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GOVERNOR



JAY NEAL
EXECUTIVE DIRECTOR

The Criminal Justice Coordinating Council (CJCC) is pleased to announce that it is seeking applications for funding under the Public Health Block Grant Program.

Public Health Block Grant (PHBG) 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 sexual assault programs to provide intervention services, awareness, and education to Georgia's citizens on sexual assault 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 sexual assault center 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:

Amy Hutsell at 404-657-1965 or Amy.Hutsell@cjcc.ga.gov

Liz Flowers at 404-657-1976 or Liz.Flowers@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.

Release Date: April 11, 2019

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Public Health Block Grant (PHBG)

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 Public Health Block Grant Programs.

CJCC is soliciting applications for the Public Health Block Grant (PHBG). 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 Public Health Grant Program; decisions about grant awards will be determined through a competitive process.

I. Overview

The funding source for this solicitation is the Centers for Disease Control and Prevention Preventive Health Block Grant. CJCC will accept applications from sexual assault programs for the purpose of intervention services to sexual assault victims, as well as awareness and education to Georgia's citizens on sexual assault prevention strategies that will change the attitudes of communities regarding nonconsensual sex and violence. Education and awareness activities will be accomplished through the provision of trainings, presentations, technical assistance, community outreach, direct service and collaboration.

Core intervention services include the following listed below.

- Advocacy/crisis intervention
- Emergency financial assistance
- Follow-up contact
- Follow-up exams
- Legal advocacy
- Medical accompaniment
- Assistance with Victims Compensation

Specialized Services include the following listed below.

- Medical Forensic Examinations
- Support Groups
- Individual/Family Therapy
- Prevention using an evidence-based curriculum

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 sexual assault.

II. Eligibility

Awards are limited to FY 2019 Continuation Award recipient organizations that provide sexual assault 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; and
4. Be certified to receive LVAP 5% funds.
5. Recognized as a state funded certified Sexual Assault Center 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 FY 2020 Funding Chart that lists the PHBG 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 Centers for Disease Control and Prevention Preventive Health Block Grant. If the funds appropriated are reduced or eliminated by the Centers for Disease Control, 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., a 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. *Sexual Assault Statistical Database 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 Sexual Assault 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.

PHBG Sexual Assault Program Performance Deliverables

<i>REPORTING PERIOD</i>	<i>PERFORMANCE DELIVERABLES</i>	<i>DUE DATES</i>
<p>FIRST PERIOD July 1 – September 30</p>	<ul style="list-style-type: none"> • Fully executed grant award materials • Submission of program data through Sexual Assault Statistical database or other database identified by CJCC • Completion of Performance Improvement Plan if prescribed by CJCC • Attendance at all required meetings and trainings • Completion of Progress Reports through the grant management system IntelliGrants 	<p>October 30</p>

<p>SECOND PERIOD October 1 – December 31</p>	<ul style="list-style-type: none"> • Submission of program data through Sexual Assault Statistical database or other database identified by CJCC • Completion of Performance Improvement Plan if prescribed by CJCC • Attendance at all required meetings and trainings • Completion of Progress Reports through the grant management system IntelliGrants 	<p>January 30</p>
<p>THIRD PERIOD January 1 –March 31</p>	<ul style="list-style-type: none"> • Submission of program data through Sexual Assault Statistical database or other database identified by CJCC • Completion of Performance Improvement Plan if prescribed by CJCC • Attendance at all required meetings and trainings • Completion of Progress Reports through the grant management system IntelliGrants 	<p>April 30</p>
<p>FOURTH PERIOD April 1- June 30</p>	<ul style="list-style-type: none"> • Submission of program data through Sexual Assault Statistical database or other database identified by CJCC • Attendance at all required meetings and trainings • Completion of Performance Improvement Plan if prescribed by CJCC • Attendance at all required meetings and trainings • Completion of Progress Reports through the grant management system IntelliGrants 	<p>July 30</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 Friday, April 15, 2019.

Applicants who experience technical difficulties or emergency circumstances should contact Jonathan Peart immediately at 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 if 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

State the title of the project that the agency is applying for.

Select from the list, the counties in the project primary service area and the congressional districts to be served.

State the number of satellite office(s) the agency operates under the sexual assault program and select the counties the satellite office(s) are located in.

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, including year founded.
- Describe how your agency is providing the following core services / support to the targeted population: (1) Advocacy Crisis Intervention, (2) Emergency Financial Assistance, (3) Follow up Contact, (4) Follow up Exams, (5) Legal Advocacy, (6) Medical Accompaniment, (7) Assistance with Victim Comp, (8) Medical Forensic Exams, (9) Support Groups, (10) Individual / Family Therapy, (11) Prevention Using an Evidence-Based Curriculum, (12) Other services.
- Please list multi-disciplinary team(s) (MDT) and/or Community Response Team(s) (CRT) that the agency's staff participates on or leads for each county within the proposed

service area. Please also share the type and victimization addressed (i.e. Sexual Assault Response Team or Domestic Violence Task Force) and how often the group meets. If your judicial circuit does not have a formal MDT/SART, 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.

