**ICASA FY24 PROGRAM DEVELOPMENT
APPLICATION FOR FUNDS**

**COMPETITIVE AWARDS**

**General Revenue (GRF)**

**Victims of Crime Act (VOCA) Advocacy/Counseling**

**CONTINUOUS AWARDS**

**American Rescue Plan Act (ARPA) Family Violence Prevention and Services Act (FVPSA)**

**The following is a technical assistance document only.
It can be used to create an internal working draft or check character limits.**

**This document should not be submitted to ICASA and will not be accepted as an applicant’s FY24 ICASA ARPA Program Development Competitive Application.**

**All responses must be submitted directly into the AmpliFund system using the link below.**

[**https://www.gotomygrants.com/Public/Opportunities/Details/856ee69a-e4f0-4062-8c45-86c1be1bbe83**](https://www.gotomygrants.com/Public/Opportunities/Details/856ee69a-e4f0-4062-8c45-86c1be1bbe83)

**PROJECT INFORMATION PAGE INSTRUCTIONS**

Please use the following guide to answer the questions on the Project Information Page.

The Project Information Page is the first page you see after clicking Apply. To navigate back to the Project Information Page to complete or revise your responses, click on the green circle titled "**Project Information**" in the top navigation.

All fields on the Project Information Page are required to submit your application.

1.    Application Name = Use the following format for the application name: (NAME OF ORGANIZATION) ICASA FY24 PDG Application for Funds.

2.    Award Requested = Total funding request for all funding sources.

**NOTE:** This amount must not exceed the available $100,000.

3.    Primary Contact Information = The individual who the program development grantee designates to receive correspondence regarding this application.

**FY24 MATCH REQUIREMENTS**

**ICASA FY24 Match**: ICASA policy requires, at least 10% of sexual assault revenue for a subgrantee's sexual assault program annual budget must be non-ICASA funds. The subgrantee’s annual audit must reflect compliance with this policy. Match may be a combination of cash and in-kind contributions; however in-kind match must be 5% or less consisting only of office space and equipment donated by an agency or an individual. For more information on match see ICASA Policy and Procedures, Chapter 6, The Budgeting Process.

**FY24 VOCA Match Waiver**: Per 34 U.S.C. § 20143(a)(7) and (8), grant funds awarded under the FY24 Agreement for VOCA Funds are not subject to match. If a grantee elects to include match in the total program costs, then match is subject to the applicable requirements. ICASA will assume every grantee is assuming the match waiver. If a grantee is choosing to decline the match waiver, they must notify ICASA.

**COVER PAGE, ASSURANCES, & SIGNATURES (1 POINT for GRF and VOCA)**

**COVER PAGE**

1a. **Legal Name of Applicant Organization** \*:

 *Name used for UEI registration and grantee pre-qualification.*

1b. **Common Name of Applicant Organization** \*:

 *“Doing Business As”* *Name*

2. **Is the name of the Sexual Assault Program different from the Name of the Applicant Organization from question 1**? (If no, proceed to question 3.) \*

□ YES □ No

2a. **Name of Sexual Assault Program**\*:

3. **Is the Sexual Assault (SA) Program Address or Phone Number different from the Address listed on the Project Information Page?** (If no, proceed to 4.) \*
□ YES □ No

**Sexual Assault (SA) Program Address and Phone Number:**
(If different from the Address and Phone Number listed on the Project Information Page.)

3a. Street Address (SA Program) \*:

3b. City (SA Prog.)\*: 3c. State (SA Prog.) \*: 3d. Zip (SA Prog.)\*:

3e. **Phone Number** (SA Prog., Format (XXX) XXX-XXXX)) \*: ( ) -

4. **Is the Organization 501(c)(3) tax exempt**? \* □ YES □ No

5. **Federal Employer Identification (FEIN) Number**
(enter 9 digit number using the following format XX-XXXXXXX) \*:

6. Unique Entity Identification (UEI) (Enter 12-character alphanumeric ID assigned to the entity by SAM.gov.) \*

7. SAM Expiration date\*

8. **SAM CAGE Code** (Commercial & Government Entity Code, five-character ID)\*

**9. Implementing Agency’s Legislative District**

(This must be based on the nine-digit zip code registered with SAM.)

9a. Congressional District:

9b. State Senate District:

9c. State Representative District:

Per ICASA Policy, all organizations not currently funded by ICASA will be interviewed. Applicants that are currently or previously funded by ICASA will be interviewed at the discretion of the Contracts Review Committee. During competitive application years, Contracts Review Committee will only conduct interviews when all applicants within a funding pool will be required to attend or offered the opportunity to have an interview. The Committee will identify the individual(s) from the organization that must be present for the interview. All individuals listed below must be available for an application interview between May 23 and May 26, 2023, if requested. Interviews may be conducted in person (Springfield, IL) or by video conference.

10.  **List people authorized to present application to Contracts Review Committee**:

10a(i). First Name (Authorized Person)  \*:

10a(ii). Last Name (Authorized Person) \*:

10a(iii). Title/Role (Authorized Person) \*:

10a(iv). Email Address (Authorized Person) \*:

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10b(i). First Name (Authorized Person 2) \*:

10b(ii). Last Name (Authorized Person 2) \*:

10b(iii). Title/Role (Authorized Person 2) \*:

10b(iv). Email Address (Authorized Person 2) \*:

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10c(i). First Name (Authorized Person 3) \*:

10c(ii). Last Name (Authorized Person 3) \*:

10c(iii). Title/Role (Authorized Person 3) \*:

10c(iv) Email Address (Authorized Person 3) \*:

**ASSURANCES**

**1. The Program Development Grantee (PDG) will comply with all ICASA policies and procedures including, but not limited to, the following:**

**· ICASA Service Standards**

**· ICASA Subcontracts-Fiscal Policies**

**· ICASA Monitoring Policies**

**· Commit to meeting all requirements for certification within the first two
 years of contract start date**

**2. The PDG commits to providing all sexual assault services proposed in the application narrative in alignment with ICASA standards. These services include 24-hour crisis intervention, medical/criminal justice/civil justice advocacy (individual & institutional), counseling, prevention, professional training, and information and referral.**

**3. By the end of the second funding year the PDG commits to develop comprehensive sexual assault services in accordance with ICASA Rape Crisis Center Certification requirements within a two-year period.**

