with mobile health units to make regular visits each week to shelter locations, program locations, transitional housing locations, or tribal locations. FVPSA grant recipients are not expected to purchase or operate their own mobile health units.

Partnerships with mobile health units can expand access for survivors and their dependents who are in rural parts of their state, or who are members of underserved communities by giving them greater flexibility to bring health care services even closer to survivors who may be isolated from health care.

In terms of access to mobile health units, the International Journal for Equity in Health states that there are an estimated 2,000 mobile clinics operating across the United States (US), serving 7 million people annually, (Attipoe-Dorcoo, S., Delgado, R., Gupta, A., Bennet, J., Oriol, N. E., & Jain, S. H. (2020). Mobile health clinic model in the COVID-19 pandemic: lessons learned and opportunities for policy changes and innovation. International journal for equity in health, 19(1), 73. <https://doi.org/10.1186/s12939-020-01175-7>).

Mobile health unit is defined “as a unit that is staffed by clinicians working for or on behalf of a health center, hospital, or medical association to provide medical or oral health services at one or more locations” (Yu, S., Hill, C., Ricks, M. L., Bennet, J., & Oriol, N. E. (2017). The scope and impact of mobile health clinics in the United States: a literature review. International journal for equity in health, 16(1), 178. <https://doi.org/10.1186/s12939-017-0671-2>).

The supplemental testing funds can be used to establish or maintain contracts with mobile health units for regularly scheduled visits or on-call visits to domestic violence programs, culturally specific organizations, tribes, or rural communities to mitigate the spread of COVID-19. Additional allowable uses of funds are outlined below but are not limited to:

- COVID-19 testing and vaccine administration;
- Preventative health services to mitigate the spread of COVID-19 such as vaccines, primary health care, or behavioral health services; and
- Operational costs or supply costs associated with the operation of mobile health units to partner with domestic violence shelters, programs, tribes, culturally specific organizations, or rural communities.

WORKFORCE EXPANSIONS, CAPACITY BUILDING, AND SUPPORTS

The supplemental testing funds can be used for COVID-19 workforce related expansions and supports, or to reimburse subrecipients for such costs and for costs that include but are not limited to:

- Planning for implementation of a COVID-19 testing program, COVID-19 mitigation program, or mobile health units access program;
- Training providers and staff on COVID-19 testing procedures, COVID-19 mitigation activities, or mobile health unit coordination activities;

- Hiring culturally-competent and linguistically-appropriate providers and staff to carry out COVID-19 testing procedures, COVID-19 mitigation activities, or mobile health unit coordination activities;
- Reporting data to HHS on COVID-19 testing activities, COVID-19 mitigation activities, or mobile health unit coordination activities; and
- Expenses to secure and maintain adequate personnel to carry out COVID-19 testing, COVID-19 mitigation activities, or mobile health unit coordination activities; may be considered allowable costs under applicable HHS regulations if the activity generating the expense and/or the expenses are necessary to secure and maintain adequate personnel. Please review HHS regulations 45 CFR § part 75 “Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards,” Subpart E—Cost Principles, <https://www.ecfr.gov/current/title-45/subtitleA/subchapter-A/part-75/subpart-E?toc=1> . These requirements apply to all FVPSA grant recipients, and any subrecipients. All FVPSA grant recipients should thoroughly review these regulations before developing your proposed budget. Such expenses may include:
 - Supplemental Pay
 - Childcare,
 - Transportation subsidies, and
 - Other fringe or personal benefits authorized by HHS regulations (45 CFR part 75).

The purpose of these allowable workforce capacity building expenses are to ensure the continuity of domestic violence services in local communities by allowing supplement funding to be used to sustain an advocacy workforce to prevent, prepare for, and respond to the needs of domestic violence survivors impacted by the COVID-19 public health emergency. A sustainable workforce is needed to operate COVID-19 testing programs, COVID-19 mitigation programs, or mobile health units access programs; and to coordinate partnerships with health departments for each local program to keep families healthy and safe during the COVID-19 public health emergency.

