

Agency Name: Grayson County Women's Crisis Line, Inc.
Grant/App: 2043603 **Start Date:** 9/1/2010 **End Date:** 8/31/2011
Fund Source: VX-General Victim Assistance – Direct Services Programs
Project Title: Regional Victim's Assistance Program
Status: Application - Grant Review **Fund Block:** 2010

Eligibility Information

Introduction

The Office of the Governor (OOG) publishes funding opportunities, known as **Requests for Applications (RFA)**, through the Texas Secretary of State. Click [here](#) to visit the Secretary of State's website to locate the RFAs in the appropriate Texas Register issue. In addition, OOG requires all applicants and grantee organizations to adhere to the *Texas Administrative Code (TAC)* as adopted. Click [here](#) to view the current TAC, or click [here](#) to view the previous versions of the TAC.

Submission Process

When applying for a grant pursuant to an **RFA** published in the *Texas Register* by OOG, applicants must submit their applications according to the requirements provided in the **RFA**. OOG may also consider applications for grants that are not submitted pursuant to an **RFA**. Applicants will be selected in accordance with *1 TAC*, §3.7.

Selection Process

All applications submitted to OOG are reviewed for eligibility, reasonableness, availability of funding, and cost-effectiveness. For applications submitted pursuant to an **RFA**, the executive director will select a review group, COG, or other designee to prioritize the applications and submit a priority listing to the executive director, who will render the final funding decision. A review group may include staff members, experts in a relevant field, and members of an advisory board or council. For more information regarding the selection process, see *1 TAC*, §3.7.

Funding Decisions

All grant funding decisions rest completely within the discretionary authority of OOG. The receipt of an application for grant funding by OOG does not obligate OOG to fund the grant or to fund it at the amount requested. Neither the approval of a project nor any grant award shall commit or obligate OOG in any way to make any additional, supplemental, continuation, or other award with respect to any approved project or portion thereof. OOG makes no commitment that a grant, once funded, will receive priority consideration for subsequent funding. For more information regarding the application process, see *1 TAC*, §3.7 and 3.9.

Adoptions by Reference

All grantees receiving federal and state funds must comply with the applicable statutes, rules, regulations, and guidelines related to the funding source under which the grant is funded. In instances where both federal and state requirements apply to a grantee, the more restrictive requirement applies. For more information regarding grant funding, see *1 TAC*, §3.19.

Community Plans

Each community, consisting of a single county or a group of counties, must file with a COG a community plan that addresses the community's criminal justice priorities. A community plan should assess local trends and data; identify problems, resources, and priorities; develop effective strategies; and set goals and objectives. For more information regarding community plans, see *1 TAC*, §3.51.

Juvenile Justice and Youth Projects

Juvenile justice projects or projects serving delinquent or at-risk youth, regardless of the funding source, must address at least one of the priorities developed in coordination with the Governor's Juvenile Justice Advisory Board to be eligible for funding. For more information regarding these priorities, see *1 TAC*, §3.53.

Monitoring

OOG will monitor the activities of grantees as necessary to ensure that grant funds are used for authorized purposes in compliance with all applicable statutes, rules, regulations, guidelines, and the provisions of grant agreements, and that grantees achieve grant purposes. Grantees must make available to OOG or its agents all requested records relevant to a monitoring review. For more information regarding monitoring, see *1 TAC*, §3.2601.

Your organization's Texas Payee/Taxpayer ID Number:
17519436483001

Application Eligibility Certify:
Created on:2/24/2010 3:48:27 PM By:Kathryn Crenshaw

Profile Information

Introduction

The **Profile Details** section collects information about your organization such as the name of your agency and project title, the geographic area your project will serve and information about your grant officials. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-

hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

Email Addresses & Grant Officials Information

Designating Grant Officials Within your Application:


Enter a valid and unique email address for each grant official and click the **Verify Email and Set Official to the Project** button. If you receive an error message regarding an email address, the grant official you are trying to assign to the project has not registered for a user account in eGrants. Please inform the agency's grant official or designee that they must log in to the [eGrants Home Page](#), and register for a user account. If you need technical assistance, please contact the [eGrants Help Desk](#) by email.

Updating Grant Officials on Active Grants:

To reassign a grant official - **Authorized Official, Financial Officer, Project Director, or Grant Writer** - to your grant project, ensure that the new official registers for a user account in eGrants *first*. Next, go to the Request.Adjustment tab and check the box indicating you would like to Designate a New Grant Official, provide a brief explanation for the change in the Grant Adjustment Justification box, and then click the 'Create Adjustment Request' button. This will open the Profile.Details tab allowing you to make the appropriate changes. After you have entered a valid email address for the new Official, go to the Certify.Adjustment tab and click on the 'Certify Adjustment' button to send your request to OOG for review. If your organization is designating a new Authorized Official, check your records to see if a revised Resolution is required. Upload the approved Resolution to your grant project on the 'Summary / Upload Files' sub-tab. If you need technical assistance, please contact the [eGrants Help Desk](#) by email.

Getting Started

On this tab you will notice a certain icon that is displayed.

-  = an **information** icon - this help icon is next to certain items that may need further explanation. Simply click and review the information provided in the pop up window.

Applicant Agency Name: Grayson County Women's Crisis Line, Inc.

Project Title: Regional Victim's Assistance Program

Division or Unit to Administer the Project: same

Address Line 1: P O Box 2112 (mailing address)

Address Line 2: 4200 N Travis (physical address)

City/State/Zip: Sherman Texas 75091

Payment Address Line 1: Post Office Box 2112

Payment Address Line 2:

Payment City/State/Zip: Sherman Texas 75091-2112

Start Date: 9/1/2010

End Date: 8/31/2011

Regional Council of Governments(COG) within the Project's Impact Area: Texoma Council of Governments

Headquarter County: Grayson

Counties within Project's Impact Area: Cooke,Fannin,Gray,Grayson

Grant Officials:

Authorized Official

User Name: Betty Roether

Email: riverridge2@att.net

Address 1: Post Office Box 2112

Address 1:

City: Sherman, Texas 75091

Phone: 903-893-3909 Other Phone:

Fax: 903-893-0892

Agency:

Title: Ms.

