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EXECUTIVE DIRECTOR

The Criminal Justice Coordinating Council (CJCC) is pleased to announce that it is seeking applications for funding under the State Domestic Violence Grant Program.

## Domestic Violence Grant Program FY 2020 Request for Applications

### Eligibility

#### *Continuation Funding Only*

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. This RFA is to assist with the funding of state domestic violence programs to provide intervention services, awareness, and education to Georgia's citizens on domestic violence prevention strategies that will change the attitudes of communities.

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. In FY19, the agency must be recognized by the state of Georgia as a state funded certified domestic violence shelter in order to receive funding.

### Deadline

Applications are due at 5:00 p.m. on Wednesday, May 15, 2019

### Award Period

July 1, 2019- June 30, 2020

### Contact Information

For assistance with the requirements of this solicitation, contact:

Natalie Williams at 404-657-2224 or [Natalie.Williams@cjcc.ga.gov](mailto:Natalie.Williams@cjcc.ga.gov)

Cynthia Valdez at 404-657-2233 or [Cynthia.Valdez@cjcc.ga.gov](mailto: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 email [Kristy.carter@cjcc.ga.gov](mailto:Kristy.carter@cjcc.ga.gov).*

**Release Date: April 10, 2019**

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# Domestic Violence Grant Program FY 2020 Request for Applications

## 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 Domestic Violence Grant Programs.

CJCC is soliciting applications for the Domestic Violence 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 Domestic Violence Grant Program; decisions about grant awards will be determined through a competitive process.

### I. Overview

The funding source for this solicitation is the Georgia State Appropriations Grant responding to the symptoms of chronic interpersonal trauma and traumatic stress across the lifespan. CJCC will accept applications from domestic violence programs for the provision of residential and non-residential domestic violence services. The purpose of the Domestic Violence Grant Program per O.C.G.A. 19-13-22 is to provide intervention services, awareness, and education to Georgia's citizens on domestic violence prevention strategies that will change the attitudes of communities. Core intervention services include the following listed below.

- Safe, confidential shelter staffed 24 hours a day, 7 days a week
- 24-hour crisis line answered by staff
- Service planning/case management
- Safety planning
- Structured children's activities
- Individual and group counseling, peer support groups and referral to such services to include adults, teens, and children exposed
- Legal advocacy
- Medical advocacy
- Social service advocacy
- Financial advocacy/means of support
- Household establishment services
- Transportation access
- Follow-up
- TANF assessments

- Parenting support/education
- Non-residential support services
- Community outreach and awareness

CJCC asks that applicants fully describe how their program will provide these intervention services along with the awareness and education activities. **\*Agencies will describe how they provide cultural and linguistic appropriate services.**

The target population for this RFA is victims of domestic violence and their children.

### Federal Definitions

1. Dating Violence: Violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim and where the existence of such a relationship shall be determined based on a consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved in the relationship.
2. Domestic Violence: Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
3. 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.
4. 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.
5. Shelter: The provision of temporary refuge and related assistance in compliance with applicable state law and regulation governing the provision, on a regular basis, which includes shelter, safe homes, meals and related assistance to victims of family violence and their dependents.

6. Supportive Services: Services for adult and youth victims of family violence, domestic violence, or dating violence, and dependents exposed to family violence, domestic violence, or dating violence, that are designed to: (a) Meet the needs of victims of family violence, domestic violence, or dating violence, and their dependents, for short-term, transitional, or long-term safety; and (b) provide counseling, advocacy, or assistance for victims of family violence, domestic violence, or dating violence, and their dependents.

## II. Eligibility

Awards are limited to FY 2019 Continuation Award recipient organizations that provide domestic violence services. **Any award made pursuant to this solicitation is dependent upon the receipt and availability of grant awards and any requirements/conditions attached thereto.**

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;
3. Be responsible, liable, and oversee financial, program and post-award reporting requirements;
4. Be certified to receive LVAP 5% funds; and
5. Recognized as a state funded certified Domestic Violence Shelter in FY19.

### A. Additional Specific Eligibility Requirements

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 fingerprint background checks 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 and expenditures 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.
  - 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. Information on required Civil Rights trainings can be found at <https://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 <https://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.

- **Nondisclosure of Confidential or Private Information** - Eligible agencies must have policies and procedures in place that safeguard the confidentiality of all victim records, contact information, personally identifying information, and other information considered sensitive. Personally identifying information collected in connection with services requested shall not be disclosed. Personally, identifying information shall not be revealed without informed written reasonably time-limited consent. These measures must be consistent with applicable Federal, state, and local laws regarding privacy and confidentiality.
- **Help victims apply for compensation benefits**- Such assistance may include identifying and notifying crime victims of the availability of compensation, assisting them with the application forms and procedures, obtaining necessary documentation, and/or checking on claim status.
- **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. 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.

