

Grant Solicitation Workshop February 10, 2021



Department of Crime Victim Assistance Grants
Victims of Crime Act (VOCA)
Violence Against Women Act (VAWA)
State Victims Assistance Program (SVAP)



**OFFICE OF THE SOUTH CAROLINA ATTORNEY GENERAL
CRIME VICTIM SERVICES DIVISION
DEPARTMENT OF CRIME VICTIM ASSISTANCE GRANTS
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Important Grant Dates

AGO Grants opens for applications on February 10, 2021 at 12:00 p.m.

All Applications are due no later than April 1, 2021 at 5:00:00 p.m.

Grant projects begin on October 1, 2021*

***Contingent upon the availability of federal funds**



Eligible Applicants

- ❖ Units of Local Government
(Counties, Cities, Towns)
- ❖ Private, Non-Profit Agencies
- ❖ State Agencies
- ❖ Tribal Organizations



Victims of Crime Act (VOCA)

**FFY2021 total expected to be
\$16 million**

***Continuation grants will take priority**



State Victims Assistance Program (SVAP)

**FY2022 total expected to be
\$500 thousand**



VOCA and SVAP Program Priority Areas

- ❖ Sexual Assault
- ❖ Spousal Abuse
- ❖ Child Abuse and Neglect
- ❖ Underserved Victims of Violent Crime



VOCA and SVAP Allowable Projects

- ❖ **Programs that provide direct services to victims of violent crime**



VOCA and SVAP Unallowable Projects

- ❖ Prosecution
- ❖ Investigation
- ❖ Lobbying activities
- ❖ Fundraising
- ❖ Capital expenses including capital improvements
- ❖ Property losses and expenses
- ❖ Real estate purchases
- ❖ Mortgage payments



VOCA and SVAP Requirements

- ❖ Agencies must be able to demonstrate a record of providing effective services to victims of violent crime.

- ❖ Agencies must provide documentation of substantial financial support from sources other than VOCA/SVAP.

- ❖ Agencies must document that at least 25% of the agency's funding comes from other sources:
 - May include other federal funds
 - May include state/local funding
 - Non-federal funding support may be used towards the match requirement



Violence Against Women Act (VAWA)

**FFY2021 total expected to
be \$2.4 million**



VAWA Priority Program Areas

❖ VAWA funds may be used for projects that primarily focus on female victims of domestic violence, sexual assault, dating violence, and/or stalking.

❖ There are 20 priority purpose areas listed on the OVW website.

<http://www.justice.gov/ovw>



Allowable v. Unallowable Projects-VAWA

Allowable:

- ❖ Projects serving victims of Domestic Violence, Sexual Assault, Stalking, and Teen Dating violence above the age of 11.

Unallowable:

- ❖ Services to children under the age of 11.



Allowable Expenditures VOCA-VAWA-SVAP

- ❖ Salary
- ❖ Fringe benefits
- ❖ Equipment (items over \$2,500 not allowed)
- ❖ Training expenses
- ❖ Travel
- ❖ Software
- ❖ Contractual services
- ❖ Communication expenses
- ❖ Publication/Printing expenses
- ❖ Supplies
- ❖ Indirect cost (based on Personnel costs only)
- ❖ Administrative costs



Unallowable Expenditures VOCA-VAWA-SVAP

- ❖ Lobbying
- ❖ Fundraising
- ❖ Out of state travel
- ❖ Activities that endanger victims or hinder survivorship
- ❖ Purchases on behalf of another organization or for another organization's use
- ❖ Billboards
- ❖ Overtime, shift differential pay, bonuses
- ❖ Promotional items
- ❖ Prevention activities (allowable under VAWA)



Pre-Award Required Documents

- ❖ Organizational Chart
- ❖ Volunteer Job Descriptions (VOCA & SVAP only)
- ❖ Job Descriptions
- ❖ 501C3 Documentation (Non-Profit only)
- ❖ Travel Policy (Only if travel is included in the application)
- ❖ Lease (Only if Rent or Utilities are included in the application)



Documents No Longer Required

- ❖ Signed Memorandum of Agreements
- ❖ Board of Director Letter
- ❖ Outcome Based Evaluations (VAWA)
- ❖ Non-Governmental Inclusion Letter (VAWA)
- ❖ Legal Project Certification (VAWA)



Match

- ❖ Match funds are additional funds not previously allocated to activities funded under another project.
- ❖ Match funds cannot be other federal funds.
- ❖ Match funds used to match another project cannot be used.
- ❖ Native American tribal organizations are exempt from match requirements.