PARTNERSHIPS

The impact of experiencing domestic violence has lifelong, health related consequences for survivors, including chronic pain, traumatic brain injury, digestive problems, reproductive and maternal health concerns, and the potential loss of a medical home. Housing instability and homelessness exacerbate this problem. Health care providers, working in partnership with states, territories, domestic violence service providers, tribes, and culturally specific organizations, represent important opportunities for mitigating the spread of COVID-19 through integrated health and community-based supports for families that face particular barriers at the intersection of domestic violence, homelessness, and health care.

A consortium of community partners and health care providers enables domestic violence programs, culturally specific organizations, tribes and rural communities to support the safety and health needs of domestic violence survivors and increases health supports to mitigate the spread of COVID-19.

Partnership Resources:

- CDC Community coalition-based COVID-19 Prevention and Response provides guidance on using a whole-community approach to prepare for COVID-19 among people

experiencing homelessness, <https://www.cdc.gov/coronavirus/2019-ncov/community/homelessshelters/unsheltered-homelessness.html#coalition> .

- The FVPSA-funded National Health Resource Center on Domestic Violence has developed two resources that can help states, territories, tribes, shelters, programs, and health care providers build and sustain strong partnerships.
- A step-by-step online guide for community health centers on building partnerships with Domestic Violence (DV) and Sexual Assault (SA) advocacy, addressing violence in health centers, and promoting prevention: IPVHealthPartners.org.
- An online toolkit for health care providers and DV advocates to prepare a clinical practice to address domestic and sexual violence, including screening instruments, sample scripts for providers, patient and provider educational resources: IPVHealth.org.

Partnering organizations may include entities such as:

- Community-based organizations (including faith-based organizations and social service organizations),
- Local chapters of national medical/health associations,
- Local health departments,
- IHS,
- HRSA-funded health centers,
- Health centers and other community-based health providers,
- Culturally specific community-based organizations,
- Tribes and tribal organizations,
- Philanthropic organizations,
- Local municipal entities, such as fire departments and Emergency Medical Services,
- Social service providers (e.g., food banks, community transportation, childcare),
- Runaway and homeless youth programs, and
- Community Action Coalitions, Chambers of Commerce, Health Equity Councils, and other community groups.

Partnering with Health Departments

Health departments can facilitate the development of important partnerships with health care providers and officials to increase COVID-19 health services coordination. The CDC has contact information on state and territorial health departments that can be accessed through the following website link, <https://www.cdc.gov/publichealthgateway/healthdirectories/healthdepartments.html>

Partnering with IHS Facilities and Tribal Health Programs

IHS, an agency within the U.S. Department of Health and Human Services, provides a comprehensive health service delivery system for approximately 2.6 million American Indians and Alaska Natives who belong to 574 federally recognized tribes in 37 states.

IHS continues to work closely with our tribal and urban Indian organization partners, as well as state and local public health officials, to coordinate a comprehensive public health response to the ongoing COVID-19 pandemic. For more on the federal response in Indian Country, visit <https://www.ihs.gov/coronavirus>.

Grant recipients, subrecipients, and partners must comply with HHS grant regulations and HHS and ACF policies, as well as the terms and conditions of the supplemental grant award.