### III. Grant Award Agreement

**Grant Award Amount:** Any award made pursuant to this solicitation is dependent upon the receipt and availability of grant awards and any requirements/conditions attached thereto. Please see **APPENDIX B** for the FY20 Funding Chart that lists the State award amounts that each agency is eligible to apply for.

**Grant Award Period:** The grant award period covers July 1, 2019 through June 30, 2020. The funding source is the Georgia State Appropriations. If the funds appropriated are reduced or eliminated by the Georgia State Legislature, 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.

## IV. Reporting Requirements

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

### A. 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 30th day of the month immediately following the month in which expenses were incurred; i.e., an SER for expenses incurred in July is due by August 30. Quarterly SERs are due on the following dates for the corresponding financial reporting periods:

#### Quarterly Subgrant Expenditure Reports (SERS)

| <i>FINANCIAL REPORTING PERIOD</i> | <i>DUE DATES</i> |
|-----------------------------------|------------------|
| July 1 – September 30             | October 30       |
| October 1 – December 31           | January 30       |
| January 1 – March 31              | April 30         |
| April 1 - June 30                 | July 30          |

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 signed 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), mandatory meetings, or required trainings prior to the release of grant funds.

### B. Program Reporting Requirements

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

1. *Caseworthy or Other 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 the Domestic Violence Statistical database or other 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. *Safety Plans*: Safety plan development that indicates victims have access to safety planning and strategies to enhance safety.

4. *Performance Deliverables*: All performance deliverables are due 30 calendar days following the close of the period.

### State Domestic Violence Program Performance Deliverables

| <i>REPORTING PERIOD</i>                      | <i>PERFORMANCE DELIVERABLES</i>  | <i>DUE DATES</i>  |
|--|--|-------------------|
| FIRST PERIOD<br><b>July 1 – September 30</b> | <ul style="list-style-type: none"> <li>• Fully executed grant award materials</li> <li>• Submission of program data through APRICOT database or other database identified by CJCC</li> <li>• Submission of Community Awareness and Outreach Narrative Report</li> <li>• 65% of clients report enhanced safety and knowledge of community resources</li> <li>• Completion of Performance Improvement Plan if prescribed by CJCC</li> <li>• Attendance at all required quarterly meetings and trainings</li> </ul> | <b>October 30</b> |

|   |   |                          |
|---|---|--------------------------|
| <p>SECOND PERIOD<br/> <b>October 1 –<br/> December 31</b></p> | <ul style="list-style-type: none"> <li>• Submission of program data through Caseworthy database or other database identified by CJCC</li> <li>• Submission of Community Awareness and Outreach Narrative Report</li> <li>• 65% of clients report enhanced safety and knowledge of community resources</li> <li>• Completion of Performance Improvement Plan if prescribed by CJCC</li> <li>• Attendance at all required quarterly meetings and trainings</li> </ul>   | <p><b>January 30</b></p> |
| <p>THIRD PERIOD<br/> <b>January 1 –March 31</b></p>           | <ul style="list-style-type: none"> <li>• Submission of program data through APRICOT database or other database identified by CJCC</li> <li>• Submission of Community Awareness and Outreach Narrative Report</li> <li>• 65% of clients report enhanced safety and knowledge of community resources</li> <li>• Completion of Performance Improvement Plan if prescribed by CJCC</li> <li>• Attendance at all required quarterly meetings and trainings</li> </ul>  | <p><b>April 30</b></p>   |
| <p>FOURTH PERIOD<br/> <b>April 1- June 30</b></p>             | <ul style="list-style-type: none"> <li>• Submission of program data through Caseworthy database or other database identified by CJCC</li> <li>• Submission of Community Awareness and Outreach Narrative Report</li> <li>• Completion of at least 15 cumulative community awareness and outreach events (at least one activity in each county being served over the subgrant period)</li> <li>• An average for the year of 80% of clients who report enhanced safety and knowledge of community resources</li> <li>• Completion of Performance Improvement Plan if prescribed by CJCC</li> <li>• Attendance at all required quarterly meetings and trainings</li> </ul> | <p><b>July 30</b></p>    |

**C. Post-Award Requirements**

1. **Compliance Monitoring** - CJCC staff may conduct site visits or desk reviews 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.

- 2. 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. CJCC requests that an Executive Director attend at least two quarterly grantee meetings per year.

## V. Application Submission Instructions

Applications must be submitted online via IntelliGrants. Link will be released via email on Monday, April 15, 2019.

Applicants who experience technical difficulties or emergency circumstances should contact Jonathan Peart immediately at [peart.jonathan@cjcc.ga.gov](mailto:peart.jonathan@cjcc.ga.gov) or (404) 657-1973 to request an extension or alternate method of applying.