Match

VOCA and SVAP Match Requirements:

- ❖ Requires a 20% cash or in-kind match

VAWA Match Requirements:

- ❖ Requires a 25% cash or in-kind match
- ❖ Non-profit victims service agencies in the Direct Services category are exempt



Match

Cash Match:

- ❖ Hard Match that is listed on each line and totaled at the end of each category.

Sources of Cash Match:

- ❖ Funds from state or local units of government.
- ❖ Funds contributed from private sources.



Match

In-Kind Match:

- ❖ Soft Match that is listed once in the application
 - If volunteer hours or salary match is used, list in the “Personnel” section.
 - If rent is used, list once in the “Other” section.

Sources of In-Kind Match:

- ❖ Volunteer hours* (Allowable volunteer activities used as match are valued at \$25 per hour).
- ❖ Salary match from supporting staff funded with allowable sources.
- ❖ In-kind rent (if rented space is being donated).

*Project Directors, Board members, and grant-funded staff cannot be used as volunteers for match purposes



Calculating Match

- ❖ Grantor Amount Divided by 0.8 = X
- ❖ X multiplied by 20% = Match

- ❖ Example:
 - ❖ Grantor amount is \$100,000
 - ❖ $\$100,000 / 0.80 = \$125,000$
 - ❖ $\$125,000 \times 20\% = \$25,000$
 - ❖ \$25,000 is the match requirement



Match

How to Calculate Match

Formula					
Step 1	Award Amount	÷	% of Federal Share	=	Total (Adjusted) Project Cost
Step 2	Total (Adjusted) Project Cost	x	% of Recipient's Share	=	Required Match
Example					
Match Requirement - 80/20 (Federal/Recipient)					
Federal Award = \$100,000					
Step 1	\$100,000	÷	80% Federal Share	=	\$125,000
Step 2	\$125,000	x	20% Recipient's Share	=	\$25,000



VOCA Match Waivers

- ❖ For 2021-22, staff will once again be requesting a blanket waiver on all in-kind match for from OVC.
- ❖ Please be advised that if the match waiver is denied, the agency will be responsible for entire required match.
- ❖ Match waivers are for VOCA and SVAP projects only, OVW does not give match waivers for VAWA projects.



Personnel

List all of the grant-funded personnel under the Personnel category

- ❖ Includes in-kind salaries and volunteer hours
- ❖ Grant funded personnel cannot be claimed as in-kind match.
 - Example: 60% of J. Smith is funded via VOCA. The agency cannot claim the other 40% as in-kind match.



Employer Contributions

- ❖ Agency must list all of the fringe benefits in the narrative. Ex: Other will consist of LTD and AD&D
 - If the agency is using a combined fringe rate and listing it under “Other” documentation to support the percentage will be required.
- ❖ Workers Compensation Policy listing effective dates and rates will be required.



Travel

- ❖ List all of the items to reimbursed in the grant period. This includes but not limited to:
 - Airfare
 - Lodging
 - Per Diem
 - Parking
 - Baggage
 - Ground Transportation
 - Ride-share services (uber, taxi, etc.)



Equipment

- ❖ No equipment will be allowed in 2021 awards.
- ❖ The state considers equipment over \$2,500 and one year or more of useful life.



Other

- ❖ Rent and Utilities: Grant-funded personnel can receive a maximum of 150 sq. ft.
- ❖ Rent for multiple locations is allowable.
 - Only a total of 150 sq. ft. will be allowed for each grant funded personnel across all locations.
 - Utilities such as water, sewer, electricity, and gas will be reimbursed at rental percentage.
 - How to calculate rent?
 - Ex: The agency has 6 employees. The total square footage of the building is 3,500 and the monthly rent amount is \$2,300.

$$6 \times 150 = 900$$

$$900 / 3,500 = 25.7\% \text{ or } 26\%$$

$$\$2,300 \times 26\% = \$598$$



Multiple Locations

- ❖ Claiming rent, utilities, telecommunications, and other charges for personnel who work at multiple locations is allowable.
- ❖ The reimbursable rate will be determined by the percent of time spent at each location to not exceed 100% total.
 - For Example: J. Smith spends 60% at Columbia and 40% in Newberry. J. Smith will be calculated as 0.6 in Columbia's Rent and 0.40 in Newberry's Rent.