UNALLOWED COSTS
Acquisition of land
Alcoholic Beverages
Automobile Purchase
Awards, bonuses or commissions
Cost incurred outside the award period
Construction costs including capital improvements
Corporate formation
Entertainment- (i.e. luncheons, dinners, banquets, receptions)
Federal employees' compensation and travel
*Food- no funding can be used to purchase food and/or beverages for any meeting, conference, training, or other event. Exceptions to this restriction may be made in cases where such sustenance is not otherwise available (i.e., extremely remote areas). An exception would require prior approval.
Grant preparation fee
Imputed interest charges (late fees)
Lobbying
Mileage rate may not exceed the travel regulation as published by the State Accounting Office.
Military-type equipment
No income eligibility standard may be imposed upon individuals with respect to eligibility for assistance or service supported with funds provided by this grant. No fees may be levied for assistance or services provided with funds provided by this grant.
Grant funds may not be used as direct payment to any victim
UNALLOWED ACTIVITIES
Direct services may not teach or promote religion
Supplanting funds: Federal funds must be used to supplement existing funds for direct service activities and must not replace those funds that have been appropriated for the same purpose.
Commingling of funds: Physical segregation of cash depositions are not required, however, the accounting system of all contractors and sub-contractors must ensure that agency funds are not commingled with funds from other federal agencies. Each award must be accounted for separately. Commingling of funds is prohibited on either a program-by-program or project-by-project basis.
Organized fundraising activities (e.g., campaigns, endowment drives, and solicitation of gifts), which includes salary of any individual(s) engaged in direct fundraising activity for the organization. An organization may engage in activity to "institutionalize" the CJCC-funded project for sustainability purposes; however, CJCC funds may not be used for the purpose of raising funds to finance non-related grant programs and/or complementary program activities.

Political activities including endorsement of any political candidate or party, use of machinery, equipment, postage, stationary, or personnel on behalf of any candidate or any question of public policy subject to referendum, in accordance with O.C.G.A. 50-20-3(f)

Address or location of any shelter facility assisted with funds provided through this grant must maintain a confidential location and shall not be made public.

No individual shall be excluded from participation in, denied benefits of, or otherwise be subject discrimination under this program and shall provide equal provision of services to clients regardless of age, gender (teenage boys and men), sexual orientation, and legally emancipated clients.

Appendix B – FVPSA ARP-COVID Grant Program – Quarterly Performance Measures

People Served

[If the grantee has concerns that providing the data below will allow a report reader to personally identify a victim, please use the boxes for “not specified” or “unknown” for that client’s data.]

Clients Served in Shelter

Number of Children/Youth	
Adults:	
Number of Women	
Number of Men	
Number Not-specified/Other	
Total	[Auto Sum]

[Clients Served in Shelter: Number of new domestic violence victims (clients) seen for the first time during this reporting period who received shelter services (including a shelter facility managed by the program, safe home or hotel). Clients should be counted once regardless of the number of times served during the fiscal year. For example, if a client spent 30 days in the shelter in November, exited the shelter and then came back to the shelter in March, then she would only be counted one time. Clients who received shelter should only be counted in this element and not counted in Clients Served with Non-Shelter Services even though they may have received non-shelter services also. Clients who were referred to another domestic violence shelter program should not be counted here. The count will be within program only and should not be unduplicated across programs statewide.]

Clients Served with Non-Shelter Services

Number of Children/Youth	
Adults:	
Number of Women	
Number of Men	
Number Not-specified Other	
Total	[Auto Sum]

[Clients Served with Non-Shelter (supportive services only): Number of new domestic violence victims (clients) seen for the first time during this reporting period who received only non-shelter services. Include only clients that received supportive services only and no shelter by your program. Calls to a crisis line or hotline should not be counted here and should be counted in Section C instead. Count should be within program only and not unduplicated across programs statewide.]

Age

0-12	
13-17	
Unknown Child Age	

18-24	
25-59	
60+	
Unknown Adult Age	
Total	[Auto Sum]

[Age: Report the ages of the clients served, including children and youth. These age demographic totals should equal the program’s numbers totaled in Clients Served in Shelter and Clients Served with Non-Shelter. For example, if the program served 30 women, 62 children and 2 men (94 total), the total for all the ages should also add up to 94.]

Race/Ethnicity

Black or African American	
American Indian/ Alaska Native	
Asian	
Hispanic or Latino	
Native Hawaiian/ Other Pacific Islander	
White	
Unknown/Other	

[Race/Ethnicity: Report the race and/or ethnicity of the clients served, including children and youth. Clients may self-identify in more than one category, e.g., White and Hispanic.]

Other Demographics

Number needing language services, such as interpretation	
Number self-identifying as lesbian, gay, bisexual, transgender or queer (LGBTQ)	
Number of youth aged 13-17 receiving services due to being a victim of dating violence	

[Language Services: Provision of interpretation and/or translation. Provision of English as a second language class.]