Salutation: Ms.

Project Director

User Name: Kathryn Crenshaw

Email: gccrisisdirector@verizon.net

Address 1: P O Box 2112

Address 1:

City: Sherman, Texas 75091

Phone: 903-893-3909 Other Phone:

Fax: 903-893-0892

Agency:

Title: Ms.

Salutation: Ms.

Financial Official

User Name: Lyn Jostes

Email: gccrisisfinance1@verizon.net

Address 1: P O Box 2112

Address 1:

City: Sherman, Texas 75091

Phone: 903-893-3909 Other Phone:

Fax: 903-893-0892

Agency:

Title: Mr.

Salutation: Mr.

Grant Writer

User Name: Kathryn Crenshaw

Email: gccrisisdirector@verizon.net

Address 1: P O Box 2112

Address 1:

City: Sherman, Texas 75091

Phone: 903-893-3909 Other Phone:

Fax: 903-893-0892

Agency:

Title: Ms.

Salutation: Ms.

Grant Vendor Information

Introduction

The **Grant Vendor** section of the application collects grant payment information for your organization. The following items will be auto-filled from previous data you supplied in eGrants: Organization Type, State Payee Identification Number, and Data Universal Numbering System (DUNS) identifier (if applicable). Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

Financial Management Tools

In order to receive payments from OOG, download, complete and email the following forms to the Office of the Governor, Financial Services Division ([FSD](#)). Or, you may fax completed forms to (512) 463-4114.

Note: As of March 1, 2010, these forms will no longer be accepted in hard copy format.


Texas Application for Payee Identification Number Form in [PDF](#) - 12/08/2009

* *updated* Texas Direct Deposit/Advance Payment Form in [MS Excel](#) or [PDF](#) - 03/04/2010

IRS W-9 Form in [PDF](#) - 12/08/2009

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Organization Type: Nonprofit Corporation (tax exempt)

Organization Option: applying to provide direct services to victims only

Applicant Agency's State Payee Identification Number (e.g., Federal Employer's Identification (FEI) Number or Vendor ID): 17519436483001

Data Universal Numbering System (DUNS): 948776109

Payment Address Line 1: Post Office Box 2112

Payment Address Line 2:

Payment City/State/Zip: Sherman Texas 75091-2112

Narrative Information

Introduction


The **Narrative** section is the description of your project. It is important that the information you provide about your project is clear and as concise as possible. Note: All applicants must certify to the eligibility requirements specific to the fund source. The minimum requirements to complete this page are the **Program Requirements, Problem Statement, Supporting Data, Goal Statement,** and **Project Summary** sections. We recommend that you complete any sections applicable to your project to assist in the application review process.

Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct.

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Primary Mission and Purpose

The purpose of this program is to provide services and assistance directly to victims of crime to speed their recovery and aid them through the criminal justice process. Services may include the following:

- responding to the emotional and physical needs of crime victims;
- assisting victims in stabilizing their lives after a victimization;
- assisting victims to understand and participate in the criminal justice system; and
- providing victims with safety and security.

Funding Levels

The anticipated funding levels for these programs are as follows:

- Minimum Award - \$5,000
- Maximum Award – None
- Grantees, other than Native American Tribes, must provide matching funds of at least twenty percent (20%) of total project expenditures. Native American Tribes may be required to provide a five percent (5%) match. This requirement may be met through either cash or in-kind contributions or a combination of both.

For more information regarding grantee match, please click on the **Budget** tab, and then click on the **Source of Match** tab in eGrants.

***Note:** If you voluntarily include matching funds that exceed the minimum match requirement, you will be held to that amount throughout the grant period.*

Program Requirements

Preferences - Preference will be given to applicants that promote comprehensive victim restoration while incorporating an emphasis on cultural competency in underserved populations. Applicants are also encouraged to streamline administrative and reporting processes by consolidating grant requests whenever possible in lieu of submitting multiple applications.

Program Emphasis - Applicant agrees to implement comprehensive strategies that are sensitive to the concerns and safety of the victims and hold offenders accountable for their crimes. Applicants must indicate the percentage of their project that benefits Victim Services, Law Enforcement, Prosecution, Courts or other areas. Program emphasis decisions should be made

based on the beneficiary of the funded activities. For example, a victim services coalition who provides training to police throughout the state would fall under the “law enforcement” category because the training is to benefit law enforcement.

Indicate the percentage (%) of your project that benefits:

Victim Services – any nonprofit, nongovernmental organization that assists victims.

100

Law Enforcement – any public agency charged with policing functions.

0

Prosecution – any public agency charged with direct responsibility for prosecuting criminal offenders.

0

Court – any civil or criminal court system.

0

Other – any initiative that indirectly affects victims (ex., developing protocols and procedures).

0

Culturally Competent Victim Restoration - Applicants agree to promote collaboration and coordination among local service systems that involve multiple disciplines and support a seamless delivery of a continuum of services that focus on each individual's return to full physical, mental, and emotional health while incorporating an emphasis on cultural competency in underserved populations.

Provide information in this section regarding how your organization is culturally competent when providing services to victims. Here are some guidelines to follow: Victim service providers must have the ability to blend cultural knowledge and sensitivity with victim restoration skills for a more effective and culturally appropriate recovery process. Cultural competency occurs when: (1) cultural knowledge, awareness and sensitivity are integrated into action and policy; (2) the service is relevant to the needs of the community and provided by trained staff, board members, and management; and (3) an advocate or organization recognizes each client is different with different needs, feelings, ideas and barriers.