**Applications must be submitted by 5:00 pm on Wednesday, May 8, 2019. 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.

## A. Applicant Agency

The first form includes basic information about the applicant agency and will auto populate based on the agency profile. Applicant will need to add information is the Applicant Agency is not the same as the Implementing Agency.

Please indicate whether or not your agency is registered in the federal System for Award Management (SAM) and 5% LVAP certified. Your agency must be registered in SAM and certified to receive 5% funds before drawing down funds.

## B. Designation of Grant Officials

Please include the name, address, phone, fax, and email for the following officials:

1. Project Director- This official must be an employee of the applicant agency or from a contractor organization, at the applicant's option, who will be directly responsible for operation of the project. This person will be the primary contact for the application and the post-award phase.
2. Financial Officer- This official must be the chief financial officer of the applicant agency such as the county auditor, city treasurer, or comptroller.
3. Authorized Official- This official is authorized to apply for, accept, decline or cancel the grant for the applicant agency. This person must be the executive director of a state agency, chairperson of the county Board of Commissioners, mayor, or chairperson of the City Council. All official correspondence regarding the grant and the application (assurances, disclosures, certifications, award documentation, subgrant expenditure reports, subgrant adjustment reports) must be signed by the authorized official. Once an award has been made, the authorized official may designate someone to sign this documentation by changing the roles in the IntelliGrants System.
4. Executive Director, if not listed as the Project Director.

## C. Primary Service Area

Select from the list, the county or counties the agency is certified to serve and the congressional districts to be served.

Select the counties the satellite office(s) are located in.

State the number of beds the agency is certified for and the number of actual beds the agency has available.

## D. Agency Description

The following questions refers to the entire agency and not just the project the agency is applying for.

- Provide a brief overview of the agency applying for the project, including year founded and other services offered.
- Please list Domestic Violence Task Force(s) (DVTF) that the agency's staff participates on or leads for each county within the proposed service area. Please also share how often the group meets. If your judicial circuit does not have a formal DVTF, describe applicant's collaboration with community partners within the proposed area. If serving more than one county, please provide the information for each county.
- Please indicate the language in which your agency or organization's staff members are proficient. "Proficiency" indicates that the staff member can appropriately serve a victim or otherwise converse with someone in their native language if they are LEP.

## E. Project Narrative

The following questions are specific to the project the applicant agency is applying for and are limited to certain amount of characters, indicated at the end of each question.

### Program Description

1. Describe the geographic area targeted.
2. Provide relevant characteristics of the target population, including data on the number of people served in the past year.
3. Describe any populations that are located in the proposed service area and how the applicant is currently serving them and/or will serve them in the project. Describe how they provide culturally and linguistically appropriate services.

### Project Goals

1. Clearly state the goals of the proposed project.
2. Illustrate the need through the data relevant to the target population.

### Project Activities and Services

1. Identify objectives through activities and/or services to be provided.
2. Provide a brief description of the community outreach and awareness activities that will be conducted in the proposed service area in relation to this project.
3. Have any changes been implemented with your crisis call process; and if so, please describe?
4. Have there been any changes implemented with your intake/ system entry process for both residential and non-residential clients; if so, please describe?
5. Describe how your agency is providing the following core services / support to the targeted population: (1) Safe, Confidential Shelter, (2) Case Management / Service

Planning, (3) Safety Planning, (4) Children's Advocacy, (5) Individual and Group Counseling and Support, (6) Legal Advocacy, (7) Social Service Advocacy, including Medical, Financial and Household Establishment Services, (8) Transportation Access, (9) Parenting Support and Education (10) Non-Residential Support Services, (11) Follow-Up.

### Evaluation Plan

1. Describe the applicant agency's process for qualitative and quantitative data collection (i.e. intake forms, surveys, focus groups etc.). Include specific examples of data points collected.
2. What methods of evaluation will be used to measure the outcomes of your project?
3. How will your agency utilize the data collected to guide the direction of program services?

### Sustainability

1. What other sources of funding will be used to support and sustain the proposed project?
2. Please describe your ability to maintain adequate cash flow for this project for at least 90 days.
3. How many fundraising activities did your agency complete during the 2019 grant year (July 1, 2018 – June 30, 2019)? Please include details about each fundraising event such as date of event, number of attendees, event theme, amount raised, etc.
4. Did your agency submit grant applications for other funding sources? If so, please list any submissions in FY19 and if any applications were awarded.

## F. Budget Forms

Applicants must complete the budget online through IntelliGrants, the new grant management system. **Do not upload a Budget Detail Worksheet, as these will no longer be accepted.** Staff will review the budget and provide feedback on whether line items are allowable, reasonable and justifiable. Please complete both the budget and narrative section for each category.

The budget narrative should be completed for clarity of expenses requested in the different budget categories. Applicants must provide details on each cost item in the budgets. 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.

