

1. ORGANIZATION			
Unique Application Number (UAN)			
Legal Name of Applicant			
Name of Agency Contact			
Agency Contact's Telephone Number			
<input type="checkbox"/> Check if applying for an OVAG Statewide Project		Amount Requested FY 2016 \$0.00 FY 2017 \$0.00	%of Personnel and Fringe Requested 0% 0%

2. MISSION STATEMENT	
2.1 Provide the mission statement of your organization.	

3. DESCRIPTION OF THE ORGANIZATION	
3.1 Give a description of the history of your organization including the purpose for which it was created.	
3.2 Give a description of how the organization has evolved to its current structure, this may include the scope of service, geographic areas covered, staff heirarchy, legal organization, etc.	

4. VICTIM SERVICES EXPERIENCE		YEARS
4.1 How many years has the organization been providing victim-related services or assistance?		

6.5 Describe how the organization recruits and retains volunteers or plans to do so.

7. COLLABORATIONS
7.1 Describe the benefits realized by victims of crime as a result of your organization's collaboration(s) with other organizations (if your organization collaborates) or through your organization alone (if your organization does not collaborate).
7.2 If your organization collaborates, provide a list of the organizations, including the organization type (law enforcement agency, advocacy center, hospital, task force, etc.) the applicant collaborates with to serve victims of crime for the purpose of supporting or assisting in victim recovery.

8. STATE AND FEDERAL FUNDS EXPERIENCE	YEARS
8.1 How many years of experience does the organization have in managing state or federal grant funds?	

9. OUTPUT TARGET CATEGORIES	Grant Funded Personnel listed in Section 10 of TAB C		Professional/Consultant listed in Section 11 of TAB C	
	OUTPUT TARGET		OUTPUT TARGET	
DIRECT VICTIM SERVICES	FY 2016	FY 2017	FY 2016	FY 2017
Number of Unique Victims Served				
Assistance with Crime Victims' Compensation				
Assistance with Texas SAVNS/VINE				
Information and Referral				
Assistance with Restitution				
Assistance with Victim Impact Panels				
Assistance with Victim Impact Statements				
Criminal Justice Accompaniment				
Crisis Intervention				
Emergency Funds				
Follow-up with Victim				
Individual Counseling				
Law Enforcement Accompaniment				
Legal Assistance				
Lodging				
Medical Accompaniment				
Other				
Peer Support Services				
Support Groups				
Therapeutic Groups				
Transportation				
Victim Advocacy				
VICTIM SERVICES TRAINING	FY 2016	FY 2017	FY 2016	FY 2017
Faith-Based Individuals Trained				
Law Enforcement Individuals Trained				
Medical Individuals Trained				
Other Individuals Trained				
Prosecution/Judicial Individuals Trained				
School Faculty Individuals Trained				
Total Number of all Individuals Trained				
Total Number of all Training Sessions				
Volunteer Individuals Trained	0	0	0	0
OUTREACH OR COMMUNITY EDUCATION	FY 2016	FY 2017	FY 2016	FY 2017
25% of Total Attendees (auto-calculates)				
Informational Fairs				
Outreach or Community Education Participants				
Outreach or Community Education Presentations				
Total Attendees at Informational Fairs	0	0	0	0
Total Outreach or Community Ed Presentations	0	0	0	0
STRUCTURED EDUCATION	FY 2016	FY 2017	FY 2016	FY 2017
Structured Education Participants				
Structured Education Presentations				

10. PERSONNEL & FRINGE												
Title of Position	Sched- uled to work	Sched- uled on this grant.	Direct Services on this grant.	Admin. on this grant.	Other on this grant.	Annual Salary	Total Salary Requested on this grant.	% Salary Funded by this grant.	Annual Fringe Benefits for the Position	Fringe Funds Requested on this grant.	% Fringe Funded by this grant.	
FY 2016	HOURS PER WEEK					SALARY			FRINGE			
1.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%	
2.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%	
3.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%	
4.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%	
5.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%	
6.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%	
						\$ -	\$ -		\$ -	\$ -		
FY 2017	HOURS PER WEEK					SALARY			FRINGE			
1.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%	
2.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%	
3.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%	
4.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%	
5.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%	
6.		0				\$ -	\$ -	0.00%	\$ -	\$ -	0.00%	
						\$ -	\$ -		\$ -	\$ -		

10.1 FY 2016 POSITION NARRATIVE

Provide a justification, which relates to the project's goal.

1.	
2.	
3.	
4.	
5.	
6.	

10.2 FY 2017 POSITION NARRATIVE	
Provide a justification, which relates to the project's goal.	
1.	
2.	
3.	
4.	
5.	
6.	

10.3 REQUEST FOR EXCEPTION TO OVAG REQUIREMENTS
Indicate in the space provided below the reason and justification for why the Applicant is asking for the exception.