This Victims Assistance Project works closely with law enforcement, the district attorney's office, housing, Texoma Workforce, therapeutic counselors for children and adults, and other agencies, and entities such as medical professionals, etc. to ensure that the victims are provided all services needed. There is training provided by the agencies of this project to law enforcement, judicial, prosecution on the dynamics of victimization as well as on going working relationships with all of the governmental and non-governmental services in this area. The Regional Victim's Assistance Project is based on an advocacy approach of working with victims while engaging

law enforcement, the judicial process, and all available community resources to empower victims to return to physical, mental, and emotional health. Law enforcement is essential in the recognition of victims and referrals to the advocacy agency---prosecution works as not only the prosecution of the perpetrator, but also is vital in the issuance of Orders of Protection, and investigations---Medical professional donate their expertise to the physical needs of the victims-- -Texoma Workforce works to engage the victim in the work area when needed---the project advocates for the victims in all of the process. The victims are provided by the advocacy agency with therapeutic counseling, life skill classes, access to parenting classes, and on going groups both therapeutic and groups facilitated by trained staff in order to empower them to return to physical, mental and emotional health.

Services to Victims of Crime - Applicant agrees to provide services to victims of crime which include: responding to the emotional and physical needs of crime victims; assisting victims in stabilizing their lives after victimization; assisting victims to understand and participate in the criminal justice system; and providing victims with safety and security.

Effective Services - Applicant must demonstrate a record of providing effective services to crime victims. If the applicant cannot yet demonstrate a record of providing effective services, the applicant must demonstrate that at least 25 percent of its financial support comes from non-federal sources.

Volunteers - Applicant agrees to use volunteers to support either the project or agency-wide services, unless CJD determines that a compelling reason exists to waive this requirement.

Community Efforts - Applicant agrees to promote community efforts to aid crime victims. Applicants should promote, within the community, coordinated public and private efforts to aid crime victims. Coordination efforts qualify an organization to receive these funds, but are not activities that can be supported with these funds.

Crime Victims' Compensation - Applicant agrees to assist crime victims in applying for crime victims' compensation benefits.

Records - Applicant agrees to maintain daily time and attendance records specifying the time devoted to allowable victim services.

Civil Rights Information - Applicant agrees to maintain statutorily required civil rights statistics on victims served by race, national origin, sex, age, and disability of victims served, within the timeframe established by CJD. This requirement is waived when providing services, such as telephone counseling, where soliciting the information may be inappropriate or offensive to the crime victim.

Victims of Federal Crime - Applicant agrees to provide equal services to victims of federal crime. (Note: Victim of federal crime is a victim of an offense that violates a federal criminal statute or regulation; federal crimes also include crimes that occur in an area where the federal government has jurisdiction, such as Indian reservations, some national parks, some federal buildings, and military installations.)

No Charge - Applicant agrees to provide grant-funded services at no charge to victims of crime.

Confidentiality - Applicant agrees to maintain the confidentiality of client-counselor information and research data, as required by state and federal law.

Discrimination - Applicant agrees not to discriminate against victims because they disagree with the State's prosecution of the criminal case.

Forensic Medical Examination Payments - Health care facilities shall conduct a forensic medical examination of a victim of an alleged sexual assault if the victim arrived at the facility within 96 hours after the assault occurred and the victim consented to the examination. The victim is not required to participate in the investigation or prosecution of an offence as a condition of receiving a forensic medical examination, nor pay for the forensic examination or the evidence collection kit. In addition, if a health care facility does not provide diagnosis or treatment services for sexual assault victims, the facility is required to refer the victim to a facility that provides those services. A law enforcement agency that requests a forensic medical examination of a victim of sexual assault shall pay full cost of the examination. Crime Victim Compensation funds may be used to pay for forensic medical examinations performed by trained examiners except that such funds may not be used to pay for the examinations if victims of sexual assault are required to seek reimbursement for such examinations from their insurance carriers.

Protection Orders - Victims applying for a protective order or their attorney may not bear the costs associated with the filing of an order of protections.

Nondisclosure of Confidential or Private Information - Personally identifying information or individual information collected in connection with services requested, utilized, or denied may not be disclosed; or, reveal individual client information without informed, written, reasonably time-limited consent of the person about whom information is sought. If release of information is compelled by statutory or court mandate, reasonable attempts to provide notice to victims affected by the disclosure of information will be made and steps necessary will be taken to protect the privacy and safety of the persons affected by the release of information.

Civil Rights Liaison

A civil rights liaison who will serve as the grantee's civil rights point of contact and who will be responsible for ensuring that the grantee meets all applicable civil rights requirements must be designated. The designee will act as the grantee's liaison in civil rights matters with CJD and with the federal Office of Justice Programs.

Enter the Name of the Civil Rights Liaison:

Kathryn Crenshaw

Enter the Address for the Civil Rights Liaison:

P O Box 2112 Sherman, TX 75091

Enter the Phone Number for the Civil Rights Liaison:

9038933909

Certification

Each applicant agency must certify to the specific criteria detailed above under **Program Requirements** to be eligible for General Victim Assistance - Direct Services Program Solicitations.

X I certify to **all** of the above eligibility requirements.

Problem Statement:

Please provide a detailed account in the Problem Statement section of the existing issues your project will target.

Enter your problem statement:

Violence continues to be a serious problem that impacts the lives of victims and their witnessing children. The abuse suffered can be both physical and emotional in nature and have both short term and long term effects on the victims. Safety of the victim must be a first priority as physical abuse can range from lacerations and bruises, to broken bones, choking into unconsciousness, and in some cases death of the victim. The availability of shelter space continues to be limited often compounding the problem. This Regional Project contains the only residential program in an area of over 3000 square miles. The emotional needs of the victims must also be addressed. Victims are often isolated, have low self esteem, have been intimidated, humiliated, blamed, have a lack of support systems, and have often lost their ability to problem solve sufficiently. Many times there is frustration from the inability to access resources limiting the victim's capacity to be self-sufficient; therefore, continuing the cycle of violence in their lives and the lives of their children.

Supporting Data:

Provide as much supporting data, to include baseline statistics and the sources of your data, which are pertinent to where the grant project is located and/or targeted. Do not use statewide data for a local problem or national data for a statewide problem.