**4. The PDG complies with the Confidentiality of Statements Made to Rape Crisis Personnel statute 735 ILCS 5/8-802.1 in providing and documenting all services.**

**5. All direct service staff and volunteers receive training and continuing education as required by ICASA Service Standards.**

**6. The PDG has documentation on file that verifies compliance with ICASA-required:**

**· credentials for provision and supervision of sexual assault crisis intervention and counseling services,**

**· credentials for provision and supervision of public education services (if applicable), and**

**· training on anti-oppression and social justice issues for managers.**

**· If the PDG provides sexual assault therapy services, documentation of staff credentials to provide and supervise this service is on file.**

**7. The PDG has the following documents on file:**

**· Personnel policies**

**· Affirmative action policy**

**· Sexual assault program policies and procedures**

**· Fiscal policies and procedures**

**· Mission statement which includes and affirms the organizations purpose to provide sexual violence prevention and response as part of its mission (see PDG policy 3-8)**

**· Philosophy of service delivery indicating services are survivor-centered**

**· Current job descriptions for all sexual assault program staff**

**· Current résumés for all sexual assault program staff**

**· Data breach policies**

**· Civil rights notifications for employees, volunteers, and program participants**

**□ By checking this box, the applicant agrees to all assurances noted above.**

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**APPLICATION SIGNATURES**

Please download and complete the Application Signature page. Acceptable signature forms are defined within the ICASA Electronic Signature Policy. Centers submitting a signature page with a signature type that is not accepted may be grounds for rejection.

File name format: (Name of Organization) PDG Application Signature Page

**Upload completed Application Signature Page here (PDF file only). \***

**Overall Sexual Assault Program Form - Part 1**

**(6 Points for GRF and VOCA)**

**All responses should be reflective of the Overall Sexual Assault Program for all sexual assault funding sources.**

**SEXUAL ASSAULT PROGRAM EMPLOYEES**

*Include all Sexual Assault staff (both ICASA funded and Non-ICASA funded) and administrative staff funded with ICASA funds.*

**Number of Sexual Assault Program employees, by type, across all offices.**

**Total number of Full-Time Employees:** \*:

**Total number of Part-Time Employees:** \*:

**OFFICE SITE INFORMATION**Fields will expand to allow for additional responses as needed.

**List all Illinois office sites of the sexual assault program including the main office and all satellite office sites.** Copy and paste these fields to add office sites.

**Main Office Name** (1) \*:

**Street Address** (Office 1) \*:

**City** (Office 1) \*: **State** (Office 1)\*: **Zip Code** (Office 1)\*:

**Office 1 Schedule** (List days and times the office is open.) \*:

*Below enter the total sexual assault FTEs for this office site for all Illinois sexual assault funding sources - include ICASA and non-ICASA sexual assault funded positions - administrative, support, and direct service.*

**Total Sexual Assault FTEs for office site 1.****\***:

**Counties served by office site 1**:

**Does office site 1 serve Cook County?**\* □ YES □ No

If yes, **list Cook County neighborhoods/communities served by office 1**. \*:

**Does office site 1 only serve a part of a listed county (excluding Cook County)?** \*
□ YES □ No

If yes, **list partial county/counties served by office site 1**\*:

If yes, **describe the portion of the county served by office site 1**\*:

***REPEAT QUESTIONS ABOVE FOR EACH OFFICE SITE.
The fields in AmpliFund will expand if you have additional office sites to add.***

**SERVICE LOCATION, DEMOGRAPHIC, AND POPULATIONS**

**Instructions to Complete the Demographic Chart:**

A.  Download the Demographic Chart Template (MS Excel file) with application materials on the ICASA website.

B. Using the Demographic Chart Template, complete all fields using census data, sexual assault client data from 7/1/22 through 3/31/23, and center staff data. Center-wide client data is optional. \*If applicable, use sexual assault InfoNet data to complete some of this information.

C.  Save the completed Demographic Chart using the following file name format:
"(NAME OF ORGANIZATION) FY24 PDG Application Demographic Chart"

D.  Upload the completed Demographic Chart (MS Excel file) in field 1 below.

1. **Upload completed Demographic Chart here** (MS Excel file only). \*

2. **Using demographic data, describe the geographic area to be served**.
*(Limit response to 1500 characters.)*  \*

3.   Marginalized and Underserved Populations:

3a. **Indicate which marginalized populations your sexual assault program actively engages in targeted/specialized outreach activities**. *(Check all that apply.)* \*

□ American Indian *or Alaska Native*

□ Asian

□ Black or African American

□ Hispanic or Latino

□ *Older adults (60 years or older)*

□ People experiencing homelessness

□ People living in poverty

□ Immigrants, refugees, or asylum seekers

□ LGBTQIA+

□ People with disabilities

□ People with limited English proficiency

□ Mental health disorders

□ Substance use disorders

□ Rural communities

□ Children

□ Veteran/military

□ Incarcerated victims

□ Males

□ Other (specify below)

3a(i). **If other, specify**.

3b. **Describe overall efforts and outreach to marginalized and underserved populations in a culturally competent manner**.
*(Limit response to 3000 characters or less.)*\*

**Overall Sexual Assault Program Form - Part 2**

**(15 Points for GRF and VOCA)**

**SEXUAL ASSAULT SERVICES**

1. Using qualitative and quantitative data, describe the need for sexual assault services in your service area and targeted program population. (Limit response to 3000 characters or less.)