No Rent?

- ❖ If the agency is claiming utilities and does not claim rent:
 - A floorplan must be submitted to show square footage occupied for grant funded personnel to determine percentage of allowable utility reimbursement.



Other

- ❖ Reimbursement of other bills such as copier maintenance/lease, telecommunications, etc.
 - The reimbursement will be at the prorated percentage of grant funded personnel utilizing the products or services at the location.
 - An excel spreadsheet or other supporting documentation must be provided with each RFP to show the grant-funded employee names along with the total employees for each location.



Other Cont'd

- ❖ Please ensure a descriptive narrative is provided for all items to be purchased.
 - i.e. Therapy Supplies - stress balls, dolls, etc.

- ❖ Office Supplies - A list will be supplied at grant opening of all allowable office supplies.
 - The items within the list provided do not need to be individually stated in the office supply line item narrative.
 - Any items not listed must be stated in the budget narrative for consideration and approval.



Indirect Costs

- ❖ Only payroll and fringe will be allowed.
- ❖ The agency can use their approved federally negotiated rate or the 10% de minimis.
 - De minimus rate can only be used if the agency has not previously had a federally negotiated rate.
 - Expired rates-agency will not be allowed to claim indirect cost on RFPs if rate is expired.



Revisions

- ❖ A maximum of two revisions will be allowed for a grant award period.
 - The first revision requested by the awarding agency will not count toward the two revision maximum.
 - Revisions for emergency purchases will be waived in counting the two revision maximum.
- ❖ No revisions will be accepted after June 30th unless extenuating circumstances arise.



QUESTIONS

?



ALAN WILSON

SOUTH CAROLINA ATTORNEY GENERAL

Applications open February 10, 2021 12:00 p.m.

Applications close April 1, 2021 5:00 p.m.

Sign In Overview



- Navigate to <https://AgoGrants.SCAG.GOV>
- Please do not share sign-in credentials or passwords
- Sign in with your username and password

Sign In with Username and Password

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STATE OF SOUTH CAROLINA

ALAN WILSON

SOUTH CAROLINA ATTORNEY GENERAL

[Sign In](#) [Register](#) [Redeem Invitation](#)

Sign in with a local account

* Username

* Password

Remember me?

[Sign In](#) [Forgot Your Password?](#)

- If you need assistance with your login or password, please email the jcorey@scag.gov, shoffman@scag.gov
- Password Policy
- 8 Characters
- At least one number, one upper case letter, one lower case letter, and a special character

Reset Password

- Select “Forgot Your Password”
- Enter your email address
- Email will be sent with instructions to reset password

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SOUTH CAROLINA ATTORNEY GENERAL

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Sign in with a local account

* Username

* Password

Remember me?

[Sign In](#) [Forgot Your Password?](#)

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STATE OF SOUTH CAROLINA

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SOUTH CAROLINA ATTORNEY GENERAL

Forgot your password?

* Email

Enter your email address

[Send](#)

Forgot your password?

Please check your email to reset your password.