Enter your supporting data:

County totals include violent crimes including but not limited to family violence, rape, stalking, dating violence, murder, aggravated assault, etc. Cooke County----456 Fannin County----415 Grayson County-----1545 Regional Total----2416* *Source: Texas Department of Public Safety: Crime in Texas 2007 Victims provided services by Regional Victims Assistance Partners July 1 2007-June 30, 2008---1433 **Source: Integrated Tracking System- Health and Human Services Commission 2007, VOCA statistical information

Community Plan:

For projects that have a local or regional impact target area, provide information regarding the community plan need(s) that your project will address.

Enter your community planning needs:

TCOG CRIMINAL JUSTICE AND EMERGENCY PLANNING 1117 Gallagher, Sherman,

Texas 75090 ----- The applicant has participated in the TCOG region community planning process in all focus areas and specifically in the area of victims services. The applicant's proposed project addresses the number one priority for Victim Services Projects, i.e., the proposed project will provide essential victim services related to family violence, sexual assault, stalking and dating violence. In addition, as an overall criminal justice program, it supports the regional goal and priority to reduce the duplication of services by providing for coordination of effort between what has heretofore been three separate projects funded with Victims of Crime Act funds. CJ Durben-Higgins Director, Criminal Justice and Emergency Planning Texoma Council of Governments 903-813-3552 chiggins@texoma.cog.tx.us www.tcogcj.org

Goal Statement:

Provide a brief description of the overall goals and objectives for this project.

Enter a description for the overall goals and objectives:

The goal of this Regional Project is to provide emergency shelter and emergency services to victims by a coordination of efforts on a regional basis. This project will address both the short term and long term individual needs of victims and their children (residential and non residential) by providing assistance with safety planning, crisis intervention, support and problem solving, access to needed resources, and provide personal advocacy to reduce the impact of the crisis. By providing these services the goal is to empower victims return to a place of good physical, mental, and emotional health.

Cooperative Working Agreement (CWA):

When a grantee intends to carry out a grant project through cooperating or participating with one or more outside organizations, the grantee must obtain authorized approval signatures on the cooperative working agreement (CWA) from each participating organization. Grantees must maintain on file a signed copy of all cooperative working agreements, and they must submit to CJD a list of each participating organization and a description of the purpose of each CWA. Cooperative working agreements do not involve an exchange of funds.

For this project, provide the name of the participating organization(s) and a brief description of the purpose(s) for the CWA(s). You should only provide information here that this project's successful operation is contingent on for the named service or participation from the outside organization.

Note: A **Sample CWA** is available [here](#) for your convenience.

Enter your cooperating working agreement(s):

CWA are as follows: 1. Cooke Co. Sheriff's Office--Coordinate law enforcement activities relating to crime victim issues. 2. Gainesville Police Department--Coordinate law enforcement activities relating to crime victim issues. 4. Cooke Co. District Attorney's Office--Coordinate judicial activities relating to crime victim issues. 7. Muenster Memorial Hospital--Coordinate medical activities relating to crime victim activities. 8. Adult Protective Department--Coordinate adult probation department activities relating to crime victim issues. 9. Juvenile Probation Department--Coordinate juvenile probation dept. activities relating to crime victim issues. 10. TX. Dept. of Family & Protective Services--Coordinate child protective activities relating to crime victim issues. 11. CASA--Coordinate child protective activities relating to crime victim

issues. 12. North Texas Youth Connection---Coordinates services with juveniles who are victims of crime 13. Grayson County Children's Advocacy Center--Coordinates services for children who are victims of crime and their families 14. Fannin County Children's Center---Coordinates services for children who are victims of crime and their families 15. Texoma MHMR--Coodinates services to provides comprehensive services to victms of crime

Continuation Projects:

For continuation projects only, if your current or previous year's project is NOT on schedule in accomplishing the stated objectives, briefly describe the major obstacles preventing your organization from successfully reaching the project objectives as stated within your previous grant application. (Data may be calculated on a pro-rated basis depending on how long the current or previous year's project has been operating.)

Enter your current grant's progress:

The current project is on schedule for accomplishing stated objectives.

Project Summary:

Briefly summarize the entire application, including the project's problem statement, supporting data, goal, target group, activities, and objectives. Be sure that the summary is easy to understand by a person not familiar with your project and that you are confident and comfortable with the information if it were to be released under a public information request.

Enter your summary statement for this project:

Family violence, sexual assault, dating violence, stalking, assault, and all violent crimes are serious and continuing problems that confront victims without regard to race, socio-economic background, age, religion, or gender. These victims face issues of personal safety, emotional abuse, intimidation, blame, isolation, fear, and anxiety and often the lack of knowledge to access resources available to become self-sufficient. This Regional Project will allow for coordination of effort resulting in more comprehensives services for victims while providing emergency shelter to victims in a large geographic area (over 3000 square miles) and addressing the individual needs of both residential and non-residential victims and their children. All victims of will have access to a 24 hour/ 7 day a week hotline and trained volunteers and/or staff. Individualized safety plans will be developed for all clients and additional services offered (personal advocacy, crisis intervention, support groups, information and referrals, assistance in navigating the judicial and legal systems, etc). Crisis intervention and safety planning can be accessed by phone or in person. The victims will always be offered choices when accessing services and there is never a charge for any service provided. These services are crucial to empower victims to become self-sufficient and break the cycle of violence in their lives and the lives of their children while restoring victims to physical, mental, emotional health.

Project Activities Information






Introduction

The **Project Activities** section of the application gathers information about the type of activities your project will incorporate. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive

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Getting Started

On this tab you will notice certain icons that are displayed.

-  = a **pencil** icon - click on this icon to edit your selections.
-  = a **pencil** icon with a **red slash** through it – click on this icon to cancel your edits.
-  = a **red delete** icon – click on this icon to delete the item.
-  = a **diskette** icon - click on this icon to save your work. When this icon appears, it is your queue to save the item that you are working on; otherwise, your data will be lost.
-  = an **information** icon - this help icon is next to certain items that may need further explanation. Simply click and review the information provided in the pop up window.

