

TAB A - Narrative Questions

1. ORGANIZATION	
UAN	
Legal Name of Applicant	
Name of Person to Contact	
Position	
Mailing Address	
Phone Number	
Fax Number	
Email Address	
If the Applicant is not a current SAPCS-Federal, SAPCS-State, OVAG, or VCLG grantee, provide the following information:	
Legal Name of Applicant	
Name that Applicant is Doing Business As (DBA), if applicable	
Employer Tax Identification Number (EIN)	
Vendor Identification Number (VIN)	
Texas Secretary of State Charter Number	
Date of the IRS Letter Granting 501(c)(3) Tax Exemption Status	
2. ELIGIBILITY QUESTIONS	
2.1 Has Your Organization been Identified as a State Domestic Violence Coalition? (YES/NO)	
2.2 Describe how the Applicant utilizes volunteers to support the mission of the organization.	
3. NARRATIVE QUESTIONS	
3.1 Describe how the Applicant will use these funds to achieve the following:	
3.1 A) Identify pilot sites in local communities that have the capacity to expand existing Domestic Violence High Risk Teams.	
3.1 B) Evaluate funded pilot site results.	

TAB A - Narrative Questions

3.1 C) Identify best practice models that may be implemented in other community.

3.1 D) Provide technical assistance to communities interested in implementing Domestic Violence High Risk Teams.

3.1 E) Make recommendations to improve the implementation or expansion of Domestic Violence High Risk Teams in Texas.

TAB A - Narrative Questions

3.2 Describe the outcome measures the Applicant will use to determine whether the grant project is successful.

4. SUSTAINABILITY PLAN

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

5. FINANCIAL SYSTEMS

5.1 Describe the financial systems, internal controls, policies and procedures, accounting software, databases, tracking forms or quality control testing, which will be used to track and verify the project's financial activities.

6. BUDGET NARRATIVE

6.1 All budget items must support the effective and efficient use of funds. Provide a justification for each of the line items in the requested budget including how the item relates to the grant project.

FY 2016-2017
TAB B - Budget Calculation

7. PERSONNEL & FRINGE										
FY 2016	HOURS PER WEEK				SALARY			FRINGE		
Title of Position	Sched- uled to work	Sche- duled on this grant	Hours directly related to the objectives of this grant	Admin. 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 by this grant	% Fringe Funded by this grant
1.		0.00				\$ -	0.00%			0.00%
2.		0.00				\$ -	0.00%			0.00%
3.		0.00				\$ -	0.00%			0.00%
4.		0.00				\$ -	0.00%			0.00%
5.		0.00				\$ -	0.00%			0.00%
6.		0.00				\$ -	0.00%			0.00%
						\$ -			\$ -	
FY 2017	HOURS PER WEEK				SALARY			FRINGE		
1.		0.00				\$ -	0.00%			0.00%
2.		0.00				\$ -	0.00%			0.00%
3.		0.00				\$ -	0.00%			0.00%
4.		0.00				\$ -	0.00%			0.00%
5.		0.00				\$ -	0.00%			0.00%
6.		0.00				\$ -	0.00%			0.00%
						\$ -			\$ -	
7.1 FY 2016 POSITION NARRATIVE										
Provide a justification for each position, which relates to the project's goal.										
1.										
2.										
3.										
4.										
5.										
6.										

FY 2016-2017
TAB B - Budget Calculation

9.1 FY 2016 TRAVEL NARRATIVE
Provide a justification for Travel which relates to the project's goal.

9.2 FY 2017 TRAVEL NARRATIVE
Provide a justification for Travel which relates to the project's goal.

10. 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
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -

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

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

11. SUPPLIES						
Item	FY 2016			FY 2017		
	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of Supplies	% Requested by this OAG Grant	Cost Requested by this OAG Grant
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -

FY 2016-2017
TAB B - Budget Calculation

11.1 FY 2016 SUPPLIES NARRATIVE

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

11.2 FY 2017 SUPPLIES NARRATIVE

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

12. OTHER DIRECT OPERATING EXPENSES (ODOE)

Item	FY 2016			FY 2017		
	Total Cost of ODOE	% Requested by this OAG Grant	Cost Requested by this OAG Grant	Total Cost of ODOE	% Requested by this OAG Grant	Cost Requested by this OAG Grant
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -
			\$ -			\$ -

12.1 FY 2016 OTHER DIRECT OPERATING EXPENSES NARRATIVE

Provide a justification for Other Direct Operating Expenses which relates to the project's goal.

12.2 FY 2017 OTHER DIRECT OPERATING EXPENSES NARRATIVE

Provide a justification for Other Direct Operating Expenses which relates to the project's goal.

FY 2016-2017

TAB C - Budget Summary

13. BUDGET					
PERSONNEL					
Description	% of Positions	Hrs./Week	FY 2016 Requested	FY 2017 Requested	Total Project Cost
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
	0%		\$	\$	\$
Total FTEs	0.00		\$	\$	\$
Personnel Total			\$	\$	\$
FRINGE					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Fringe Total			\$	\$	\$
PROFESSIONAL & CONSULTANT					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Professional & Consultant Total			\$	\$	\$
TRAVEL					
Training			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Local Travel (Mileage Only)			\$	\$	\$
Travel Total			\$	\$	\$
EQUIPMENT					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Equipment Total			\$	\$	\$
SUPPLIES					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Supplies Total			\$	\$	\$
OTHER DIRECT OPERATING EXPENSES					
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
Other Direct Operating Expenses Total			\$	\$	\$
TOTAL BUDGET			\$	\$	\$