Creating an Application

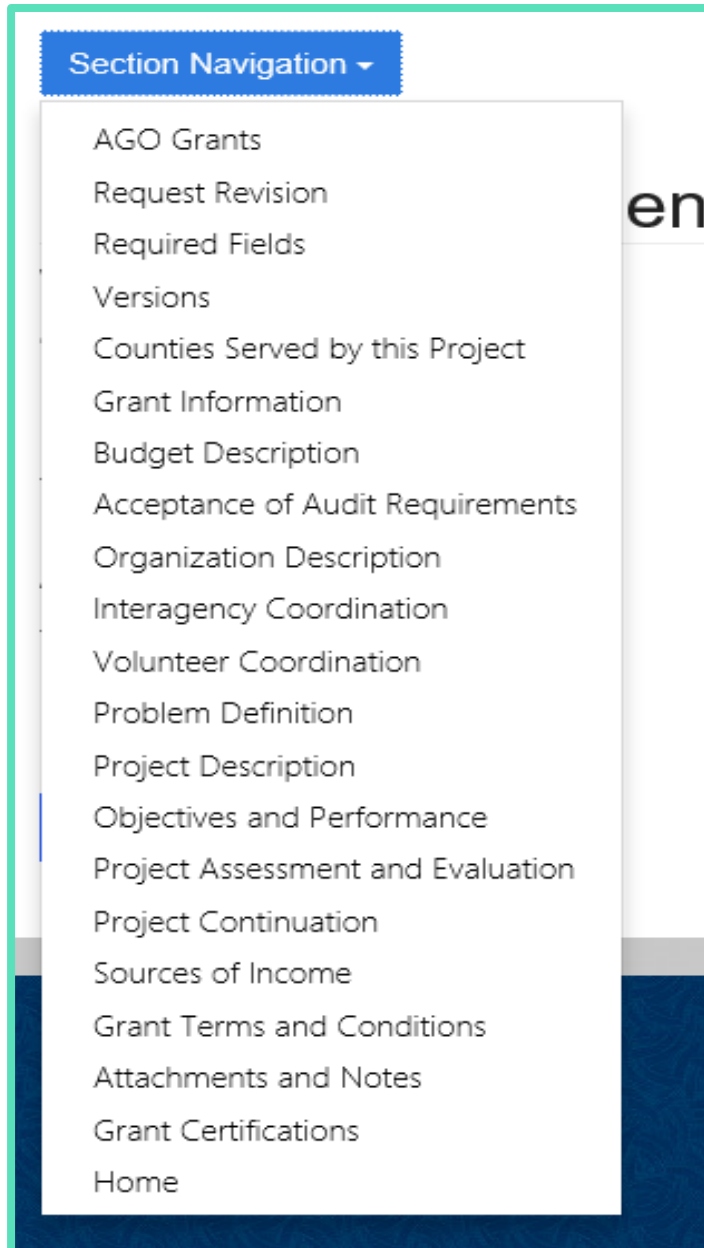
Grants & Applications

[+ Create](#)

Grant Number	Version Number	App Number ↑	Project Title	Submission Status	Grant Program	Grant Year	Project Director	Amount Approved	Amount Requested	Modified On ↑	
	Original	AV19185	VOCA test sheila	Draft	VOCA (Program) Victims of Crime Act	2020/2021				1/27/2020 12:42 PM	View Details Edit this version
	Original	AW20060	Test SVAP 3	Submitted	SVAP (Program) State Victims	2020/2021	Joe Corey			1/27/2020 12:42 PM	View Details

- Navigate to Grants and Applications Section
- Options are:
 - Create
 - View Details
 - Edit this version (when in Draft status)

Section Navigation Tab



- Section Navigation allows you to select the page you want to return to

Required Fields

Required Fields

Program Details

Agency Account *

*TEST Stark Industries

Project Title *

Test SVAP 3

Grant Year *

2020/2021

Organization Type *

State

Victims Served *

100

Grant Starting Period *

October 1, 2020

Number of Active Volunteers *

1

Grant Ending Period *

September 30, 2021

Project Director Contact *

Joe Corey

Authorized to Sign Contact *

Odin *TEST AllFather

Financial Officer Contact *

Sheila Hoffman

Application Ready to Submit? *

No Yes

Submission Status

Draft

Status *

Active

Program Funding

Grant Program *

SVAP (Program) State Vict

Save

LOOKUP RECORDS

Search

<input checked="" type="checkbox"/> Name ↑	Created On
SVAP (Program) State Victims Assistance Program	8/27/2018 2:12 PM
VAWA (Program) S.T.O.P. Violence Against Women	8/27/2018 1:57 PM
VOCA (Program) Victims of Crime Act	8/29/2018 6:30 AM

Select Cancel Remove Value

- All required fields will have a red asterisk *
- Select Save to move to the next page

Counties Served

Section Navigation ▾

Counties Served by this Project (Required)