Type of Crime Victim

Select the type(s) of crime victim this project targets and provide the percentage of time dedicated to serving each category of crime victim. You may select more than one type; however, the sum of the percentages may not exceed 100%.

Sexual Assault Percentage (%):

20

Domestic Abuse Percentage (%):

46

Child Abuse Percentage (%):

5

DUI / DWI Crashes Percentage (%):

0

Survivors of Homicide Percentage (%):

0

Assault Percentage (%):

6

Adults Molested as Children Percentage (%):

9

Elder Abuse Percentage (%):

4

Robbery Percentage (%):

0

Stalking Percentage (%):

3

Dating/Acquaintance Violence Percentage (%):

7

Selected Project Activities:

ACTIVITY	PERCENTAGE:	DESCRIPTION
Crisis Services	55.00	24/7 hotline, crisis counseling, safety planning, information and referrals, personal advocacy, emergency shelter, emergency transportation, support to secondary victims (i.e. children and non offending family members) and medical accompaniment. All services provided by a trained staff person or volunteer to victims of crime to reduce stress and provide immediate, short term support to reduce the impact of the crisis.
Legal Advocacy	6.00	Identifying individual legal needs, explaining legal rights and options, providing support and accompaniment in the pursuit of those options, assisting in safety planning, and providing advocacy
Multi-Disciplinary Teams and Case Coordination	3.00	This provides for participation in area coalitions (task forces) with other victim's assistance agencies, private providers, judicial, law enforcement, medical, and the educational community meetings. These meetings will be uses to discuss common cases and share information to enhance investigations, prosecution, and victims' restoration.
Peer Support Groups	6.00	Groups related to victims of violent crimes facilitated by trained staff, volunteers, or peer facilitators and cover educational material or issues brought up by the group
Professional Therapy and Counseling	10.00	Groups facilitated by a trained and licensed professional (staff or volunteer) and includes therapeutic/counseling and/or psycho-educational content for victims of crime.
Protective Order Assistance	6.00	Assistance with emergency and 2 year protective orders which includes assistance in completing paperwork, gathering of local law enforcement reports, accompaniment to the district attorney, court, and assistance of victims through the judicial process.
Shelter	14.00	Provides emergency shelter for victims and their children a 24/7 safe haven in a secure and protected environment.

Geographic Area:

Primary: Grayson, Cooke, and Fannin, Montague County for victims needing and/or requesting residential and non-residential services. Victims from other counties will be staffed with the respective agency (with the victims' permission) as needed for those services that must be delivered in their home county (i.e. court accompaniment). All victims will be eligible for residential and non residential services regardless of county of origin.

Target Audience:

Victims of crime and their families

Gender:

Residential services--Adult females and their children Non-residential services--All victims regardless of gender

Ages:

Primary Victims- Ages 15 and over Secondary Victims--Children of crime victims --in the case of a sex crime on a child, the child will be referred to the appropriate Children's Advocate Center and the non offending parent or guardian will be secondary victims.

Special Characteristics:

This program serves the victims of the Spanish speaking population and the unique problems confronting that populace





Measures Information

Introduction

The **Project Measures** section of the application collects data to track the performance of your proposed project toward its stated objectives. Output measures demonstrate the level of activity of a project. Outcome measures demonstrate the impact of a project in a targeted area, reflecting the extent to which the goals and objectives of the project have been achieved. Output and outcome measures displayed on this page correspond to activities selected or created on the **Activities** page. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

Getting Started

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-  = an **information** icon - this help icon is next to certain items that may need further explanation. Simply click and review the information provided in the pop up window.

Progress Reporting Requirements

Outcomes Reported to Texas A&M University, Public Policy Research Institute (PPRI):

In addition to the measures listed below, all programs will be required to report the number of victims/survivors who returned to the agency as a result of a new victimization either by the same perpetrator or a new perpetrator. Note: This does not include victims returning to your agency to continue their treatment. This measure will be used to measure the efficacy of the services provided in the restoration of the victim to full mental, physical, and emotional health.

Objective Output Measures

OUTPUT MEASURE	CURRENT DATA	TARGET LEVEL
Average length of stay in shelter (in days).	25	25
Number of counseling hours provided to survivors.	600	650
Number of times survivors are accompanied to court.	55	59
Number of secondary victims / survivors provided shelter.	182	195
Number of final protective orders requested.	24	30
Number of meetings held by multi-disciplinary teams.	5	7
Number of safety plans developed.	800	825
Number of support group sessions held.	135	150
Number of temporary protective orders requested.	8	8
Number of victims / survivors provided shelter.	179	179
Number of victims seeking services who were not served.	0	0
Number of victims / survivors seeking services who were served.	1030	1100
Number of survivors assisted through the legal process.	79	85

Number of survivors assisted with crime victim compensation applications.	45	50
Number of survivors interviewed for case information.	35	45
Number of survivors participating in support groups.	250	275
Number of survivors provided with medical advocacy.	55	60
Number of survivors receiving counseling / therapy.	110	125
Number of survivors receiving crisis counseling.	1030	1100
Number of survivors receiving information and / or referral (in person / by phone).	840	852
Number of survivors receiving advocacy for emergency services (e.g., legal assistance, shelter, law enforcement, etc.).	1030	1100
Number of victims who requested shelter.	179	179
Number of volunteers trained to provide direct assistance to victims / survivors.	15	17
Number of cases reviewed by the multi-disciplinary team.	9	9
Number of survivors contacted regarding court ordered restitution.	0	0

Custom Objective Output Measures

CUSTOM OUTPUT MEASURE	CURRENT DATA	TARGET LEVEL
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Objective Outcome Measures

OUTCOME MEASURE	CURRENT DATA	TARGET LEVEL
Number of cases resulting in charges filed.	0	0
Number of children placed with a permanent care provider (for CASA programs).	0	0
Number of felony charges filed.	0	0
Number of felony convictions.	0	0
Number of final protective orders granted / obtained.	14	14
Number of temporary protective orders granted / obtained.	4	4

Number of victims / survivors who received professional counseling / therapy who are exhibiting an improvement in mental, emotional, and physical health.	85	90
Number of survivors receiving partial court ordered restitution.	0	0
Number of survivors receiving full court ordered restitution.	0	0

Custom Objective Outcome Measures

CUSTOM OUTCOME MEASURE	CURRENT DATA	TARGET LEVEL
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Documents Information

Introduction

The **Supporting Documentation** section of the application contains general grantee requirements. Please select or enter the appropriate responses in the areas below. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

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Certification and Assurances

Each applicant must click on this link to review the standard [Certification and Assurances](#).