Below is the breakdown of the budget forms on IntelliGrants.

**PERSONNEL**

**Instructions:**

- All required fields are marked with an \*.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

What type of personnel do you wish to enter?\*

- Salaried
- Hourly
- Law Enforcement Pool
- Pool
- Volunteer

**SALARIED**

| <u>Position</u>           | <u>Name</u>          | <u>Fund Type</u>               | <u>Employee Type</u>           | <u>Annual Salary</u> | <u>Percentage of Time on Project</u> | <u>Pay Period Frequency</u>    | <u>Cost</u> |
|---------------------------|----------------------|--------------------------------|--------------------------------|----------------------|--------------------------------------|--------------------------------|-------------|
| <input type="text"/>      | <input type="text"/> | <input type="text" value="v"/> | <input type="text" value="v"/> | <input type="text"/> | <input type="text" value=""/> %      | <input type="text" value="v"/> |             |
| <input type="text"/>      | <input type="text"/> | <input type="text" value="v"/> | <input type="text" value="v"/> | <input type="text"/> | <input type="text" value=""/> %      | <input type="text" value="v"/> |             |
| <input type="text"/>      | <input type="text"/> | <input type="text" value="v"/> | <input type="text" value="v"/> | <input type="text"/> | <input type="text" value=""/> %      | <input type="text" value="v"/> |             |
| <input type="text"/>      | <input type="text"/> | <input type="text" value="v"/> | <input type="text" value="v"/> | <input type="text"/> | <input type="text" value=""/> %      | <input type="text" value="v"/> |             |
| <input type="text"/>      | <input type="text"/> | <input type="text" value="v"/> | <input type="text" value="v"/> | <input type="text"/> | <input type="text" value=""/> %      | <input type="text" value="v"/> |             |
| <b>Personnel - Total:</b> |                      |                                |                                |                      |                                      |                                |             |

**HOURLY**

| <u>Position</u>           | <u>Name</u>          | <u>Fund Type</u>               | <u>Employee Type</u>           | <u>Hourly Rate</u>   | <u>Hours Per Week on Project</u> | <u>Weeks Worked Annually</u> | <u>Pay Period Frequency</u>    | <u>Cost</u> |
|---------------------------|----------------------|--------------------------------|--------------------------------|----------------------|----------------------------------|------------------------------|--------------------------------|-------------|
| <input type="text"/>      | <input type="text"/> | <input type="text" value="v"/> | <input type="text" value="v"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/>         | <input type="text" value="v"/> |             |
| <input type="text"/>      | <input type="text"/> | <input type="text" value="v"/> | <input type="text" value="v"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/>         | <input type="text" value="v"/> |             |
| <input type="text"/>      | <input type="text"/> | <input type="text" value="v"/> | <input type="text" value="v"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/>         | <input type="text" value="v"/> |             |
| <input type="text"/>      | <input type="text"/> | <input type="text" value="v"/> | <input type="text" value="v"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/>         | <input type="text" value="v"/> |             |
| <input type="text"/>      | <input type="text"/> | <input type="text" value="v"/> | <input type="text" value="v"/> | <input type="text"/> | <input type="text"/>             | <input type="text"/>         | <input type="text" value="v"/> |             |
| <b>Personnel - Total:</b> |                      |                                |                                |                      |                                  |                              |                                |             |



**EMPLOYEE BENEFITS**

**Instructions:**

- All required fields are marked with an \*.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Benefit Percentage is the percentage of benefit to be paid by the grant.

**SALARIED Employee Benefits**

| Name | Position | Employee Type | Fund Type | Annual Salary | Benefit Type | Benefit Percentage | Percentage of Time on Project     | Cost |
|------|----------|---------------|-----------|---------------|--------------|--------------------|-----------------------------------|------|
| ▼    |          |               | ▼         |               | ▼            | %                  | %                                 |      |
| ▼    |          |               | ▼         |               | ▼            | %                  | %                                 |      |
| ▼    |          |               | ▼         |               | ▼            | %                  | %                                 |      |
| ▼    |          |               | ▼         |               | ▼            | %                  | %                                 |      |
| ▼    |          |               | ▼         |               | ▼            | %                  | %                                 |      |
|      |          |               |           |               |              |                    | <b>Employee Benefits - Total:</b> |      |

**HOURLY Employee Benefits**

| Name | Position | Employee Type | Fund Type | Cost | Benefit Type | Benefit Percentage | Cost                              |  |
|------|----------|---------------|-----------|------|--------------|--------------------|-----------------------------------|--|
| ▼    |          |               | ▼         |      | ▼            | %                  |                                   |  |
| ▼    |          |               | ▼         |      | ▼            | %                  |                                   |  |
| ▼    |          |               | ▼         |      | ▼            | %                  |                                   |  |
| ▼    |          |               | ▼         |      | ▼            | %                  |                                   |  |
| ▼    |          |               | ▼         |      | ▼            | %                  |                                   |  |
|      |          |               |           |      |              |                    | <b>Employee Benefits - Total:</b> |  |

