

**Agency Name:** Texoma Council of Governments/Elder Rights  
**Grant/App:** 2395601 **Start Date:** 9/1/2010 **End Date:** 8/31/2011  
**Fund Source:** VX-General Victim Assistance – Direct Services Programs  
**Project Title:** Elder Rights for Senior Victims Assistance Grant  
**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:**  
752039786

**Application Eligibility Certify:**  
Created on:3/2/2010 5:16:48 PM By:Ron Michael

## 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:** Texoma Council of Governments/Elder Rights

**Project Title:** Elder Rights for Senior Victims Assistance Grant

**Division or Unit to Administer the Project:** Area Agency on Aging of Texoma

**Address Line 1:** 1117 Gallagher Dr., Suite 200

**Address Line 2:**

**City/State/Zip:** Sherman Texas 75090

**Payment Address Line 1:** 1117 Gallagher Dr., Suite 200

**Payment Address Line 2:**

**Payment City/State/Zip:** Sherman Texas 75090-1797

**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:** Susan Thomas

**Email:** sthomas@texoma.cog.tx.us

**Address 1:** 1117 Gallagher Drive Suite 100

**Address 1:**

**City:** Sherman, Texas 75090

**Phone:** 903-813-3512 Other Phone:

**Fax:** 903-813-3511

**Agency:**

**Title:** Ms.

**Salutation:** Dr.

**Project Director**

**User Name:** Ron Michael

**Email:** rmichael@texoma.cog.tx.us

**Address 1:** 1117 Gallagher Drive Suite 200

**Address 1:**

**City:** Sherman, Texas 75090

**Phone:** 903-813-3580 Other Phone:

**Fax:** 903-813-3511

**Agency:**

**Title:** Mr.

**Salutation:** Mr.

**Financial Official**

**User Name:** Terrell Culbertson

**Email:** tculbertson@texoma.cog.tx.us

**Address 1:** 1117 Gallagher Drive, Ste 100

**Address 1:**

**City:** Sherman, Texas 75090

**Phone:** 903-813-3516 Other Phone: 903-813-3510

**Fax:** 903-813-3511

**Agency:**

**Title:** Mr.

**Salutation:** Mr.

## **Grant Writer**

**User Name:** Ron Michael

**Email:** rmichael@texoma.cog.tx.us

**Address 1:** 1117 Gallagher Drive Suite 200

**Address 1:**

**City:** Sherman, Texas 75090

**Phone:** 903-813-3580 Other Phone:

**Fax:** 903-813-3511

**Agency:**

**Title:** Mr.

**Salutation:** Mr.

## **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):** 752039786

**Data Universal Numbering System (DUNS):** 879884815

**Payment Address Line 1:** 1117 Gallagher Dr., Suite 200

**Payment Address Line 2:**

**Payment City/State/Zip:** Sherman Texas 75090-1797

## 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.

The Area Agency on Aging has worked with the senior and disabled population for 35 years and have well-trained professionals who are culturally sensitive to the elderly and disabled population and are expert at finding them relevant services in the community. Each program has an advisory board, which is comprised of at least 50% seniors and health care professionals. We have several advocacy programs including the Nursing Home Long Term Care Ombudsman and 3 Legal Assistance Benefits Counselors. Here are some of our programs: The Area Agency on Aging of Texoma is responsible for the development and coordination of a comprehensive

system of services for citizens over the age of 60 and for citizens with a disability residing in Cooke, Fannin, and Grayson Counties in North Texas. All services may now be reached by simply dialing 2-1-1, or calling the phone numbers listed below. Programs and services include: ?Texoma Area Information & Access Center / 2-1-1 ?Money Management Program ?Eldercare Information & Assistance ?Guardianship Program ?Elder Watch Home Care Management ?Benefits Counseling ?Nutrition & Activities ?Texoma RSVP Program ?Alzheimer's Caregiver Support & Education ? Foster Grandparent Program ?Parkinson's Support Group ?Nursing Home Ombudsman Program ?Grandparents/Relatives as Parents ?Faith in Action Volunteer Caregiver Program ?Medication Assistance Program ?Home By Choice ?Special Needs Registry

The overall goal of the programs for Older Texans is to promote lifelong independence, providing alternatives in long-term care options through a wide variety of services. All programs are funded in part by local contributions from individuals and businesses, foundations support, and funding received from the Older Americans Act and a variety of other federal grants. Ron Michael, Director Texoma Area Agency on Aging 903-813-3580 Rodrigo Muyschondt, Program Manager 903-813-3559 For more information, dial 2-1-1, Information & Referral Services Elder Rights Program The Elder Rights Counselors, located in each county, assist persons 60 years of age and older with the day-to-day complexities of public benefits, including benefit awareness, eligibility determination, application process, and advocacy. This program also serves persons with disabilities who are Medicare beneficiaries. The Elder Rights Program offers assistance and counseling on the following: ?Social Security ?Veterans Benefits ?Medigap Insurance ?Supplemental Security Income ?Public Housing ?Advanced Directives ?Medicaid ?Food Stamps ?Long Term Care Insurance ?Medicare ?Utility Assistance ?Advocacy with Creditors ?Advocacy with landlords ?Legal referrals to pro-bono/reduced fee legal program ?Advocacy at Administrative Hearing for Denied Benefits Consultation