Resolution from Governing Body

Except for state agencies, each applicant must provide information related to the [resolution](#) from its governing body, such as the city council, county commissioners' court, school board, or board of directors. Please ensure that the resolution approved by your governing body addresses items one through four below.

1. Authorization by your governing body for the submission of the application to CJD that clearly identifies the name of the project for which funding is requested;
2. A commitment to provide all applicable matching funds;
3. A designation of the name and/or title of an authorized official who is given the authority to apply for, accept, reject, alter, or terminate a grant (Note: If a name is provided, you must update CJD should the official change during the grant period.); and
4. A written assurance that, in the event of loss or misuse of grant funds, the governing body will return all funds to CJD.

Upon approval from your agency's governing body, upload the [approved](#) resolution to eGrants by clicking on the **Upload Files** sub-tab located in the **Summary** tab.

Contract Compliance

Will CJD grant funds be used to support any contracts for professional services?

Select the Appropriate Response:

Yes

No

For applicant agencies that selected **Yes** above, describe how you will monitor the activities of the sub-contractor(s) for compliance with the contract provisions (including equipment purchases), deliverables, and all applicable statutes, rules, regulations, and guidelines governing this project.

Enter a description for monitoring contract compliance:

Lobbying

For applicant agencies requesting grant funds in excess of \$100,000, have any federally appropriated funds been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant loan, or cooperative agreement?

Select the Appropriate Response:

- Yes
 No
 N/A

For applicant agencies that selected either **No** or **N/A** above, have any non-federal funds been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress in connection with this federal contract, loan, or cooperative agreement?

Select the Appropriate Reponse:

- Yes
 No
 N/A

Fiscal Year

Provide the begin and end date for the applicant agency's fiscal year (e.g., 09/01/20xx to 08/31/20xx).

Enter the Begin Date [mm/dd/yyyy]:

1/1/2010

Enter the End Date [mm/dd/yyyy]:

12/31/2010

Sources of Financial Support

Each applicant must provide the amount of grant funds expended during the most recently completed fiscal year for the following sources:

Enter the amount (\$) of Federal Grant Funds:

201785

Enter the amount (\$) of State Grant Funds:

292818

Single Audit

Has the applicant agency expended federal grant funding of \$500,000 or more, or state grant funding of \$500,000 or more during the most recently completed fiscal year?

Select the Appropriate Response:

- Yes
 No

Note: Applicants who expend less than \$500,000 in federal grant funding or less than \$500,000 in state grant funding are exempt from the Single Audit Act and cannot charge audit costs to a CJD grant. However, CJD may require a limited scope audit as defined in OMB Circular A-133.

Applicant agencies that selected **Yes** above, provide the date of your organization's last annual single audit, performed by an independent auditor (in accordance with the Single Audit Act Amendments of 1996 and OMB Circular A-133).

Enter the date of your last annual single audit:

Equal Employment Opportunity Plan (EEOP)

Type I Entity: Defined as an applicant that meets one or more of the following criteria:

- the applicant has less than 50 employees;
- the applicant is a non-profit organization;
- the applicant is a medical institution;
- the applicant is an Indian tribe;
- the applicant is an educational institution, or
- the applicant is receiving a single award of less than \$25,000.

Requirements for a Type I Entity:

- The applicant is not required to prepare an EEOP because it is a Type I Entity as defined above, pursuant to 28 CFR 42.302; and
- the applicant will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services.

Type II Entity: Defined as an applicant that meets the following criteria:

- the applicant has 50 or more employees, and
- the applicant is receiving a single award of \$25,000 or more, but less than \$500,000.

Requirements for a Type II Entity: Federal law requires a Type II Entity to formulate an EEOP and keep it on file.

- The applicant agency is required to formulate an EEOP in accordance with 28 CFR 42.301, et seq., subpart E;
- the EEOP is required to be formulated and signed into effect within the past two years by the proper authority;
- the EEOP is available for review by the public and employees or for review or audit by officials of CJD, CJD's designee, or the Office of Civil Rights, Office of Justice Programs, U.S. Department of Justice, as required by relevant laws and regulations;
- the applicant will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services; and
- the EEOP is required to be on file in the office of (enter the name and address where the EEOP is filed below):

Enter the name of the person responsible for the EEOP and the address of the office where the EEOP is filed:

Type III Entity: Defined as an applicant that is NOT a Type I or Type II Entity.

Requirements for a Type III Entity: Federal law requires a Type III Entity to formulate an EEOP and submit it for approval to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice.

- The EEOP is required to be formulated and signed into effect within the past two years by the proper authority;
- the EEOP has been submitted to the Office of Civil Rights (OCR), Office of Justice Programs, U.S. Department of Justice and has been approved by the OCR, or it will be submitted to the OCR for approval upon award of the grant, as required by relevant laws and regulations; and
- the applicant will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services.

Based on the definitions and requirements above, the applicant agency certifies to the following entity type:

Select the appropriate response:

- Type I Entity
- Type II Entity
- Type III Entity

Debarment

Each applicant agency will certify that it and its principles:

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal Court, or voluntarily excluded from participation in this transaction by any federal department or agency;
- Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; or
- Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in the above bullet; and have not within a three-year period preceding this application had one or more public transactions (federal, state, or local) terminated for cause or default.