***Narrative responses for questions 2 and 3 must not exceed a total of 4 pages (Times New Roman or Arial font, size 11, single spaced) or approximately 12,000 characters.***

2. Provide an overall description of the sexual assault program including a description of the screening and intake processes which maximize survivor access to services. \*

**In the following section you will be asked to provide the status of ICASA required services and provide a description as outlined below.** **Ensure the description of each service includes a timeline of implementation/development of each service.**

* **For each required ICASA service, a drop-down menu is provided. Please select the response that most accurately depicts your services at the time of application submission (May 1, 2023).**
	+ **Currently providing the service to sexual assault survivors at ICASA standards: Provide within the description of service, the activities and evaluation methods that ensure/exceed compliance.**
	+ **Currently providing the service to sexual assault survivors but not yet to ICASA standards: Describe the current services provided and what areas of ICASA service standards are not yet being met. Then describe the steps you will take to meet ICASA standards within two years.**
	+ **Currently providing the service to clients in other program areas (Example: Domestic Violence Survivors): Describe what steps you will take to prepare for serving survivors of sexual assault and what steps you will take to meet ICASA standards within two years.**
	+ **Not providing services but will develop within two years to meet certification: Describe the steps you will take to create the program for sexual assault survivors in alignment with ICASA service standards within two years and what steps you will take to come into/exceed compliance within two years. Please include an expected implementation timeline. If you have a timeline for implementation, please provide the key dates for support and monitoring.**

3. Describe each service and indicate what funding source(s) are being used to support each service. If describing direct service staff, select the corresponding funding source. See application materials for the ICASA Service Standards. **NOTE: If ICASA funds are being projected to support the funding of direct service staff there must be corresponding service projections for the corresponding service in the Service Data and Projections Chart.**

3a(i). **Counseling - Description of Service**.
*(Narrative responses for questions 2 and 3 must not exceed a total of 4 pages.)*\*

3a(ii**). Counseling - Funding Sources**. *(Check all that apply.)*\*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

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3b(i). **Parent/Guardian Consultation - Description of Service**.
(*Narrative responses* for questions 2 and 3 must not exceed a total of 4 pages.) \*

3b(ii). **Parent/Guardian Consultation - Funding Sources**. *(Check all that apply.)*\*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

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3c(i). **Non-Client Crisis Intervention (including hotline coverage) - Description of Service**. *(Narrative responses for questions 2 and 3 must not exceed a total of 4 pages.)*\*

3c(ii). **Non-Client Crisis Intervention (including hotline coverage) - Funding Sources**. *(Check all that apply.)*\*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

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3d(i). **Individual Advocacy: Medical - Description of Service**.
*(Narrative responses for questions 2 and 3 must not exceed a total of 4 pages.)*\*

3d(ii). **Individual Advocacy: Medical - Funding Sources**. *(Check all that apply.)*\*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

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3e(i). **Individual Advocacy: Criminal Justice - Description of Service**.
(*Narrative responses for questions 2 and 3 must not exceed a total of 4 pages.)*\*

3e(ii). **Individual Advocacy: Criminal Justice - Funding Source**.
*(Check all that apply.)*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

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3f(i) **Individual Advocacy: Civil Justice - Description of Service**.
*(Narrative responses for questions 2 and 3 must not exceed a total of 4 pages.)*\*

3f(ii). **Individual Advocacy: Civil Justice - Funding Sources**. *(Check all that apply.)*\*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

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3g(i). **Individual Advocacy: General Status - Description of Service**.
*(Narrative responses for questions 2 and 3 must not exceed a total of 4 pages.)*\*

3g(ii). **Individual Advocacy: General - Funding Sources**. *(Check all that apply.)* \*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

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3h(i). **Information and Referral - Description of Service**.
(*Narrative responses for questions 2 and 3 must not exceed a total of 4 pages.)*\*

3h(ii). **Information and Referral - Funding Sources**. *(Check all that apply.)*\*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

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3i(i). **Institutional Advocacy - Description of Service**.
*(Narrative responses for questions 2 and 3 must not exceed a total of 4 pages.)* \*

3i(ii). **Institutional Advocacy - Funding Sources**. *(Check all that apply.)* \*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

**NOTE: Allowable VOCA-Funded activities that fall under Institutional Advocacy are limited to a maximum of 10% of all VOCA-Funded direct service time.**

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3j(i). **Prevention** **- Description of Service**.
*(Narrative responses for questions 2 and 3 must not exceed a total of 4 pages.)* \*

3j(ii). **Prevention - Funding Sources**. *(Check all that apply.)*\*

* General Revenue
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

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3k(i). **Events: Awareness, Promotion, and Social Justice Activism - Description of Service.** *(Narrative responses for questions 2 and 3 must not exceed a total of 4 pages.)*\*

3k(ii). **Events: Awareness, Promotion, and Social Justice Activism - Funding Sources**. *(Check all that apply.)*\*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

**NOTE: VOCA-Funded public presentations that fall under Awareness Promotion and Social Justice Activism (AP/SJA) are limited to 40 hours per month per subgrantee**.  Note that not all AP/SJA activities are considered public presentations, so the total amount of AP/SJA may exceed 40 hours for total VOCA staff. However, the events that do constitute public presentations that are included in this total cannot exceed 40 hours per month for all VOCA-funded staff combined.

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3l(i). **Professional Training - Description of Service.**
(*Narrative responses* for questions 2 and 3 must not exceed a total of 4 pages.) \*

3l(ii). **Professional Training - Funding Sources.** *(Check all that apply.)*\*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

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**4. Briefly describe the center’s programmatic and fiscal capacity to implement the sexual assault program including agency history, capacity to perform work and expertise of staff involved in direct service and administration.** (Limit response to 5000 characters or less.)

**5. Describe center staff development and retention initiatives. Please include information on trauma informed training and vicarious trauma trainings or initiatives provided to staff. Using data and other supporting information, describe the centers effort to increase staff retention through fair and competitive compensation.** *(Limit response to 3000 characters or less.)*\*

licantReviewer

**Overall Sexual Assault Program Form - Part 3**

**(10 POINTS for GRF and VOCA)**

**Addressing Barriers to Sexual Assault Services**

**ICASA Certified Rape Crisis Centers provide free, survivor-centered, and trauma-informed services. In addition, they work to minimize/eliminate barriers that stand in the way of survivors in order to access critical services. As a Program Development Grantee (PDG) you are asked to consider the barriers you see preventing clients from accessing services and how your sexual assault program will address these barriers.**

**1. Typical barriers addressed by other sexual assault programs are listed below. Please explain how your sexual assault program will address each of the following barriers, if applicable. If your organization does not plan on addressing any of the known barriers, please** **put 'N/A' within the description box. Additionally, please indicate the funding sources that will be used for staff and other expenses related to these activities.**

**1a. Childcare and respite care:
Describe how the center will reduce barriers to childcare and respite care to enable a survivor to participate in center services and attend activities related to criminal justice and civil justice proceedings.**

1a(i). **Childcare and respite care support**.
*(Limit response to 1500 characters or less.)*\*

1a(ii). **List funding sources which will support activities to reduce childcare and respite care barriers**. *(Check all that apply.)* \*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

1a(iii). **Childcare Assurance** *(Check the box)* \*

* I assure that childcare services are provided on site by program staff or through a DCFS licensed childcare provider only.