**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 offense 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:

Terrell Culbertson

Enter the Address for the Civil Rights Liaison:

Texoma Council of Governments 1117 Gallagher Dr., Suite 470 Sherman, TX 75090-1797

Enter the Phone Number for the Civil Rights Liaison:

9038133516

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:

**Problem:** The problem this program addresses is the number of crimes against the elderly in Texoma. **Data:** In 2007, the Area Agency on Aging of Texoma conducted a Community Action Survey to which 328 seniors responded. 25% reported that they had been a victim of a crime during the past year or knew someone personally who had been victimized. Other statistics revealed about the responders: The three counties of Cooke, Grayson and Fannin, have a significantly higher concentration of elderly than the state average: 11,893 age 75+ 2,804 age 85+ Nearly 33% of persons 70+ live alone, with social isolation increasing vulnerability to crime. Nearly 39% of households 65 years of age and older in Texoma live on incomes less than \$10,000 annually. Thus, the negative impact resulting from the loss of their economic resources due to victimization is relatively higher. Statistics offered by the Texas Department of Protective and Regulatory Services indicate a continued increase in the number of elder abuse cases reported in the region. In 2008, 445 elder abuse cases were investigated in Texoma, and 258 of these cases were confirmed. We were the only agency in this region assisting the elderly and disabled victims of crimes with Victim's Assistance. Almost all of the VOCA providers work to assist children and women. The clients that we help in many ways, have no one to help them through the process of recovery when they become victims of crime. This is a fragile, disabled

population, which makes them targets of criminals.

**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:

With the highest percentage of elderly in the State, the Texoma Region offers fertile ground for crimes targeted at this vulnerable group. In 2005, the Area Agency on Aging of Texoma in cooperation with the Texas Attorney General's Office, AARP, and all of the law enforcement entities in Cooke, Grayson, and Fannin Counties signed TRIAD Cooperative Agreements committing to identify and offer ways of responding more effectively to the needs of older victims of crime. Following this initiative, the Area Agency on Aging established a Seniors and Lawmen Together Task Force to focus unified efforts on reducing criminal victimization against the elderly. The first VOCA grant was requested by the Texoma Senior Citizens Foundation (the 501(c)(3) component of the AAA) in 1996 to establish the Elder Rights for Senior Victims Program which provided resources and staff support to implement initiatives identified by the SALT. During this time, a survey completed by 328 senior citizens revealed that 25% of the respondents had been a victim of a crime during the past year, or knew someone personally who had been victimized; and over 43% reported fear of gang activity, vandalism, burglary, and fraud. The senior population over 60 in the Texoma region comprise 22% of the total population (1 in 5 people) compared to 14% in the rest of Texas (Texas State Data Center 2007).

**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:

In 2007, the Area Agency on Aging of Texoma conducted a Community Action Survey to which 328 seniors responded. 25% reported that they had been a victim of a crime during the past year or knew someone personally who had been victimized. Our agency has worked 35 years with the elderly and disabled population. We have an Advisory Council - Texoma Regional Advisory Council on Aging (TRAC) that keeps in contact with the needs and helps us prioritize services for seniors. All 28 Area Agencies on Aging do a 3 year community action plan setting priorities and making projections, which is updated and reviewed by local advocacy groups and is approved each year by the Texas Dept. of Aging and Disability Services (TDADS) in Austin. We work closely with Mental Health and Mental Retardation Authorities, Dept. of Assistive Rehabilitative Services, Adult Protective Services and other agencies to receive referred clients from them and for them to receive referred clients from us to create a seamless provision of access to services and programs which they need.

**Goal Statement:**

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

Enter a description for the overall goals and objectives:

SECTION 2. Goal Statement Our goal is to improve information, referral, assistance, and advocacy among law enforcement agencies and professionals serving the elderly in order to enhance access to victim's compensation and /or other public benefits by older victims of crime

and to help them navigate this system.