To be Completed by the Agency

Statewide - Select All Counties

Counties this Project will Serve

<input type="checkbox"/> Abbeville-01	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Hampton	<input type="checkbox"/> Oconee
<input type="checkbox"/> Aiken	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Horry	<input type="checkbox"/> Orangeburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Colleton	<input type="checkbox"/> Jasper	<input type="checkbox"/> Pickens
<input type="checkbox"/> Anderson	<input type="checkbox"/> Darlington	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Richland
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Dillon	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Saluda
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Laurens	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lee	<input type="checkbox"/> Sumter
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Lexington	<input type="checkbox"/> Union
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Florence	<input type="checkbox"/> Marion	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Charleston	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Marlboro	<input type="checkbox"/> York
<input type="checkbox"/> Cherokee	<input type="checkbox"/> Greenville	<input type="checkbox"/> McCormick	
<input type="checkbox"/> Chester	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Newberry	

Save

- Select the county or counties the project will serve
- Or select Statewide if project applies to all counties
- Select Save to move to the next page

Grant Information

- Complete “Addresses to be Served” first
- Select Save to return to Grant Information page

Section Navigation ▾


Grant Information

1. Agency Addresses FEIN, DUNS Numbers

FEIN Number *

DUNS Number *

Agency Account *
*TEST Stark Industries

2. Addresses to be Served 

Address Type	Street Address 1	Street Address 2	City	State	Zip Code	County	Agency Account	Created On	SC Judicial Circuit District
--------------	------------------	------------------	------	-------	----------	--------	----------------	------------	------------------------------

3. Grant Period

Grant Starting Period * October 1, 2020

Grant Ending Period * September 30, 2021

General

Address Type *


Zip Code

County

Telephone

City

State



Grant Information

Section Navigation ▾

Grant Information

1. Agency Addresses FEIN, DUNS Numbers

FEIN Number *

DUNS Number *

Agency Account *

2. Addresses to be Served

Address Type	Street Address 1	Street Address 2	City	State	Zip Code	County	Agency Account	Created On	SC Judicial Circuit District
Administrative Office	1000 Assembly street		columbia	SC	29201	Richland		1/27/2020 9:40 AM	▾

3. Grant Period

Grant Starting Period *

Grant Ending Period *

- Complete all sections
- FEIN and DUNS, Agency Account
- Grant Starting and Ending Period will auto populate

Grant Information

Section Navigation ▾

Grant Information

4. Project Title (100 Characters Maximum)

victim

5. Project Summary (300 Characters Maximum)

6. Type of Application

Type of Application *

New

New

Continuation

Grant Year *

2020/2021

Number of Years Funded *

- Project Title
- Project Summary
- Type of Application & Number of Years Funded (0 for new)

Grant Information

Section Navigation ▾

Grant Information

7. Organization Type

Organization Type *

State

Unknown
State
County
Municipality
Non-Profit 501(c)3

8. Budget Summary (Read-Only)

Grantor Personnel	Agency Match Personnel	Personnel Total
<input type="text"/>	<input type="text"/>	—
Grantor Contractual Services	Agency Match Contractual Services	Contractual Services Total
<input type="text"/>	<input type="text"/>	—
Grantor Travel	Agency Match Travel	Travel Total
<input type="text"/>	<input type="text"/>	—
Grantor Equipment	Agency Match Equipment	Equipment Total
<input type="text"/>	<input type="text"/>	—
Grantor Other	Agency Match Other	Other Total
<input type="text"/>	<input type="text"/>	—
Grantor Total	Agency Match Total	Total
—	—	—
Grantor Percentage	Agency Match Percentage	Total Percentage
—	—	—

- Organization Type
- Budget Summary (Read-only)

Grant Information

The screenshot shows a web form titled "Grant Information". At the top left, there is a blue button labeled "Section Navigation". Below it, the form title "Grant Information" is displayed. The main section is titled "9. Appropriation of Non-Grantor Matching Funds" and contains a sub-section "Non-Grantor Matching Funds Source". A dropdown menu is open, showing options: "State", "County", "City", and "In Kind". A green arrow points to the dropdown menu. Below the dropdown is a text input field with a placeholder "(2,000 Maximum)". At the bottom of the form, there is a blue button labeled "Save" with a green arrow pointing to it. The form also includes a text area titled "Other Source of Non-Grantor Matching Funds (Explain) (2,000 Maximum)" with the instruction "List all source of appropriation of non-grantor matching funds."