11. PROFESSIONAL & CONSULTANT SERVICES							
Name of Professional/Company that Applicant will contract with to perform Professional & Consultant Services	Description of Professional & Consultant Services	FY 2016			FY 2017		
		No. of Days of Consultation	Daily Rate of Compensation	Cost	No. of Days of Consultation	Daily Rate of Compensation	Cost
1			\$ -	\$ -		\$ -	\$ -
2			\$ -	\$ -		\$ -	\$ -
3			\$ -	\$ -		\$ -	\$ -
4			\$ -	\$ -		\$ -	\$ -
5			\$ -	\$ -		\$ -	\$ -
6			\$ -	\$ -		\$ -	\$ -
				\$ -		\$ -	\$ -

11.1 FY 2016 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE
Provide a justification for Professional & Consultant Services which relates to the project's goal.

11.2 FY 2017 PROFESSIONAL & CONSULTANT SERVICES NARRATIVE
Provide a justification for Professional & Consultant Services which relates to the project's goal.

12. TRAVEL								
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	FY 2016			FY 2017		
			Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Travel	% Requested by this OAG Grant	Cost Requested by this OAG Grant
OAG Sponsored Training								
OAG Sponsored Training		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		TOTAL				\$ -		
Additional Training								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		TOTAL				\$ -		
Additional Training								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		TOTAL				\$ -		
Additional Training								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		TOTAL				\$ -		
Additional Training								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		TOTAL				\$ -		
Additional Training								
		Airfare/Mileage	\$ -	0%	\$ -	\$ -	0%	\$ -
		Hotel	\$ -	0%	\$ -	\$ -	0%	\$ -
		Per diem	\$ -	0%	\$ -	\$ -	0%	\$ -
		Car Rental/Shuttle	\$ -	0%	\$ -	\$ -	0%	\$ -
		Parking	\$ -	0%	\$ -	\$ -	0%	\$ -
		Misc./Hotel Tax	\$ -	0%	\$ -	\$ -	0%	\$ -
		TOTAL				\$ -		
Local Travel								
Travel Purpose	Positions: List all positions (separated by a comma) requested within travel type.	Expense Type	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant	Number of Miles	Cost Per Mile Requested by this OAG Grant	Cost Requested by this OAG Grant

Local Travel (Mileage Only)	Mileage	\$ -	\$ -	\$ -	\$ -
			\$ -		\$ -

12.1 FY 2016 TRAVEL NARRATIVE
Provide a justification describing the travel staff members will perform. This should include the location to be traveled to, the number of trips planned, the title of the staff member who will be making the trips, and how the travel supports the goal of the grant.

12.2 FY 2017 TRAVEL NARRATIVE
Provide a justification describing the travel staff members will perform. This should include the location to be traveled to, the number of trips planned, the title of the staff member who will be making the trips, and how the travel supports the goal of the grant.

13. EQUIPMENT						
Item	FY 2016			FY 2017		
	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Equipment	% Requested by this OAG Grant	Cost Requested by this OAG Grant
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
	\$ -	0%	\$ -	\$ -	0%	\$ -
			\$ -			

13.1 FY 2016 EQUIPMENT NARRATIVE
Provide a justification for Equipment which relates to the project's goal.

13.2 FY 2017 EQUIPMENT NARRATIVE
Provide a justification for Equipment which relates to the project's goal.

16. PROJECT SUMMARY

16.1 Complete the following statement, which may be used by the OAG to summarize or describe the project. "This project funds [number of staff] to serve victims by providing [types of] services in [geographic locations]."

17. TARGET POPULATION

SPECIFIC VICTIMIZATIONS		SPECIFIC POPULATIONS	
Adults Molested as Children		African-American	
Assault		Asian	
Child Abuse		Elderly (65 and up)	
DUI/DWI		Gay/Lesbian/Bisexual/Transgender	
Family Violence		Hispanic	
Hate/Bias Crimes		Persons with Disabilities	
Human Trafficking		Rural	
Physical Abuse and/or Neglect		Spanish-speaking	
Robbery		Other	
Sexual Assault			
Survivors of Homicide Victims			
Other Victims of Crime			

18. PROBLEM STATEMENT

18.1 Provide a brief description of the specific victim-related issue(s) this project is designed to address as it relates to the specific victimization types reported in 17. Target Population of Tab D - Project Summary.

19. SUPPORTING DATA

19.1 Provide data that supports the victim-related issue(s) and/or specific victimization types this project is designed to address. Cite research and/or data that is geographically relevant and specific to your service area.