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**1b. Transportation:
Describe how the center will reduce transportation barriers to permit the survivor to participate in center services and other appointments related to recovery from sexual violence.**

1b(i). **Transportation support**. *(Limit response to 1500 characters or less.)* \*

1b(ii). **List funding sources which will support activities to reduce transportation barriers**. *(Check all that apply.)* \*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

1b(iii). **Transportation Assurance** *(Check the box)* \*

* I assure that the purchase of gas cards will be maintained on a detailed internal tracking system. (No more than $100 in total gas cards, purchased with ICASA funds may be carried over between fiscal years.)

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1c. Language:
Describe how the center will reduce language/interpretation barriers to permit survivor to participate in services in a language/communication style suited to their needs.

1c(i). **Language Support.** *(Limit to 1500 characters or less.)* \*

1c(ii). **List funding sources which will support activities to reduce language barriers**. *(Check all that apply.)* \*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

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1d.  Relocation Assistance:Describe how the center will provide relocation assistance as part of a survivor’s service plan which is necessary for the safety and well-being of the survivor, and needed as a result of a victimization. Relocation assistance may include reasonable moving expenses, security deposits on housing, rental expenses, and utility startup costs. If the center will not provide relocation assistance with ICASA funds, describe other available community resources the center will use to support clients.

1d(i). **Relocation Assistance.** (Limit to 1500 characters or less.) \*

1d(ii). **List funding sources which will support activities to reduce location barriers**. (Check all that apply.) \*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

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1e.  Other Barriers: (optional)Describe the barrier(s) and how the center will reduce those barriers to permit survivor to participate in services related to recovery from sexual violence.

1e(i). **Description of Other Barriers.** *(Limit response to 1500 characters or less.)*

1e(ii). **List funding sources which will support activities to reduce other barriers**. *(Check all that apply.)*

* General Revenue
* VOCA
* ARPA FVPSA
* Non-ICASA Sexual Assault Funding
* None

**ADVOCACY SERVICES**

**ICASA Certified Rape Crisis Centers provide free, survivor-centered, and trauma-focused services which includes advocacy. Advocacy services vary in degree and require active partnerships across a variety of sectors which helps support survivors as they seek services and exercise their rights. For the purposes of this section, Program Development Grantees are asked to provide a current list of partners to offer insight on the current foundation the Program Development Grantee (PDG) has for services across hospitals\*, law enforcement, courts, and other.**

**PDG applicants who share service area with current ICASA-certified Rape Crisis Centers must work in partnership with existing programs to avoid duplication of services particularly with hospitals and law enforcement. Visit ICASA.org for current a listing of current Rape Crisis Centers.**

**Instructions to Complete the Advocacy Chart:**

A.  Download the Advocacy Chart Template (MS Excel file) on the ICASA website.

B.  Using the Advocacy Chart Template, provide a complete list of partners the organization has with the following:

* All hospitals in service area
* Law enforcement departments in service area
* Court jurisdictions in service area
* Any other organizations the center has networking agreements with

C.  Save the completed Advocacy Chart using the following file name format:
      "(NAME OF ORGANIZATION) FY24 PDG Application Advocacy Chart"

D.  Upload the completed Advocacy Chart (MS Excel file) in field 1 below.

E.  Answer questions 2 - 4. ***Ensure the responses match the number of organizations/agencies listed in the submitted Advocacy Chart***.

1. **Upload completed Advocacy Chart here**. *Ensure all four tabs are complete. (MS Excel file only)* \*

Advocacy Services Other Information (optional): Please use this space to reflect on any of the partnerships noted in the Advocacy Chart.

**Overall Sexual Assault Program Form - Part 4 (3 Points for GRF and VOCA)**

All responses should be reflective of the Overall Sexual Assault Program for all sexual assault funding sources.

**SEXUAL ASSAULT VOLUNTEER PROGRAM**

**In order to meet the needs of survivors, ICASA Certified Rape Crisis Centers often recruit, support, and maintain volunteers to expand the capacity of their Sexual Assault programs. For the purposes of this section, Program Development Grantees are asked to answer the questions below to help reviewers understand where the organization may be in recruiting/supporting volunteers for a sexual assault program.**

*VOCA requires all program recipients to maintain volunteers. ICJIA provides guidance that subgrantees are required to have a minimum of one service hour completed by one volunteer during the contract period. If applying for VOCA funds, applicants will need to certify that they will maintain a volunteer pool per ICASA Policy and Procedures.*

**Any volunteers providing direct services to survivors of sexual assault or the community must complete 40-hr training in line with ICASA standards. For additional volunteer requirements see ICASA Policies and Procedures Manual, Chapter 5, pg. 62-63.**

1. Does the center have/or plan to develop a volunteer program to support the sexual assault program?

□ Yes □ No

2. If yes, describe your plans for recruiting and maintaining sexual assault program volunteers. If you currently have a sexual assault volunteer program, please include details about the number of direct and non-direct service volunteers, approximate number of hours of volunteers, and the program’s volunteer training requirements.

**SUPPLEMENTAL INFORMATION**

**The following information is used to assist ICASA in strategic planning as well as advocate for program needs and successes with ICASA funders.  By completing these answers you assist ICASA in advocating for the expressed needs of rape crisis centers.**

1.  **Describe any unmet needs your developing sexual assault program and its clients are facing**.

1a. **Which of the following unmet needs apply**. *If choosing other, please include in the narrative below.*

* Advocacy services
* Counseling services
* Prevention services
* Affordable safe housing
* Childcare
* Culturally-responsive community resources for specific populations (identify population in the narrative)
* Funding
* Healthcare - access to
* Hospital response to sexual assault survivors
* Healthcare - location of treatment hospitals
* Lack of community resources
* Lack of prosecutions

* Law enforcement response
* Legal assistance for sexual violence
* Legal assistance for immigration for sexual assault survivors
* Legal assistance - other
* Outreach to specific populations (please identify population in the narrative)
* Poverty/lack of employment or living wages
* Sexual assault evidence collection
* Technology
* Transportation
* Other (Describe in narrative.)
* None

1b. **Describe the unmet needs selected above**.