Select the appropriate response:

I Certify
 Unable to Certify

If you selected **Unable to Certify** above, please provide an explanation as to why the applicant agency cannot certify the statements.

Enter the debarment justification:

Fiscal Capability Information

Introduction

This **Fiscal Capability** section of the application collects information from nonprofit corporations applying for OOG grant funds.

Note: If you are NOT a nonprofit corporation, this information is not applicable; therefore, the 'Printer Friendly' version will be blank for all information collected in the Fiscal Capability section.

Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are complete and correct. In addition, you have a 2-hour time limit for each tab where you will need to complete the information correctly and then click the **Save and Continue** button. There is a timestamp in the upper-right hand corner of the page that notes when you first clicked on the tab. From that point, you have 2 hours to complete the information on that tab correctly. If you do not complete the information correctly (for the required fields) and then you click on the **Save and Continue** button, you will be redirected to the eGrants Home Page. If this happens, your data will not be saved in the system. You may also choose to compose a message on this page for OOG to review. This can be done by typing in the **Notes By Grantee / OOG** message box.

Organizational Information

Enter the Year in which the Corporation was Founded:

1982

Enter the Date that the IRS Letter Granted 501(c)(3) Tax Exemption Status:

6/1/1984

Enter the Employer Identification Number Assigned by the IRS:

751943648

Enter the Charter Number assigned by the Texas Secretary of State:

53552001

Accounting System

The grantee organization must incorporate an accounting system that will track direct and indirect costs for the organization (general ledger) as well as direct and indirect costs by project (project ledger). The grantee must establish a time and effort system to track personnel costs by

project. This should be reported on an hourly basis, or in increments of an hour.

Is there a list of your organization's accounts identified by a specific number (i.e., a general ledger of accounts).

Select the appropriate response:

- Yes
 No

Does the accounting system include a project ledger to record expenditures for each Program by required budget cost categories?

Select the appropriate response:

- Yes
 No

Is there a timekeeping system that allows for grant personnel to identify activity and requires signatures by the employee and his or her supervisor?

Select the appropriate response:

- Yes
 No

If you answered 'No' to any question above in the Accounting System section, in the space provided below explain what action will be taken to ensure accountability.

Enter your explanation:

Financial Capability

Grant agencies should prepare annual financial statements. At a minimum, current internal balance sheet and income statements are required. A balance sheet is a statement of financial position for a grant agency disclosing assets, liabilities, and retained earnings at a given point in time. An income statement is a summary of revenue and expenses for a grant agency during a fiscal year.

Has the grant agency undergone an independent audit?

Select the appropriate response:

- Yes
 No

Does the organization prepare financial statements at least annually?

Select the appropriate response:

Yes

No

According to the organization's most recent Audit or Balance Sheet, are the current total assets greater than the liabilities?

Select the appropriate response:

Yes

No

If you selected 'No' to any question above under the Financial Capability section, in the space provided below explain what action will be taken to ensure accountability.

Enter your explanation:

Budgetary Controls

Grant agencies should establish a system to track expenditures against budget and / or funded amounts.

Are there budgetary controls in effect (e.g., comparison of budget with actual expenditures on a monthly basis) to include drawing down grant funds in excess of:

a) Total funds authorized on the Statement of Grant Award?

Yes

No

b) Total funds available for any budget category as stipulated on the Statement of Grant Award?

Yes

No

If you selected 'No' to any question above under the Budgetary Controls section, in the space provided below please explain what action will be taken to ensure accountability.

Enter your explanation:

Internal Controls

Grant agencies must safeguard cash receipts, disbursements, and ensure a segregation of duties exist. For example, one person should not have authorization to sign checks and make deposits.

Are accounting entries supported by appropriate documentation (e.g., purchase orders, vouchers, receipts, invoices)?

Select the appropriate response:

Yes

No

Is there separation of responsibility in the receipt, payment, and recording of costs?

Select the appropriate response:

Yes

No

If you selected 'No' to any question above under the Internal Controls section, in the space provided below please explain what action will be taken to ensure accountability.

Enter your explanation:

Budget Details Information






Introduction

This **Budget** section of your application details budget line items for your proposed project. To create a new budget line item, click on the icon in the **New Budget Item** column. You will be directed to a different area on this page to make selections specific to the budget category. After making your selection, write a brief description of the line item in the **Expenditure Description** box and enter the amount of OOG funds, Cash Match, and if applicable, In Kind Match in the areas provided. In the percentage box, you can enter a percentage for Personnel or number of items to be purchased for Supplies and/or Equipment. When you have finished, click on the **Add New Budget Line Item** button. Repeat this process for each budget line item needed in each budget category. If you need to edit your entries, click on the '+' icon to expand the budget grid. You will notice that a *pencil* icon will display after expanding the grid. Click on the *pencil* icon to be directed to the editing section on this page and follow the instructions in this area to complete your edits. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not

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-  = a **plus** icon – click on this icon to expand a list of items.
-  = a **minus** icon – click on this icon to collapse a list of items.
-  = a **new** icon – click on this icon to add a new item.
-  = a **pencil** icon - click on this icon to edit your selections.
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Budget Information by Budget Line Item:

CATEGORY	SUB CATEGORY	DESCRIPTION	CJD	CASH MATCH	IN-KIND MATCH	GPI	TOTAL	UNIT/ %
Personnel	Advocate	Advocate-- Provides crisis intervention, advocacy and counseling, safety planning, information and referrals, follow up and personal advocacy--cc	\$12,900.00	\$0.00	\$0.00	\$0.00	\$12,900.00	40
Personnel	Advocate	Advocate-- Provides crisis intervention, advocacy,	\$10,700.00	\$0.00	\$0.00	\$0.00	\$10,700.00	38

		counseling, safety planning, information and referrals, follow up and personal advocacy--cc						
Personnel	Advocate	Advocate-- Provides crisis intervention, advocacy and counseling, safety planning, information and referrals, follow up and personal advocacy--fc	\$13,500.00	\$0.00	\$0.00	\$0.00	\$13,500.00	40
Personnel	Advocate	Advocate-- Provides crisis intervention, advocacy and counseling, safety planning, information and referrals, follow up and personal advocacy--gc	\$13,500.00	\$0.00	\$0.00	\$0.00	\$13,500.00	40
Personnel	Bookkeeper	Coordinates and performs all services relating to budgets, expenditures, personnel and related financial reports -- gc	\$13,500.00	\$0.00	\$0.00	\$0.00	\$13,500.00	25