**TRAVEL**

**Instructions:**

- All required fields are marked with an \*.
- Use the **SAVE** button to save information and calculate data on each page.
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- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

| <u>Number of Travelers</u>                               | <u>Purpose of Travel</u>       | <u>Location of Travel</u> | <u>Travel Expense</u>          | <u>Fund Type</u>               | <u>Number of Days/Miles/Items</u> | <u>Cost Per Day, Item, or Mile</u> | <u>Percentage</u>                | <u>COST</u> |
|--|--------------------------------|---------------------------|--------------------------------|--------------------------------|-----------------------------------|------------------------------------|----------------------------------|-------------|
| <input type="text"/>                                     | <input type="text" value="▼"/> | <input type="text"/>      | <input type="text" value="▼"/> | <input type="text" value="▼"/> | <input type="text"/>              | <input type="text"/>               | <input type="text" value="0"/> % |             |
| <input type="text"/>                                     | <input type="text" value="▼"/> | <input type="text"/>      | <input type="text" value="▼"/> | <input type="text" value="▼"/> | <input type="text"/>              | <input type="text"/>               | <input type="text" value="0"/> % |             |
| <input type="text"/>                                     | <input type="text" value="▼"/> | <input type="text"/>      | <input type="text" value="▼"/> | <input type="text" value="▼"/> | <input type="text"/>              | <input type="text"/>               | <input type="text" value="0"/> % |             |
| <input type="text"/>                                     | <input type="text" value="▼"/> | <input type="text"/>      | <input type="text" value="▼"/> | <input type="text" value="▼"/> | <input type="text"/>              | <input type="text"/>               | <input type="text" value="0"/> % |             |
| <input type="text"/>                                     | <input type="text" value="▼"/> | <input type="text"/>      | <input type="text" value="▼"/> | <input type="text" value="▼"/> | <input type="text"/>              | <input type="text"/>               | <input type="text" value="0"/> % |             |
| <b>Travel (Including Training) - Grant Period Total:</b> |                                |                           |                                |                                |                                   |                                    |                                  |             |

**EQUIPMENT**

**Instructions:**

- All required fields are marked with an \*.
- Use the **SAVE** button to save information and calculate data on each page.
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- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Equipment is defined as tangible personal property having per unit acquisition threshold greater than or equal to \$5,000.

| <u>Equipment Item</u>     | <u>Fund Type</u>               | <u>Number of Units</u> | <u>Price Per Item</u> | <u>Vendor</u>        | <u>Cost</u> |
|---------------------------|--------------------------------|------------------------|-----------------------|----------------------|-------------|
| <input type="text"/>      | <input type="text" value="▼"/> | <input type="text"/>   | <input type="text"/>  | <input type="text"/> |             |
| <input type="text"/>      | <input type="text" value="▼"/> | <input type="text"/>   | <input type="text"/>  | <input type="text"/> |             |
| <input type="text"/>      | <input type="text" value="▼"/> | <input type="text"/>   | <input type="text"/>  | <input type="text"/> |             |
| <input type="text"/>      | <input type="text" value="▼"/> | <input type="text"/>   | <input type="text"/>  | <input type="text"/> |             |
| <input type="text"/>      | <input type="text" value="▼"/> | <input type="text"/>   | <input type="text"/>  | <input type="text"/> |             |
| <b>Equipment - Total:</b> |                                |                        |                       |                      |             |

**SUPPLIES**

**Instructions:**

- All required fields are marked with an \*.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Supplies are defined as tangible personal property having per unit acquisition threshold of less than \$5000.

| <u>Supply Item</u>                | <u>Fund Type</u>               | <u>Number of Units</u> | <u>Price Per Unit</u> | <u>Vendor</u>        | <u>Cost</u> |
|-----------------------------------|--------------------------------|------------------------|-----------------------|----------------------|-------------|
| <input type="text"/>              | <input type="text" value="▼"/> | <input type="text"/>   | <input type="text"/>  | <input type="text"/> |             |
| <input type="text"/>              | <input type="text" value="▼"/> | <input type="text"/>   | <input type="text"/>  | <input type="text"/> |             |
| <input type="text"/>              | <input type="text" value="▼"/> | <input type="text"/>   | <input type="text"/>  | <input type="text"/> |             |
| <input type="text"/>              | <input type="text" value="▼"/> | <input type="text"/>   | <input type="text"/>  | <input type="text"/> |             |
| <input type="text"/>              | <input type="text" value="▼"/> | <input type="text"/>   | <input type="text"/>  | <input type="text"/> |             |
| <b>Supplies Expenses - Total:</b> |                                |                        |                       |                      |             |

**CONSULTANTS AND CONTRACTORS**

**Instructions:**

- All required fields are marked with an \*.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Consultant is defined as an individual or sole proprietorship who provides professional advice or services needed to carry out the project or program.
- Contractor is defined as a business organization that provides professional services via a contract needed to carry out the project or program.