2.  **Provide at least two stories indicating the need for the applicant’s developing sexual assault program**.
*Omit names and any personally identifying information. Please include funding source that supported the work. Do not submit anecdotes previously submitted to ICASA.*

**Anecdote 1: Service type** *(Check all that apply.)*

* Advocacy
* Counseling
* Crisis Intervention
* Prevention
* Other

**Anecdote 1: Provide narrative here**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anecdote 2: Service type** *(Check all that apply.)*

* Advocacy
* Counseling
* Crisis Intervention
* Prevention
* Other

**Anecdote 2: Provide narrative here**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anecdote 3: Service type** *(Check all that apply.)*

* Advocacy
* Counseling
* Crisis Intervention
* Prevention
* Other

**Anecdote 3: Provide narrative here**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anecdote 4: Service type** *(Check all that apply.)*

* Advocacy
* Counseling
* Crisis Intervention
* Prevention
* Other

**Anecdote 4: Provide narrative here**.

**FY24 General Revenue Sexual Assault Prevention and Response - Program Development Grantee (Competitive)**

**The FY24 General Revenue Funding Program Development Grant for Services to Victims of Sexual Violence will be competitively awarded. Please see the FY24 General Revenue Sexual Assault Prevention and Response-Program Development Grantee Notice of Funding Opportunity (NOFO) for full details about the opportunity. In order to be eligible, applicants must be a non-profit organization with a mission and experience to provide services to sexual violence survivors. ICASA will prioritize applicants who propose services in currently unserved Illinois counties and organizations with a mission and experience to provide culturally specific sexual assault services.**

**All responses in this form should be reflective of the activities which will be conducted with GRF Program funds.**

Fields will expand if additional responses are needed.

**1. Are you applying for competitive FY24 GRF Program Development Grantee funds?**(If no, answer question 1 then mark form as Complete.) \*

□ YES □ No

**COVER PAGE, ASSURANCES, SIGNATURES, AND OVERALL PROGRAM (35 POINTS)**

Accurate completion of the Cover Page, Assurances, Signature Page, and Overall Sexual Assault Program Pages for the FY24 ICASA Application for Funds forms will be scored and utilized for the FY24 GRF Program Development Grantee Application. Failure to complete these forms accurately and demonstrate a current, fundable sexual assault program to ICASA service standards will impact the score of this application and may result in ineligibility for this competitive application.

2. **Total FY24 VOCA Program Development Grantee request?** :
*(This amount must fall within the funding award range listed in the NOFO.)*

**NEED FOR GRF FUNDS (10 POINTS)**

3. **Describe the need for GRF Program Development funding.**
*(Limit response to 1750 characters or less.)*\*

**Capacity to Implement GRF Program (10 POINTS)**

4. **Describe the accomplishments the applicant hopes to achieve with GRF funds.**
*(Limit response to 1750 characters or less.)* \*

5. **Describe the program’s qualification and capacity to carry out planned FY24 GRF services outlined in the implementation plan below.**
*(Limit response to 1750 characters or less.)*\*

**QUALITY OF IMPLEMENTATION PLAN OF GRF PROGRAM
(10 POINTS)**

6. **Describe specifically how FY24 GRF funds will be used.**
*(Limit response to 3000 characters or less.)* \*

7. **Describe the expected activities of GRF-funded staff.** *(Limit response to 1500 characters or less.)*

8. Prevention, Public Awareness Outreach:

8a. **Will GRF funds be used for prevention and/or public awareness outreach activities?**
*(Note: Sexual assault prevention is not allowed with these funds.)* \*

□ YES □ No

8b. **Describe the prevention and/or public awareness outreach activities supported with GRF funds (including newspaper notices, PSAs, and presentations in public forums) to inform the public and crime victims about specific rights and services.***(Limit response to 1500 characters or less.)* \*

**SERVICE DATA AND PROJECTIONS FORM (15 POINTS)**

**Accurate completion of the FY23 Service Data Template and FY24 Service Projections Template which demonstrate past and projected performance will be scored and utilized for this section of the FY24 General Service Program application review. Failure to complete these forms accurately will result in ineligibility for this competitive application.**

**BUDGET AND BUDGET NARRATIVE (15 POINTS)**

**Accurate completion of the FY24 Budget and Budget Narrative forms which will include your application budget and budget narrative for the FY24 GRF Program Development Grantee application and will be scored and utilized for the FY24 GRF Program Development Grantee Application Review. Failure to complete these forms accurately will result in ineligibility for this competitive application.**

**REQUIRED ATTACHMENTS FORMS (5 POINTS)**

**Accurate completion of the FY24 Required Attachments and Eligibility and Pre-Award Attachments section which includes uploading documents which demonstrate your organization capacity and compliance with ICASA Policies and Procedures will be scored and utilized for the FY24 GRF PDG Program Application Review. Failure to complete and upload these documents accurately will result in ineligibility for this competitive application.**

# **Victims of Crime Act Services to Victims of Sexual Violence – FY24 VOCA Program Development Application Form (Competitive)**

**The FY24 VOCA Services to Victims of Sexual Violence Program Development grant will be competitively awarded. Please see the Victims of Crime Act Services to Victims of Sexual Violence – Program Development Grantee Notice of Funding Opportunity (NOFO) for full details about the opportunity. In order to be eligible, applicants must be a non-profit organization with a mission and experience to provide services to sexual violence survivors. ICASA will prioritize applicants who propose services in currently unserved Illinois counties and organizations with a mission and experience to provide culturally specific sexual assault services.**

**All responses in this form should be reflective of the activities which will be conducted with VOCA Program funds.**

Fields will expand if additional responses are needed.

**1. Are you applying for competitive FY24 VOCA Program Development Grantee funds?**(If no, answer question 1 then mark form as Complete.) \*

□ YES □ No

**COVER PAGE, ASSURANCES, SIGNATURES, AND OVERALL PROGRAM (35 POINTS)**

Accurate completion of the Cover Page, Assurances, Signature Page, and Overall Sexual Assault Program Pages for the FY24 ICASA Application for Funds forms will be scored and utilized for the FY24 VOCA Program Application. Failure to complete these forms accurately and demonstrate a current, fundable sexual assault program to ICASA service standards will impact the score of this application and may result in ineligibility for this competitive application.