[LGBTQ: This is a count of clients who self-identify as lesbian, gay, bisexual, transgender or queer.]

[Teen dating violence: This is a count of all of the youth aged 13-17 receiving services due to being a victim of dating violence in their own relationships. These youth could be receiving services on their own, as an emancipated minor or other minor eligible to receive services, or could be a youth who accompanies their parent to shelter and self-identifies as needing their own services.]

Shelter Services and Crisis Calls

Shelter Nights	
Unmet Requests for Shelter	
Crisis/Hotline Calls	

[Shelter Nights: Indicate the number of shelter nights for each person who arrives and is provided a bed, including on-site shelter, safe home or hotel room. Include victims of domestic violence and their dependents. Count the number of people housed times the number of nights.]

For example, a victim and her 3 children stay in the shelter or safe house for 5 nights; this means 4 people x 5 nights = 20 shelter nights.

Shelter includes onsite shelter managed by the domestic violence program, program-sponsored hotel rooms and safe homes (residences of volunteers who offer their private homes for short-term crisis situations) or other temporary housing that your program arranges. Nights that a victim stays in a shelter not managed by your program should not be counted (e.g., a shelter in a nearby county).]

[Unmet Requests for Shelter: Count the number of unmet requests for shelter due to program shelter, safe homes or sponsored hotel rooms being at capacity or unavailable. Count adult victims of domestic violence only. This count **should not** include individuals who were not served because their needs were inappropriate for the services of your program, e.g., homelessness not related to domestic violence. Count the total number of times requests for shelter were declined, even if the program provided other services.]

[Crisis/Hotline Calls: Calls received on any agency line that relate to an individual or family in need of some kind of service. A program does not have to have a dedicated hotline to count these calls. Count all calls including repeat callers and calls from third parties such as a family member. **Do not** count calls about donations or for general information about program or violence issues unrelated to a specific individual or family, calls from the media, etc.]

Services to Victims

Number of children/youth receiving crisis intervention	
Number of children/youth receiving victim advocacy services	
Number of children/youth receiving individual or group counseling/support group	
Number of adult victims receiving crisis intervention	
Number of adult victims receiving victim advocacy services	
Number of adult victims receiving individual or group counseling/support group	
Number of adult victims receiving criminal/civil legal advocacy	
Number of adult victims receiving medical accompaniment	
Number of adult victims receiving transportation services	

[Report the number of clients who received each service. Count each client only once for each type of service that the client received.]

[Individual/Group Counseling: Individual or group counseling or support provided by a volunteer, staff or advocate.]

[Crisis intervention: Process by which a person identifies, assesses, and intervenes with an individual in crisis so as to restore balance and reduce the effects of the crisis in her/his life. In this category, report crisis intervention that occurs in person and/or over the telephone with an established client. This does not include hotline calls where the caller is not a client receiving services.]

[Victim Advocacy Services: Actions designed to help the victim/survivor obtain needed resources or services including employment, housing, shelter services, health care, victim's compensation, etc.]

[Criminal/Civil Legal Advocacy: Assisting a client with civil legal issues, including preparing paperwork for protection orders; accompanying a client to a protection order hearing, or other

civil proceeding; and all other advocacy within the civil justice system. This also includes accompanying a client to an administrative hearing, such as unemployment, Social Security, TANF, or food stamp hearing. Assisting a client with criminal legal issues including notifying the client of case status, hearing dates, plea agreements, and sentencing terms; preparing paperwork such as victim impact statements; accompanying a client to a criminal court proceeding or law enforcement interview; and all other advocacy within the criminal justice system.]

[Medical Accompaniment: Accompanying a domestic violence victim to, or meeting a victim at, a hospital, clinic, or medical office.]

[Transportation Services: Provision of transportation, either directly or through bus passes, taxi fares, or other means of transportation.]

Community Education

Adults/General Population

Number of Presentations	
Number of Participants	

[Adults/General Population: Count the total number of presentations or trainings about domestic violence and/or services related to victims of domestic violence and their children. In addition, count the number of individuals in attendance. Some examples may be a training for health professionals or a workshop for tribal leaders. Include all presentations for a mixed-age audience. This number does not include health fairs, media interviews or advertising.]