**Consultant Fees & Expenses**

| Name                       | Service Provided     | Fund Type                      | Hourly Rate          | Number of Hours      | Percentage             | Cost |
|----------------------------|----------------------|--------------------------------|----------------------|----------------------|------------------------|------|
| <input type="text"/>       | <input type="text"/> | <input type="text" value="▼"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> % |      |
| <input type="text"/>       | <input type="text"/> | <input type="text" value="▼"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> % |      |
| <input type="text"/>       | <input type="text"/> | <input type="text" value="▼"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> % |      |
| <input type="text"/>       | <input type="text"/> | <input type="text" value="▼"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> % |      |
| <input type="text"/>       | <input type="text"/> | <input type="text" value="▼"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> % |      |
| <b>Consultant - Total:</b> |                      |                                |                      |                      |                        |      |

**Contracts**

| Name / Position             | Service Provided     | Fund Type                      | Compensation         | Percentage             | Cost |
|-----------------------------|----------------------|--------------------------------|----------------------|------------------------|------|
| <input type="text"/>        | <input type="text"/> | <input type="text" value="▼"/> | <input type="text"/> | <input type="text"/> % |      |
| <input type="text"/>        | <input type="text"/> | <input type="text" value="▼"/> | <input type="text"/> | <input type="text"/> % |      |
| <input type="text"/>        | <input type="text"/> | <input type="text" value="▼"/> | <input type="text"/> | <input type="text"/> % |      |
| <input type="text"/>        | <input type="text"/> | <input type="text" value="▼"/> | <input type="text"/> | <input type="text"/> % |      |
| <input type="text"/>        | <input type="text"/> | <input type="text" value="▼"/> | <input type="text"/> | <input type="text"/> % |      |
| <b>Contractors - Total:</b> |                      |                                |                      |                        |      |

**OTHER**

**Instructions:**

- All required fields are marked with an \*.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.
- Other Costs refer to List items (e.g., real property lease, repairs/maintenance, utilities, copier rental/lease, postage meter, insurance & bonding, dues & subscriptions, advertising, registration fees, film processing, notary services, public relations, communications services - indicate if DOAS is provider). Show budget calculation. For example, provide the office space square footage and the lease rate or provide the monthly lease amount and the number of months leased. For unit enter time period as applicable (i.e. "month" for utility costs) or leave blank for items such as registration that require a one-time fee.

**Other Costs**

| Description           | Quantity | Cost | Frequency | Length of Time | Fund Type | Percentage of Time on Project | Vendor | Cost |
|-----------------------|----------|------|-----------|----------------|-----------|-------------------------------|--------|------|
|                       |          |      |           |                |           | %                             |        |      |
|                       |          |      |           |                |           | %                             |        |      |
|                       |          |      |           |                |           | %                             |        |      |
|                       |          |      |           |                |           | %                             |        |      |
|                       |          |      |           |                |           | %                             |        |      |
| <b>Other - Total:</b> |          |      |           |                |           |                               |        |      |

**Budget Summary**

- This form auto populates totals based on entries to previous forms

**BUDGET SUMMARY**

**Instructions:**

- All required fields are marked with an \*.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

**TOTAL BUDGET BY CATEGORY**

| BUDGET CATEGORY             | AMOUNT |
|-----------------------------|--------|
| PERSONNEL                   |        |
| EMPLOYEE BENEFITS           |        |
| TRAVEL (INCLUDING TRAINING) |        |
| EQUIPMENT                   |        |
| SUPPLIES                    |        |
| CONSULTANTS AND CONTRACTORS |        |
| OTHER                       |        |
| <b>TOTAL</b>                |        |

Please note that this year there is no Printing category. Instead all printing expenses will be included in the Supplies category.

## Agency Budget

### **AGENCY BUDGET**

#### **Instructions:**

- All required fields are marked with an \*.
- Use the **SAVE** button to save information and calculate data on each page.
- To add additional rows, click the **SAVE** button.
- Save at least every 30 minutes to avoid losing data.
- To proceed to the next page, you may use the **SAVE/NEXT** or **NEXT** buttons above.
- To return to the Forms menu, click the Forms Menu link above.

Please indicate the agency's fiscal year.

Please provide the total as requested for all victimization programs/services including other funding sources as well as annual funding amounts allocated to victim services for the fiscal year. The total agency budget will automatically calculate.