2. **Total FY24 VOCA Program Development Grantee request?** :
*(This amount must fall within the funding award range listed in the NOFO.)*

**NEED FOR VOCA FUNDS (10 POINTS)**

3. **Describe the need for VOCA Program Development funding.**
*(Limit response to 1750 characters or less.)*\*

**Capacity to Implement VOCA Program (10 POINTS)**

4. **Describe the accomplishments the applicant hopes to achieve with VOCA Program Development Grantee funds.**
*(Limit response to 1750 characters or less.)* \*

5. **Describe the program’s qualification and capacity to carry out planned FY24 VOCA services outlined in the implementation plan below.**
*(Limit response to 1750 characters or less.)*\*

**QUALITY OF IMPLEMENTATION PLAN OF VOCA PROGRAM (10 POINTS)**

6. **Describe specifically how FY24 funds will be used.**
*(Limit response to 3000 characters or less.)* \*

1. Please select the types of victim services to be provided with FY24 VOCA Program Development Grantee funds:
* Information and Referral
* Counseling: Crisis intervention with Clients
* Counseling: Non-client Crisis Intervention: Hotline Counseling
* Counseling: Individual Counseling
* Counseling: Group Counseling
* Counseling: Individual Therapy
* Individual Medical Advocacy: Victim Advocacy/Accompaniment to Emergency Medical Care
* Individual Medical Advocacy: Victim Advocacy/Accompaniment to Medical Forensic Exam
* Individual Criminal Justice Advocacy/Accompaniment
* Individual Criminal Justice Advocacy: Law Enforcement Interview Advocacy/Accompaniment (Advocates not to be present while interviews are conducted)
* Individual Criminal Justice Advocacy: Prosecution Interview Advocacy/Accompaniment
* Individual Criminal Justice Advocacy: Notification of Criminal Justice Events
* Individual Criminal Justice Advocacy: Victim Impact Statement Assistance
* Individual Criminal Justice Advocacy: Assistance with Filing Victim Compensation Claims (Required)
* Individual Civil Justice Advocacy: Assistance in Obtaining Protection or Restraining Order
* Individual Criminal or Civil Justice Advocacy: Other Emergency Justice-Related Assistance
* Individual General Advocacy
* Victim Assistance: Child or Dependent Care Assistance
* Victim Assistance: Transportation Assistance
* Victim Assistance: Interpreter Services
* Victim Assistance: Emergency Financial Assistance
* Victim Assistance: Relocation Assistance

8. **Describe the expected activities of VOCA-funded staff.** *(Limit response to 1500 characters or less.)*

9.Public Awareness Outreach:

9a. **Will VOCA funds be used for public awareness outreach activities?**
*(Note: Sexual assault prevention is not allowed with these funds.)* \*

□ YES □ No

9b. **Describe public awareness outreach activities supported with VOCA funds (including newspaper notices, PSAs, and presentations in public forums) to inform the public and crime victims about specific rights and services.***(Limit response to 1500 characters or less.)* \*

**SERVICE DATA AND PROJECTIONS FORM (15 POINTS)**

**Accurate completion of the FY23 Service Data Template and FY24 Service Projections Template which demonstrate past and projected performance will be scored and utilized for this section of the FY24 VOCA Program Application Review. Failure to complete these forms accurately will result in ineligibility for this competitive application.**

**BUDGET AND BUDGET NARRATIVE (15 POINTS)**

**Accurate completion of the FY24 Budget and Budget Narrative forms which will include your application budget and budget narrative for the FY24 VOCA Program Development Grantee application and will be scored and utilized for the FY24 VOCA Program Development Grantee Application Review. Failure to complete these forms accurately will result in ineligibility for this competitive application.**

**REQUIRED ATTACHMENTS (5 POINTS)**

**Accurate completion of the FY24 Required Attachments and Eligibility and Pre-Award Attachments section which includes uploading documents which demonstrate your organization capacity and compliance with ICASA Policies and Procedures will be scored and utilized for the FY24 VOCA PDG Program Application Review. Failure to complete and upload these documents accurately will result in ineligibility for this competitive application.**

**FY24 Family Violence Prevention and Services Program - American Rescue Plan (ARPA FVPSA) Application Form**

**All responses in this form should be reflective of the activities conducted with ARPA FVPSA funds only.**

**Grant Award Details: ARPA FVPSA Funds are non-competitive and only available to nonprofit organizations currently receiving ARPA FVPSA Program Development Grantee funds through ICASA. ICASA annually contracts with centers electing to apply for ARPA FVPSA funds based on the multi-year funding plan outlined in the budget.**

**Funds will be awarded July 1, 2023-June 30, 2024 for year two.**

Fields will expand if additional responses are needed.

**Family Violence Prevention and Services Act American Rescue Plan Grants to Support Survivors of Sexual Assault:**

The purpose of the American Rescue Plan Grants to Support Survivors of Sexual Assault is to:

* assist with the transition to virtual/remote services for rape crisis centers, sexual assault programs, tribal programs, and culturally specific programs that provide crisis services, support services, and assistance to survivors of sexual assault, and
* support the increased emergency needs of sexual assault survivors as a result of the COVID-19 public health emergency.

 Please refer to the ARPA FVPSA Purpose and Allowable Costs technical assistance documents to respond to the following.