Service Area

1. Provide a brief description of the county or counties that the applicant is proposing to serve through the project, including information about rural versus urban areas. Provide relevant characteristics of the target population. Include the number of victims that have been served in the past year.
2. Within your target population, are there any special populations that are located in the proposed service area. Describe how the applicant is currently serving them and/or will serve them through this project. Include how the agency provides culturally and linguistically appropriate services.
3. Illustrate the needs in the proposed service area. Describe any challenges the applicant currently experiences with providing sexual assault services in the proposed service area (i.e. obstacles, gaps in service, barriers to providing service). Please state how your agency will mitigate the challenges identified.

Project Goals

1. Clearly state the goals of the proposed project. Identify how each goal addresses the needs identified in the previous section.

Project Activities and Services

1. List objectives and state how they will address each identified goal of the proposed project.
2. Outline who will conduct the activities and/or provides the services for each objective.
3. 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.
4. Describe how your agency will utilize these funds to enhance the applicant's sexual assault program.
5. If your agency is using the funds for prevention activities, describe each activity in detail. Include the name of the curriculum, if the curriculum is evidence-based, and the impact the project has on the community.

Evaluation Plan

1. Describe the applicant agency's process for data collection (i.e. intake forms, surveys, etc.). Include specific examples of data points collected.
2. What methods of evaluation will be used to measure the outcomes of your project. Please state how your agency will mitigate the challenges identified in the Service Area section.
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"/>	
Personnel - Total:							

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"/>	
Personnel - Total:								

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
▼			▼		▼	%	%	
▼			▼		▼	%	%	
▼			▼		▼	%	%	
▼			▼		▼	%	%	
▼			▼		▼	%	%	
							Employee Benefits - Total:	

HOURLY Employee Benefits

Name	Position	Employee Type	Fund Type	Cost	Benefit Type	Benefit Percentage	Cost	
▼			▼		▼	%		
▼			▼		▼	%		
▼			▼		▼	%		
▼			▼		▼	%		
▼			▼		▼	%		
							Employee Benefits - Total:	

TRAVEL

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.

<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 style="width: 20px;" type="text" value="%"/>	
<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 style="width: 20px;" type="text" value="%"/>	
<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 style="width: 20px;" type="text" value="%"/>	
<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 style="width: 20px;" type="text" value="%"/>	
<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 style="width: 20px;" type="text" value="%"/>	
Travel (Including Training) - Grant Period Total:								

EQUIPMENT

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.
- 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"/>	
Equipment - Total:					

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"/>	
Supplies Expenses - Total:					

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
		▼			%	
		▼			%	
		▼			%	
		▼			%	
		▼			%	
Consultant - Total:						

Contracts

Name / Position	Service Provided	Fund Type	Compensation	Percentage	Cost
		▼		%	
		▼		%	
		▼		%	
		▼		%	
		▼		%	
Contractors - Total:					

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
						%		
						%		
						%		
						%		
						%		
Other - Total:								

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	
TOTAL	

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 sexual assault programs/services including other funding sources as well as annual funding amounts allocated to sexual assault services for the fiscal year. The total sexual assault program 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 Sexual Assault Program Budget

What percentage of your sexual assault program budget consists of CJCC funding (VOCA, VAWA, State, PHBG, SASP, CVCP)?

For multiple program agencies such as dual DV/SA or SA/CAC agencies, please identify the percentage associated with your SEXUAL ASSAULT program only.

Please indicate the state award amount being requested through this application.

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. PHBG Funds Allowed Costs

* Prorated share by program activity		
Budget Category	Description	
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.	
Type of Expense	Includes but not limited to	Category
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
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B. PHBG 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	SFY20 SEXUAL ASSAULT TOTALS	GRANT BY FUND SOURCE
FY20	GRANTEE	PHBG
1	Battered Women's Shelter (The Haven)	\$9,135
2	Crisis Line & Safe House of Georgia	\$9,135
3	DeKalb Rape Crisis Center	\$9,135
4	Fight Abuse in the Home (FAITH) in Rabun County	\$9,135
5	Grady Rape Crisis Center	\$9,135
6	liveSAFE Resources, Inc.	\$9,135
7	Mosaic Georgia, Inc.	\$9,135
8	North Georgia Mountain Crisis Network	\$9,135
9	Piedmont Rape Crisis Center	\$9,135
10	Rape Crisis Center of the Coastal Empire	\$9,135
11	Rape Response, Inc.	\$9,135
12	Satilla Health Foundation	\$9,135
13	Sexual Assault Center of NW GA	\$9,135
14	Sexual Assault Support Center	\$9,135
15	Southern Crescent Sexual Assault Center & Child Advocacy Center	\$9,135
16	Support in Abusive Family Emergencies	\$9,135
17	The Cottage, Sexual Assault Center & Children's Advocacy Center, Inc.	\$9,135
18	The Lily Pad SANE Center, Inc.	\$9,135
19	The Sexual Assault Victims Advocacy Center	\$9,135
20	University Health Services (Rape Crisis & Sexual Assault Services)	\$9,135
21	West Ga Prevention & Advocacy Resource Center	\$9,135
22	Women in Need of God's Shelter (WINGS)	\$9,135
	TOTAL	\$200,970.00