- State: any funding coming from a state funded grant
- Local: any funding obtained through the community and/or fundraising
- Federal: any funding independently obtained through direct application and award
- Other: any funding that does not meet any of the aforementioned criteria (please specify)

**Fiscal Year: Start Date**

**Fiscal Year: End Date**

**State**

**Local**

**Federal**

**Other**

**Total Agency Budget**

**DV Program Budget**

## G. Required Attachments

- Abstract- provide a brief abstract/summary of the project scope. **No longer than 200 words.** These summaries will be reviewed by committee members. **(required)**
- Agency Operating Budget **(required)**
- Organizational Chart **(required)**
- Supporting Documentation for Budgeted Items (job descriptions, etc) **(required)**
- Sustainability and/or Fund Development Plan **(required)**
- Other Documents (SART Protocol, MOUs, Letters of Support, etc.) **(not required)**

Identify the Point of Contact for this project and Alternative Contact (if applicable)

### **Allowable and Unallowable Costs**

A list of unallowable costs is provided in the attachments.

### **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 have the Authorized Official select the checkbox and change the status to application submitted. **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.

## VI. Appendix A- Allowable/Unallowable Costs

### A. State Funds Allowed Costs

| <b>* Prorated share by program activity</b> |  |                 |
|---|--|-----------------|
| <b>Budget Category</b>                      | <b>Description</b>   |                 |
| A. Personnel / Fringe                       | Regular salaries, FICA, Employee Benefits; permanent hourly labor, temporary/casual labor  |                 |
| B. Travel                                   | Funds must be budgeted in compliance with State of GA Statewide Travel Regulations (e.g. mileage, meals, lodging, incidentals and airfare) and for business purposes (e.g. training, meetings, etc.)     |                 |
| C. Equipment                                | Office equipment required on agency inventory and/or exceed \$5,000  |                 |
| D. Supplies                                 | Supplies (e.g. office supplies, postage, copier usage, training supplies, publications, audio/video, office furniture, computer software, educational/therapeutic supplies)                              |                 |
| E. Printing                                 | Printed Items (e.g. letterhead/envelopes, business cards, training materials.)   |                 |
| F. (1) Other Costs                          | *Office space lease and utilities, telephone, internet charges, pagers, cell phones, repairs/maintenance, insurance and bonding, dues & subscriptions, advertising, registration fees, client assistance |                 |
| F. (2) Consultant Fee                       | Service to be provided by individual. (e.g. 1 hour of therapy)   |                 |
| F. (3) Contracts                            | Service to be procured by a contract.  |                 |
| <b>Type of Expense</b>                      | <b>Includes but not limited to</b>   | <b>Category</b> |
| Advertising                                 | Cost to advertise, market program  | Other Costs     |
| Audit                                       | *Fees associated with performance of an audit  | Other Costs     |
| Background Investigation                    | Background investigations on program staff and volunteers  | Other Costs     |
| Client Assistance/Transportation            | Child care services, cost to transport participants to direct service activities, etc.   | Other Costs     |
| Computer Software                           | Expense for prepackaged software   | Supplies        |
| Computers, Laptops, Printers                | Purpose of computers, laptops, printers <\$1,000 each item   | Supplies        |
| Community Involvement/Support               | Community meeting expenses for Program involvement and planning  | Other Costs     |



|                               |   |                |
|-------------------------------|---|----------------|
| Contracts                     | Agreements for delivery of services evidenced by a written agreement          | Contracts      |
| Equipment (office)            | Purchase of copier, computer, etc. that does not exceed \$5,000 for each item | Supplies       |
| Equipment Maintenance/Repairs | Contracts for maintenance of equipment and costs of repairs                   | Other Costs    |
| Evaluation                    | Evaluation evidenced by written agreement                                     | Contracts      |
| Fringe Benefits               | Benefits associated with employees, health insurance, FICA, etc.              | Personnel      |
| Furniture                     | Purchase of office furniture > \$5,000 and required on agency inventory.      | Equipment      |
| Furniture                     | Purchase of office furniture < \$5,000  | Supplies       |
| Insurance/Bonding             | Fidelity bonds on employees and hazard coverage on property                   | Other Costs    |
| Meetings                      | Room rental, refreshments, audio visual equipment                             | Other Costs    |
| Consultant Fee                | Fee services provided on an ongoing basis, direct service provider fees       | Consultant Fee |
| Postage                       | Costs incurred in mailing materials   | Supplies       |
| Printing                      | Letterhead stationery, imprinted envelopes, material for participants         | Printing       |
| Salaries                      | Employee wages; hourly or salaried; permanent or temporary                    | Personnel      |
| Scholarships                  | Educational assistance  | Other Costs    |
| Speaker Fee                   | One-time fee for speaking   | Contracts      |
| Subscriptions/Memberships     | Subscription to job-related publications, memberships in organizations        | Other Costs    |
| Supplies (Operations)         | All types of consumable materials used in operations                          | Supplies       |
| Supplies (Program)            | Curricula, workbooks, videos  | Supplies       |
| Telecommunications/Telephone  | *Telephone, internet charges, pagers, cell phones                             | Other Costs    |
| Training/Conferences          | Registration fees or tuition  | Other Costs    |
| Travel                        | Lodging, meals, use of vehicle for job-related activities mileage             | Travel         |