1. **Are you applying for ARPA FVPSA funds? (Mark yes if you plan to use funds in any of the eligible years.** (If no, answer question 1 then mark form as complete.) \*

□ YES □ No

**In addition to the fields below, centers must complete the ARPA Multi-Year Funding Plan located in the FY24 budget located on the tab labeled [B1\_Multi-Year ARPA FVPSA Plan]. Year two of the multi-year plan will automatically fill into the overall FY24 Application Budget.**

2. **FY24 Request for use from July 1, 2023, through June 30, 2024.** *(This amount must be equal to or less than the center amount listed on the allocation chart.)*

3. **Please describe accomplishments and adaptations to the plan in FY23.** *(Limit each response to 3000 characters or less.)*

**Describe your anticipated use of funds in FY24. Activities described within this response should match year two ARPA FVPSA budget for FY24.**
*(Limit response to 1500 characters or less.)*

5. **Describe how your ARPA FVPSA Funding will allow you to continue to meet the needs of underserved populations in your community, including populations underserved because of ethnic, racial, cultural or language diversity, sexual orientation or gender identity, or geographic isolation.**
*(Limit response to 3000 characters or less).* \*

6. Prevention, Public Awareness Outreach:

6a. Will ARPA FVPSA be used for prevention and/or public awareness outreach activities?\*

□ YES □ No

6b. If yes, describe prevention and public awareness outreach activities supported with ARPA FVPSA (including newspaper notices, PSAs, and presentations in public forums) to inform the public and crime victims about specific rights and services. (Limit response to 1500 characters or less.) \*

ApplicantReviewer

**SERVICE DATA AND PROJECTIONS FORM (15 Points for GRF and VOCA)**

**Instructions to Complete Service Data and Projections Chart:**

**1. Review the services described in Chapter 5 of the ICASA Policy and Procedure Manual which was provided with the application materials.**

**2. Provide 12 months of most recent available service data for services that best align with each description of services.**

**3. Provide a projection for each of the data points below for FY24 (July 1,2023-June 30, 2024).**

**4. After completion, please provide notes on any data points you wish to clarify (Example: If you are projecting '0' for any services listed for FY24, you can provide an explanation and narrative timeline for clarification.)**

**Instructions to Complete Service Data and Client Projections Charts:**

A.  Download the FY23 Service Data and FY24 Service Projections Templates (MS Excel files) with the application materials on the ICASA website.

B.  Complete and save the FY23 Service Data and FY24 Service Projections templates.

File name format: (NAME OF ORGANIZATION) FY23 PDG Service Data **AND** (NAME OF ORGANIZATION) FY24 PDG Service Projections.

C.  Upload the completed FY23 Service Data and FY24 Service Projections templates (MS Excel files) in the corresponding fields below.

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**Upload completed FY23 Service Data Template here** *(MS Excel file only)*.\*

**Upload completed FY24 Service Projections Template here** *(MS Excel file only)*. \*

**For technical assistance with service information, please contact Katrina Hays, Grants Director, at** **khays@icasa.org**

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1. Service Data Description: Please provide any information needed to understand the service data you have provided.
2. Data reports: Using the reporting functions you have now, attach any data reports for the entire sexual assault program (all funding sources) for the time period July 1, 2022 - March 31, 2023). Programs who currently receive ICASA funds must provide sexual assault InfoNet data at minimum.

**Upload any data reports here**.

**CONTINUING PROGRAMS ONLY:**

**EXPLANATION OF VARIANCE**

Review the % of Actual (July 1, 2022 – March 31, 2023) to Plan for FY23 and complete a written explanation for each line item (service) that is less than 65% or greater than 85% as this reflects a variance of more than 10% above or below 75% of plan. Reference the variance box on the last page of your completed service data chart to find the percentages.

**NOTES:**

* In the service data and service projections worksheet, the symbol #DIV/0! appears when actual direct service hours are performed, when planned hours were 0, and when planned and actual services are 0. No response is required when this occurs unless requested by Contracts Review Committee during application review.
* For family and group counseling data, report hours provided by staff rather than hours received by clients.
* If the COVID-19 Pandemic is a cause for service delivery changes, please identify this within the description.

**Provide an explanation of Variance for each line item (service) that is less than 65% or greater than 85% here.**

**APPLICATION BUDGET (15 Points for GRF and VOCA)**

**Instructions to Complete the Budget Signature Pages**

1. Complete the Application Budget Template located with the application materials on the ICASA website and save as an MS Excel file.
File name format: (Name of Organization) FY24 PDG Budget

**NOTES:**

If the center is using an indirect cost rate greater than the 10% de minimis, the center must submit the center's state or federally negotiated indirect cost rate letter in the corresponding field below.

File name format: (Name of Organization) FY24 Indirect Cost Rate Letter

1. Complete the Budget Narrative Template located below or with the application materials on the ICASA website and save as a PDF file. If attaching supporting documents or spreadsheets label each in the top right corner as "Budget Narrative Attachment #\_\_" and save as a single PDF file.

File name format: (Name of Organization) FY24 PDG Budget Narrative AND if applicable, (Name of Organization) FY24 PDG Budget Narrative Attachments.
 **NOTES:**

·       If budget narrative document does not include a cost allocation plan/method, the plan/method must be submitted as an attachment. Any budget without a corresponding narrative AND cost allocation plan will require revisions and may impact the score of competitive funding applications.

·       In the budget narrative, provide a fringe benefit backup narrative and/or excel spreadsheet with a clear description of how the computation of fringe benefits was done. If a fringe benefit rate is not used, show how the fringe benefits were computed for each position.  Elements that comprise fringe benefits should be indicated. The narrative and/or excel spreadsheet should include FICA, workers' compensation, unemployment, health/dental insurance, retirement/pension, life insurance, LTD, STD, etc.

3.  Print/Download the budget certification page (F1) and have all required individuals sign the required pages in accordance with ICASA’s signature policy.

4.  Reopen the Budget Form in AmpliFund.

5.  Upload each file in the appropriate field below.

* Budget
* Budget Narrative, with attachments if applicable, and
* Signed Budget certification page

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Download the Application Budget Template on the ICASA website.

Note: Centers must complete the Indirect Cost Election/Waiver tab located within the budget template. If the center is using an indirect cost rate greater than the 10% de minimis, the center must submit the center's state or federally negotiated indirect cost rate letter in the corresponding field below.

**Upload completed Application Budget here** *(MS Excel file only).* **\***

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If the center is using an indirect cost rate greater than the 10% de minimis rate, upload the center's negotiated indirect cost letter below. *(PDF file only).*

**If applicable, upload the center's state or federally negotiated indirect cost rate letter here (PDF file only).**

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Download the Budget Narrative Template on the ICASA website.