Youth Targeted Education

Number of Presentations	
Number of Participants	

[Youth Targeted: Count the total number of presentations or trainings about domestic violence, dating violence, healthy relationships or available services for victims. In addition, count the number of individuals in attendance. Some examples may be a presentation to youth in school on healthy relationships or a workshop for youth at a Safety Day event.]

Appendix C: Eligible Grant Solicitation Applicants

	Agency	Allocation
1.	Ahimsa House, Inc.	\$32,868
2.	Alma G. Davis Foundation, Inc.	\$10,000
3.	Battered Women's Shelter, Inc.	\$167,285
4.	Camden Community Crisis Center, Inc.	\$41,785
5.	Carroll County Emergency Shelter, Inc.	\$44,454
6.	Cherokee Family Violence Center, Inc.	\$143,136
7.	Christian League for Battered Women	\$30,845
8.	Circle of Love Center, Inc.	\$15,488
9.	Citizens Against Violence, Inc.	\$50,804
10.	Clayton County Assoc Against FV, Inc.	\$29,648
11.	Colquitt Co. Serenity House Project, Inc.	\$23,397
12.	Columbus Alliance for Battered Women, Inc.	\$60,782
13.	Crisis Line & Safe House of Central GA, Inc.	\$178,584
14.	Douglas Co. Task Force on FV, Inc.	\$18,689
15.	F.A.I.T.H. in Rabun County, Inc.	\$37,935
16.	Family Crisis Ctr of(WDCC)Counties, Inc	\$21,637
17.	Fayette County Council On DV, Inc.	\$37,036
18.	Flint Circuit Council on FV, Inc.	\$56,557
19.	Forsyth County Family Haven, Inc.	\$27,177
20.	Four Points, Inc.	\$3,500
21.	GA Dept of Community Supervision	\$17,595
22.	Gateway House, Inc.	\$72,696
23.	Georgia Mountain Women's Center, Inc.	\$79,055
24.	Glynn Community Crisis Network	\$60,756
25.	Halcyon Home for Battered Women, Inc.	\$36,822
26.	Harmony House DV Shelter, Inc.	\$49,085
27.	Hospitality House for Women, Inc.	\$20,230
28.	International Women's House, Inc.	\$34,049
29.	Liberty House of Albany, Inc.	\$33,460
30.	liveSafe Resources	\$88,497
31.	NE GA Council on DV, Inc.	\$74,537
32.	NOA's Ark, Inc.	\$84,619
33.	North GA Mountain Crisis Network, Inc.	\$18,128
34.	NW GA Family Crisis Center, Inc.	\$94,036
35.	Partnership Against DV, Inc.	\$163,667
36.	Peace Place, Inc.	\$52,351
37.	Polk County Women's Shelter, Inc.	\$26,586
38.	Project ReNeWal, Inc.	\$66,326

39.	Project Safe, Inc	\$55,861
40.	S.H.A.R.E. House, Inc.	\$138,024
41.	Safe Haven Transitional Inc.	\$27,015
42.	SAFE Homes of Augusta, Inc.	\$65,517
43.	Safe Shelter Ctr for DV Services, Inc.	\$53,912
44.	Support in Abusive Family Emergencies, Inc.	\$26,154
45.	SW GA Victims Assistance Alliance, Inc.	\$23,275
46.	The Refuge DV Shelter, Inc.	\$71,222
47.	The Salvation Army, A Georgia Corp.	\$25,501
48.	Tifton Judicial Circuit Shelter, Inc.	\$57,379
49.	Tri-County Protective Agency, Inc.	\$23,676
50.	Waycross Area Shelter for Battered Women, Inc.	\$96,212
51.	Wayne County Protective Agency, Inc.	\$60,733
52.	Women In Need of God's Shelter, Inc.	\$33,144
53.	Women Moving On, Inc.	\$132,463
	Total:	\$2,994,190