Personnel	Case Manager	Case manager-- Provides crisis intervention, advocacy and counseling, group support, information and referrals, follow up contacts and personal advocacy and coordinates services to crime victims--cc	\$13,500.00	\$0.00	\$0.00	\$0.00	\$13,500.00	40
Personnel	Case Manager	Advocate Case Manager-- Coordinates the Victims of Crime program for the Center and provides emergency crisis intervention, safety planning, personal advocacy to clients--gc	\$14,500.00	\$0.00	\$0.00	\$0.00	\$14,500.00	40
Personnel	Counselor and/or Therapist (licensed)	Therapeutic Counselor-- LPC-- Provides crisis intervention, therapy, group support,	\$10,700.00	\$0.00	\$0.00	\$0.00	\$10,700.00	40

		information and referral, follow up contact, and/or personal advocacy --cc						
Personnel	Counselor and/or Therapist (licensed)	Therapeutic Counselor--LPC-- Provides crisis intervention, therapy, group support, information and referral, follow up contact, and/or personal advocacy --gc	\$13,500.00	\$0.00	\$0.00	\$0.00	\$13,500.00	25
Personnel	Data Entry Operator	Administrative Assistant-- Coordinates all grant data entry and statistical information regarding victims of crime grant--gc	\$9,650.00	\$0.00	\$0.00	\$0.00	\$9,650.00	30
Personnel	Director	Provides project direction, administrative and programmatic oversight of the program-- maintains	\$8,000.00	\$0.00	\$0.00	\$0.00	\$8,000.00	20

		financial and service records for the project--- FC							
Supplies and Direct Operating Expenses	Electric, Gas, and/or Water / Wastewater	Utilities -- Electric, gas, water, waste disposal prorated for the Victims Assistance Project.	\$100.00	\$0.00	\$0.00	\$0.00	\$100.00	0	
Personnel	Executive Director	Executive Director--- Provides projects direction, administrative and programmatic oversight of the victims assistance project--- gc	\$0.00	\$5,000.00	\$0.00	\$0.00	\$5,000.00	7	
Supplies and Direct Operating Expenses	Fidelity Bonding	Crime bond	\$50.00	\$0.00	\$0.00	\$0.00	\$50.00	0	
Travel and Training	In-State Registration Fees, Training, and/or Travel	Local mileage @.445 per mile for project staff to provide transportation and services to clients across a large geographic area including Cooke,	\$200.00	\$0.00	\$0.00	\$0.00	\$200.00	0	

		Fannin, and Grayson counties						
Supplies and Direct Operating Expenses	Office Supplies (e.g., paper, postage, calculator)	Office supplies prorated by use for Victim assistance project--- paper, pens, copies, etc--	\$700.00	\$0.00	\$0.00	\$0.00	\$700.00	0
Supplies and Direct Operating Expenses	Project Supplies (e.g., binocular, battery, flexicuff, drug testing kit)	Donations of supplies, food for shelter, 911 ready phones for clients, clothing for clients, general supplies for operation of the Victims Assistance Project.	\$0.00	\$0.00	\$28,750.00	\$0.00	\$28,750.00	0

Source of Match Information



Introduction

The **Source of Match** section of your application collects information regarding the source and amount of **Cash Match** and **In Kind Match**. Please enter the description and amounts of match in the spaces provided below and select whether the item is 'Cash Match' or 'In-Kind Match'. After entering an item click on the **Add New Item** button. When an item has been added, it will appear in the 'Edit the Source(s) of Match Reported' table. You may edit each of the items added to this table by clicking on the 'pencil' icon. If you edited an item in the table, click on the 'diskette' icon to save your edited entries. For further information regarding matching funds refer to *1 TAC*, §3.3; for program income refer to *1 TAC*, §3.73 and §3.87. Click on the **Save and Continue** button at any time to save the information entered on this page. If you do not click on this button and navigate away from the page, your work will be lost. When you click the **Save and Continue** button, you may receive several error messages that instruct you to complete the required fields. Your data on any given tab will not save to the system until all required fields are

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Detail Source of Match/GPI:

DESCRIPTION	MATCH TYPE	AMOUNT
Executive Director's Salary for oversight of project---source is salary paid from undesignated funds	Cash Match	\$5,000.00
Donations of supplies, food, 911 ready phones, clothing, general supplies for victims	In Kind Match	\$28,750.00

Summary Source of Match/GPI:

Total Report	Cash Match	In Kind	GPI Federal Share	GPI State Share
\$33,750.00	\$5,000.00	\$28,750.00	\$0.00	\$0.00

Budget Summary Information

Budget Summary Information by Budget Category:

CATEGORY	CJD	CASH MATCH	IN-KIND MATCH	GPI	TOTAL
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Personnel	\$133,950.00	\$5,000.00	\$0.00	\$0.00	\$138,950.00
Supplies and Direct Operating Expenses	\$850.00	\$0.00	\$28,750.00	\$0.00	\$29,600.00
Travel and Training	\$200.00	\$0.00	\$0.00	\$0.00	\$200.00

Budget Grand Total Information:

CJD	CASH MATCH	IN-KIND MATCH	GPI	TOTAL
\$135,000.00	\$5,000.00	\$28,750.00	\$0.00	\$168,750.00

Condition Of Fundings Information

DESCRIPTION	CREATED	MET	HOLD FUND
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You are logged in as **User Name:** Ryan Clinton ; **UserName:** Clinton_Ryan * INTERNALUSER

Snapshot Description: Application - Reviewed by Intake

Created: 3/18/2010 1:20:59 PM