**Upload completed Budget Narrative here** *(PDF file only)* **\***

**Upload the Budget Narrative attachments below, if necessary.** *(Single file only)*

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Upload the Completed Signed Application Budget Certification page (F1)  PDF file below:

**Upload signed Application Budget Certification page here** *(PDF file only)*. \*

 **FY24 PROGRAM DEVELOPMENT GRANTEE REQUIRED ATTACHMENTS – (5 Points for GRF and VOCA)**

**Program development grantees who require assistance to prepare attachments are encouraged to contact ICASA for technical assistance. In some cases, ICASA may consider program development applicants who are working to meet certain requirements but will not have the requirements completed prior to submitting the application.**

**Number each attachment in the upper right-hand corner of the front page.**

**Save and upload each attachment as a single file with the file name beginning with the Organization name then the attachment name. Example: ABC Sexual Assault Program Articles of Incorporation**

* 1. **Articles of Incorporation**
	2. **Certificate of organization’s tax-exempt status**
	3. **Bylaws**
	4. **Mission Statement**
	5. **Any other document approved by the Board of Directors that describes the organization’s commitment to serving adult victims of sexual assault, if applicable.**
	6. **Affirmative Action Policy for organization**
	7. **Organizational chart for entire organization and sexual assault program**
	8. **Current list of members of Board of Directors. Include name, address, telephone number, and occupation of each member. Describe how the board is representative of the diversity of the community.**
	9. **Minutes of most recent meeting of Board of Directors**
	10. **Current list of Sexual Assault program volunteers, if applicable**
	11. **Timed agenda for the most recent 40-hour sexual assault volunteer training, if applicable**
	12. **Confidentiality policy for sexual assault program**
	13. **Form client signs to authorize release of information**
	14. **Two letters from community organizations or agencies in support of the sexual assault program dated April 1, 2023 or later**
	15. **Two signed networking agreements between the sexual assault program and other community organizations or agencies**
	16. **Sexual assault program brochures and public relations materials for sexual assault program**
	17. **Copy of current IRS and Attorney General 990 Forms (submit with original application; no additional copies required)**
	18. **Letter from Attorney General confirming the center’s current status with the Attorney General’s Charitable Trust and Solicitation Division**
	19. **Letter of Good Standing from the Secretary of State’s Office**
	20. **Copy of most recent audit, if required based on current state and federal legislation; including any letters to management. Include only one copy of the audit. If your program is not required to complete an audit based on annual income, provide a copy of the organization's most recent financial statements.**

**REQUIRED ATTACHMENTS: FY24 ELIGIBILITY AND PRE-AWARD ATTACHMENTS**

Number each attachment in the upper right-hand corner of the front page. Save and upload each attachment as a single file.

**1. Programmatic Risk Assessment Questionnaire: Download the FY24 Programmatic Risk Assessment Questionnaire from the application materials on the ICASA website located with the application materials. Save the completed questionnaire with the name format described below and upload the completed questionnaire in the field below.**

**File name format: (NAME OF ORGANIZATION) 1 FY24 PRAQ**

1a. Upload completed Programmatic Risk Assessment Questionnaire here.

**2. Certification Regarding Lobbying; Debarment, Suspension, and Other Responsibility Matters; and Drug-Free Workplace Requirements: Download the FY24 certification form on ICASA website located with the application materials. Save the signed form with the name format described below and upload the completed form in the field below.**

**File name format: (NAME OF ORGANIZATION) 2 Certifications Form.**

2a. Upload signed Certifications Form here. (PDF File only)

**3. Equal Employment Opportunity Program (EEOP) and Civil Rights Compliance Certification: Download the FY24 EEOP and Civil Rights Certification from the application materials on the ICASA website. Save the signed form with the name format described below and upload the completed form in the field below.**

**File name format: (NAME OF ORGANIZATION) 3 EEOP and Civil Rights Certification.**

**NOTE:** Due to the competitive Notice of Funding Opportunities, grant award amounts will not be final until Governing Body Approval on June 22, 2023. **Do not complete the “Amount of the Award” field on the EEOP form.** Please leave blank and ICASA will fill in the approved award amounts for each federal funding source following Governing Body approval and will provide the finalized EEOP form to each center for record keeping.

3a. Upload signed EEOP and Civil Rights Certification form here.

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4.  **Attorney General Letter.** Letter from the Illinois Attorney General's office confirming the center’s status **effective June 30, 2022** with the Attorney General’s Charitable Trust and Solicitation Division. File name format: (NAME OF ORGANIZATION) 4 Attorney General Letter.

4a. Upload Attorney General Letter here. \*

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5.  **Letter of Good Standing.** Letter from the Secretary of State’s office confirming the center is currently in good standing. File name format: (NAME OF ORGANIZATION) 5 Letter of Good Standing.

5a. Upload Letter of Good Standing here. \*

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**As outlined in the Notice of Funding Opportunities, there are two distinct processes for eligible applicants to complete prequalification based on whether or not a center has a cognizant agency.**

If your center receives funding directly from a state agency, not including the Office of the Attorney General, your center most likely has a Cognizant Agency. If your center only receives funding through ICASA and/or the Office of the Attorney General, your center most likely does not have a cognizant agency.

Based on this information, please complete the question below and upload all required attachments as outlined.

6. *Does your center have a cognizant agency?*

*□ YES □ NO*

IF YES, the fields below will populate:

6a. **Verification of GATA Compliance:** Centers with a cognizant agency must login to their GATA Grantee Portal and take a screen shot verifying their GATA Compliance.

**EXAMPLE:**



File name format: (NAME OF ORGANIZATION) GATA Grantee Verification

**6a. Upload GATA Grantee Verification Screenshot here.**

IF Center answered “NO” above, the fields below will populate:

6a. SAM.gov Registration Confirmation: Centers without a cognizant agency must login to SAM.gov and provide a screenshot or copy of their email confirmation stating their registration status.

File name format: (NAME OF ORGANIZATION) SAM Registration Confirmation

6a. Upload SAM.gov Registration Confirmation here.

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**REVISION FORM**

The following form is to be used if the applicant is requested to complete revisions following the initial application review by Contracts Review Committee. DO NOT SUBMIT REVISIONS UNTIL REQUESTED TO DO SO BY ICASA.

Has ICASA requested you complete revisions to your application? (If no, answer this question then Mark as Complete below.)

□ YES □ No

1a. Optional: Use the space below to describe the revisions your center completed.

1b. Optional: If the provided space in the original narrative/upload file locations did not allow enough space for full completion of the revisions, please use the upload fields below.

Use this field to upload requested application revisions.

Use this field to upload requested application revisions.

Use this field to upload requested application revisions.

Use this field to upload requested application revisions.

Use this field to upload requested application revisions.