**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):

**TCOG COOPERATIVE WORKING AGREEMENT** This is to certify that the objectives of the grant application to the Criminal Justice Division of the Office of the Governor have been reviewed and that it is mutually agreed to cooperate to whatever extent is necessary in carrying out the objectives described in this application. In addition, if the outside organization has personnel assigned to the grant-funded project, that agency certifies that it is cognizant of the rules and regulations governing the operation of the grant and agrees to abide by any and all such rules or special conditions relating to the application. Part I: Applicant Organization **Texoma Council of Governments Elder Right for Senior Victims Assistance Grant Applicant's Organization Project Title Susan B. Thomas, PhD. Executive Director 3/04/10 Printed Name and Title of Applicant's Authorized Official Signature of the Applicant's Authorized Official Date** Part II: Outside Organization **Outside Organization Project Title Printed Name and Title of Outside Organization's Authorized Official Signature of the Outside Organization's Authorized Official Date**

**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:

[N.A.](#)

**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:

**Problem:** The problem this program addresses is the number of crimes against the elderly in Texoma. **Data:** In 2007, the Area Agency on Aging of Texoma conducted a Community Action Survey to which 328 seniors responded. 25% reported that they had been a victim of a crime during the past year or knew someone personally who had been victimized. Many seniors are widows who are living alone and fear burglary and violence against their person. This is in many cases a very vulnerable population due to chronic conditions, vision/hearing impairment, and other disabilities making them easy targets for criminal elements. Through this grant we plan to:

**Project Activities**

- (1) **Accessibility:** Establish visible and accessible Elder Rights offices and designate trained benefits counselors under the auspices of the Area Agency on Aging of Texoma in each county. To be performed by Elder Rights Coordinators:
- (2) **Law Enforcement Referral:** Clarify procedures with law enforcement entities and other victims of crime projects in this region for timely identification and referral of elderly victims of crime to the elder rights coordinator in each county for follow-up and counseling.
- (3) **Assessment:** Contact referred elderly victims of crime to determine if unmet needs exist, to screen for crime victims compensation eligibility, and to complete comprehensive benefits evaluation to determine if clients are accessing all public benefits to which they may be entitled.
- (4) **CVC:** Assist victims in filing of Crime Victims Compensation claims, applications for public benefits, and other available services in the community.
- (5) **Advocacy:** Represent clients upon request for appeals of denied public benefits and assist clients in obtaining proper legal counsel if required to resolve legal issues other than public benefits.
- (6) **Legal Referral:** Maintain and expand participation of attorneys in region who will offer pro-bono and/or reduced fee representation for low-income elderly for non-fee producing civil cases.
- (8) **Public Awareness:** We already do training sessions at Grayson County College for police cadets in Aging Sensitivity and understanding. We do legal awareness seminars in each of the counties working with Law Enforcement and the District Attorney's offices to teach about scams and fraud. This will not be a part of the grant, but we are aware that this is necessary. Disseminate news releases to all media and senior centers pertaining to current crime activities.






## **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 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

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 (%):

2

Domestic Abuse Percentage (%):

20

Child Abuse Percentage (%):

0

DUI / DWI Crashes Percentage (%):

5

Survivors of Homicide Percentage (%):

0

Assault Percentage (%):

30

Adults Molested as Children Percentage (%):

10

Elder Abuse Percentage (%):

33

Robbery Percentage (%):

0

Stalking Percentage (%):

0

Dating/Acquaintance Violence Percentage (%):

0

## Selected Project Activities:

ACTIVITY	PERCENTAGE:	DESCRIPTION
Legal Advocacy	40.00	Using Elder Rights Benefits Counslors to assess the level of legal advocacy needed to meet the needs and restorative condition of the client through connection to pro-bono

		legal services. Advocate for the client with legal services, the court system, law enforcement and adult protective services to help them to approach the legal system for help and to navigate the system for the best personal outcome.
Multi-Disciplinary Teams and Case Coordination	50.00	Using our Caregiver Specialists and Elder Watch Case Managers to do assessments, determine needed services and help for the client. To be go-betweens to provide seamless access to services from the community and other human service agencies to provide all of the assistance that the client needs and to help them with eligibility determination. Benefits Counselors can also assist with applications and advocacy with other human service agencies. Case managers will help them through the process and do periodic follow-up to evaluate acquisition of services and the client's status in the process. This would include assistance in filing for compensation benefits and other public assistance.
Peer Support Groups	5.00	Case managers will connect the clients to support groups working with other agencies including law enforcement contacts and through existing support groups that our agency presently has (Alzheimer's/Dementia, Parkinson's, Vision/Hearing Impaired, Grandparents as Parents and Caregiver Support Groups).
Professional Therapy and Counseling	2.00	Our staff can provide different levels and types of counseling. However, for the extremely traumatized victims we would find professional counseling services to help them achieve normalcy and a stable lifestyle again.
Protective Order Assistance	3.00	Our Case Managers, Ombudsman staff, and Elder Rights Benefits Counselors will assess a clients needs and determine if Protective Orders need to be filed to protect the physical and mental health of a client and to help remove the threats against them and to lower anxiety levels.