21.2 OUTPUTS SUMMARY	PROJECTED TARGET	
	FY 2016	FY 2017
DIRECT VICTIM SERVICES		
Number of Unique Victims Served	0	0
Assistance with Crime Victims' Compensation	0	0
Assistance with Texas VINE	0	0
Information and Referral	0	0
Assistance with Restitution	0	0
Assistance with Victim Impact Panels	0	0
Assistance with Victim Impact Statements	0	0
Criminal Justice Accompaniment	0	0
Crisis Intervention	0	0
Emergency Funds	0	0
Follow-up with Victim	0	0
Individual Counseling	0	0
Law Enforcement Accompaniment	0	0
Legal Assistance	0	0
Lodging	0	0
Medical Accompaniment	0	0
Other	0	0
Peer Support Services	0	0
Support Groups	0	0
Therapeutic Groups	0	0
Transportation	0	0
Victim Advocacy	0	0
VICTIM SERVICES TRAINING	FY 2016	FY 2017
Faith-Based Individuals Trained	0	0
Law Enforcement Individuals Trained	0	0
Medical Individuals Trained	0	0
Other Individuals Trained	0	0
Prosecution/Judicial Individuals Trained	0	0
School Faculty Individuals Trained	0	0
Total Number of all Individuals Trained	0	0
Total Number of all Training Sessions	0	0
Volunteer Individuals Trained	0	0
OUTREACH OR COMMUNITY EDUCATION	FY 2016	FY 2017
25% of Total Attendees (auto-calculates)	0	0
Informational Fairs	0	0
Outreach or Community Education Participants	0	0
Outreach or Community Education Presentations	0	0
Total Attendees at Informational Fairs	0	0
Total Outreach or Community Ed Presentations	0	0
STRUCTURED EDUCATION	FY 2016	FY 2017
Structured Education Participants	0	0
Structured Education Presentations	0	0
21.3 PUBLIC AWARENESS CAMPAIGN (Statewide Applicants Only)		
21.3 Describe the types of public service campaign products and activities (Internet, press releases, press conferences, tv and radio, etc.) the applicant plans to provide in English and in other languages.		

22. OUTCOMES	
SELECT ONLY TWO (2) OUTCOMES TO BE MEASURED BY YOUR PROJECT	
A. DIRECT SERVICE OUTCOMES	Outcome Target %
<input type="checkbox"/> Increase in knowledge of crime victims' rights.	
<input type="checkbox"/> Increase in knowledge of community resources and services.	
Direct Service Outcomes: Mark an "X" for the tool you plan to use to measure the Outcome.	
Pre- and Post- Tests	
Staff Observations	
Surveys	
Other (Provide Name/Type of Instrument)	
B. PROFESSIONAL TRAINING OUTCOME	Outcome Target %
<input type="checkbox"/> Increase in knowledge of crime victims' rights.	
Professional Training Outcome: Mark an "X" for the tool you plan to use to measure the Outcome.	
Pre- and Post- Tests	
Staff Observations	
Surveys	
Other (Provide Name/Type of Instrument)	
C. COMMUNITY EDUCATION OUTCOME	Outcome Target %
<input type="checkbox"/> Increase in knowledge of community resources and services.	
Community Education Outcome: Mark an "X" for the tool you plan to use to measure the Outcome.	
Pre- and Post- Tests	
Staff Observations	
Surveys	
Other (Provide Name/Type of Instrument)	
D. CHILDREN'S ADVOCACY CENTERS (CAC) and COURT APPOINTED SPECIAL ADVOCATES (CASA) (CAC and CASA APPLICANTS ONLY)	Outcome Target %
<input type="checkbox"/> Reduction in trauma, crisis, stress and/or anxiety of child victim and/or protective family members.	
<input type="checkbox"/> Increase understanding/knowledge regarding criminal and civil justices system process in general and/or in regard to their specific case.	
CAC and CASA: Mark an "X" for the tool you plan to use to measure the Outcome.	
Pre- and Post- Tests	
Staff Observations	
Surveys	
Other (Provide Name/Type of Instrument)	

23. DETAILED IMPLEMENTATION PLAN
23.1 Describe this project's specific activities, which will be done over the next two years.
23.1 Continued:
23.1 Continued:

23.2 Describe how these activities will help to reach the project's goal.

24. COMMUNITY RESOURCES	
24.1 Is collaboration with one or more outside organizations required to achieve specific project activities in the detailed implementation plan?	Yes/No
24.2 Do these collaborations currently exist?	
24.3 Describe why these agreements are required.	

25. SUSTAINABILITY PLAN

25.1 Briefly describe what would happen to the proposed grant project in the event that the OAG grant funds are no longer available.