|                    |  |             |
|--------------------|--|-------------|
| Rent and Utilities | *Real estate rental and utilities (rent cannot be reimbursed by CJCC if the building is owned by grantee/subgrantee or if grantee/subgrantee has substantial financial interest in property) | Other Costs |
|--------------------|--|-------------|

## B. State Funds Unallowed Costs/Activities

| UNALLOWED COSTS   |
|---|
| Acquisition of land   |
| Bonus or commissions  |
| Cost incurred outside the award period  |
| Construction costs including capital improvements   |
| Corporate formation   |
| Federal employees' compensation and travel  |
| Grant preparation fee   |
| Imputed interest charges (late fees)  |
| 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 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.

## VII. Appendix B- FY 2020 Allocations

| Grant | FY 2020 DOMESTIC VIOLENCE TOTALS                                  | GRANT BY FUND SOURCE |
|-------|---|----------------------|
| FY20  | GRANTEE   | STATE                |
| 1     | Battered Women's Shelter  | \$311,532            |
| 2     | Camden Community Crisis Center                                    | \$179,548            |
| 3     | Carroll County Emergency Shelter                                  | \$333,388            |
| 4     | Cherokee Family Violence Center                                   | \$255,870            |
| 5     | Christian League for Battered Women                               | \$170,801            |
| 6     | Circle of Love  | \$233,635            |
| 7     | Citizens Against Violence   | \$269,543            |
| 8     | Clayton County Association Against Domestic Violence              | \$282,893            |
| 9     | Columbus Alliance for Battered Women                              | \$281,539            |
| 10    | Crisis Line & Safe House of Central Georgia                       | \$282,575            |
| 11    | FAITH   | \$174,426            |
| 12    | Family Crisis Center of Walker, Dade, Chattooga, Catoosa Counties | \$231,841            |
| 13    | Fayette County Council on Domestic Violence                       | \$207,931            |
| 14    | Flint Circuit Council on Family Violence                          | \$268,364            |
| 15    | Forsyth County Family Haven                                       | \$208,825            |
| 16    | GA Mountain Women's Center  | \$242,775            |
| 17    | Gateway House   | \$227,285            |
| 18    | Glynn Community Crisis Center                                     | \$214,118            |
| 19    | Halcyon Home for Battered Women                                   | \$239,422            |
| 20    | Harmony House Domestic Violence Shelter                           | \$159,612            |
| 21    | Hospitality House for Women                                       | \$275,510            |
| 22    | International Women's House                                       | \$316,342            |
| 23    | Liberty House of Albany   | \$336,059            |
| 24    | liveSAFE Resources (formerly YWCA of NWGA)                        | \$304,471            |
| 25    | NE GA Council on Domestic Violence                                | \$196,049            |
| 26    | NOA's Ark   | \$226,666            |
| 27    | North Georgia Mountain Crisis Network                             | \$198,028            |
| 28    | NW GA Family Crisis Center  | \$290,848            |
| 29    | PADV-Atlanta  | \$443,094            |
| 30    | PADV-Lawrenceville  | \$288,929            |
| 31    | Peace Place   | \$216,576            |
| 32    | Polk County Women's Shelter                                       | \$187,898            |
| 33    | Project ReNewal   | \$259,396            |
| 34    | Project Safe  | \$262,825            |
| 35    | S.H.A.R.E House   | \$258,680            |
| 36    | Safe Homes of Augusta   | \$354,534            |

|    |  |                     |
|----|--|---------------------|
| 37 | SAFE Shelter Center for Domestic Violence Services | \$294,691           |
| 38 | Support in Abusive Family Emergencies              | \$222,289           |
| 39 | The Refuge Domestic Violence Shelter               | \$223,653           |
| 40 | The Salvation Army SafeHouse                       | \$221,517           |
| 41 | Tifton Judicial Circuit Shelter                    | \$226,880           |
| 42 | Tri-County Protective Agency                       | \$221,012           |
| 43 | Waycross Area for Abused Persons                   | \$266,696           |
| 44 | Wayne County Protective Agency                     | \$206,689           |
| 45 | Women In Need of God's Shelter                     | \$227,587           |
| 46 | Women Moving On                                    | \$313,012           |
|    | <b>TOTAL</b>                                       | <b>\$11,615,854</b> |