**Geographic Area:**

Our agency works in Cooke, Fannin and Grayson County, with includes 33 incorporated towns & cities.

**Target Audience:**

We serve seniors 60 and older, including those with disabilities in this 3 county region.

**Gender:**

Male and female

**Ages:**

60 years of age and older

**Special Characteristics:**

This elderly population has many special characteristics including one or more chronic conditions, vision/hearing impairments, using assistive devices (walkers, wheelchairs, canes & needing ramps at their homes). Many are no longer able to drive, they have house that are falling down around them or have abusive family members. Some have various types of disabilities. Many in this area are veterans. Some of them are Spanish speakers.





**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.

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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

<b>OUTPUT MEASURE</b>	<b>CURRENT DATA</b>	<b>TARGET LEVEL</b>
Number of counseling hours provided to survivors.	5	36
Number of times survivors are accompanied to court.	3	35
Number of final protective orders requested.	1	25
Number of meetings held by multi-disciplinary teams.	50	200
Number of support group sessions held.	65	110
Number of temporary protective orders requested.	2	40
Number of survivors assisted through the legal process.	5	150
Number of survivors assisted with crime victim compensation applications.	2	25
Number of survivors interviewed for case information.	38	300
Number of survivors participating in support groups.	17	60
Number of survivors receiving counseling / therapy.	5	5
Number of survivors receiving information and / or referral (in person / by phone).	125	300
Number of volunteers trained to provide direct assistance to victims / survivors.	3	3
Number of cases reviewed by the multi-disciplinary team.	25	300
Number of survivors contacted regarding court ordered restitution.	2	25

Custom Objective Output Measures

CUSTOM OUTPUT MEASURE	CURRENT DATA	TARGET LEVEL
-----------------------	--------------	--------------

#### Objective Outcome Measures

OUTCOME MEASURE	CURRENT DATA	TARGET LEVEL
Number of cases resulting in charges filed.	2	25
Number of children placed with a permanent care provider (for CASA programs).	2	2
Number of felony charges filed.	13	25
Number of felony convictions.	1	3
Number of final protective orders granted / obtained.	7	25
Number of temporary protective orders granted / obtained.	3	40
Number of victims / survivors who received professional counseling / therapy who are exhibiting an improvement in mental, emotional, and physical health.	2	9
Number of survivors receiving partial court ordered restitution.	1	25
Number of survivors receiving full court ordered restitution.	1	10

#### Custom Objective Outcome Measures

CUSTOM OUTCOME MEASURE	CURRENT DATA	TARGET LEVEL
------------------------	--------------	--------------

### 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**

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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]:

9/1/2010

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

8/31/2011

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:

6102300

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

2407000

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:

9/8/2009

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:

Terrell Culbertson, CFO/HR 1117 Gallagher Dr., Suite 470 Sherman, TX 75090-1797

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**

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#### Organizational Information

Enter the Year in which the Corporation was Founded:

1968

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

5/18/1987

Enter the Employer Identification Number Assigned by the IRS:

751292195

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

0

#### 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:

Note: I have changed the EIN number because we are applying for a program within TCOG that is also supported through the Texoma Senior Citizens Foundation. At first, I began the application for the Texoma Senior Citizens Foundation and I found out later on that I could apply directly with TCOG.

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 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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-  = 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/%
Travel and Training	In-State Registration Fees, Training, and/or Travel	Mileage for travel related to work	\$0.00	\$2,000.00	\$0.00	\$0.00	\$2,000.00	0
Personnel	Manager	CJ Case Manager	\$35,000.00	\$19,600.00	\$7,000.00	\$0.00	\$61,600.00	100



**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 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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**Detail Source of Match/GPI:**

DESCRIPTION	MATCH TYPE	AMOUNT
local funding sources	Cash Match	\$2,000.00
foundation grants	Cash Match	\$19,600.00
Existing AAA Staff Case Management	In Kind Match	\$7,000.00

**Summary Source of Match/GPI:**

Total Report	Cash Match	In Kind	GPI Federal Share	GPI State Share
\$28,600.00	\$21,600.00	\$7,000.00	\$0.00	\$0.00

**Budget Summary Information**

**Budget Summary Information by Budget Category:**

CATEGORY	CJD	CASH MATCH	IN-KIND MATCH	GPI	TOTAL
Personnel	\$35,000.00	\$19,600.00	\$7,000.00	\$0.00	\$61,600.00
Travel and Training	\$0.00	\$2,000.00	\$0.00	\$0.00	\$2,000.00

**Budget Grand Total Information:**

CJD	CASH MATCH	IN-KIND MATCH	GPI	TOTAL
\$35,000.00	\$21,600.00	\$7,000.00	\$0.00	\$63,600.00

**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 1:22:29 PM