- Select appropriation of Non-Grantor Matching Funds
- List all sources in the box below
- Select Save to move to the next page

Creating Budget Line Items

Section Navigation ▾

Budget Description

Personnel Salaries and Matching Funds

[+ Create](#)

Budget Line Item Name ↑	Budget Line Item Category	Personnel Salaries Grantor Total	Personnel Salaries In-Kind Total	Personnel Salaries Cash Total	Personnel Salaries Total	Personnel Salaries Total	Budget Category and Matching Funds	Budget Line Item Narrative
There are no records to display.								
Grantor Personnel			Agency Match Personnel			Personnel Totalled		
—			—			—		

Employer Contributions (Fringe Benefits)

[+ Create](#)


Budget Line Item Name ↑	Budget Line Item Category	Employer Contributions Grantor Total	Employer Contributions In-Kind Total	Employer Contributions Cash Total	Employer Contributions Total	Employer Contributions Total	Budget Category and Matching Funds	Budget Line Item Narrative
-------------------------	---------------------------	--------------------------------------	--------------------------------------	-----------------------------------	------------------------------	------------------------------	------------------------------------	----------------------------

- Select Create to add new Line Item for:
 - Personnel Salaries
 - Employer Contributions (Fringe Benefits)
 - Contractual Services
 - Travel
 - Equipment
 - Other

Creating Budget Line Item for Personnel

Budget Description

Personnel Salaries and Matching Funds



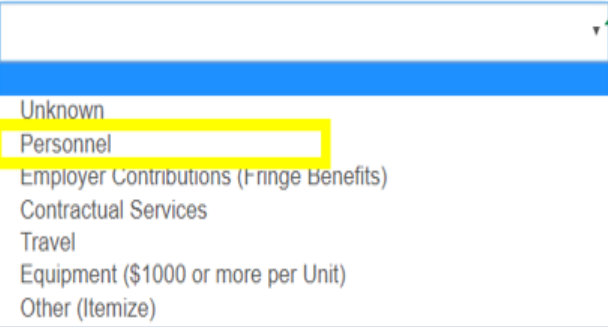
Budget Line Item Name ↑	Budget Line Item Category	Personnel	Personnel	Personnel	Personnel	Budget
-------------------------	---------------------------	-----------	-----------	-----------	-----------	--------

- Select Create to add new Line Item

Budget Line Item Details

Budget Line Item Title - Matching Funds and Categories

Budget Line Item Category



Unknown

Personnel

Employer Contributions (Fringe Benefits)

Contractual Services

Travel

Equipment (\$1000 or more per Unit)

Other (Itemize)

Creating Budget Line Item for Personnel

Section Navigation ▾

Budget Description

Budget Line Item Details

Budget Line Item Title - Matching Funds and Categories

Budget Line Item Category

Personnel

Budget Line Item Name *

Forensic Coordinator

Budget Line Item Narrative

To provide]

Personnel Salaries (by Position)

Personnel Title	% of Time	Hours/Pay Period
Forensic Coordinator	100	40

Personnel Salaries Grantor Total	Personnel Salaries Cash Total	Personnel Salaries In-Kind Total	Personnel Salaries Total
100	0	0	—

Submit

- Use the same job title under both Budget Line Item Name and Personnel Title
- Complete all fields including Percent of Time and Hours/Pay Period
- Apply zeros to non-applicable fields
- Select submit to return to Budget Description page

Creating Budget Line Item for Personnel

Personnel Salaries and Matching Funds

[+ Create](#)

Budget Line Item Name ↑	Budget Line Item Category	Personnel Salaries Grantor Total	Personnel Salaries In-Kind Total	Personnel Salaries Cash Total	Personnel Salaries Total	Personnel Salaries Total Totals	Budget Category and Matching Funds	Budget Line Item Narrative
There are no records to display.								

Grantor Personnel Agency Match Personnel Personnel Totaled Number Of Positions Funded by the grant

— — —

- NEW: Once the Personnel line items have been entered, complete the new field for Number of Positions Funded By The Grant

Creating Budget Line Item for Employer Contribution

Section Navigation -

Budget Description

Employer Contributions (Fringe Benefits)

Create

Budget Line Item Details

Budget Line Item Title - Matching Funds and Categories

Budget Line Item Category

Employer Contributions (Fringe Benefits)

Budget Line Item Name *

Employer Contributions

Budget Line Item Narrative

Employer Contributions to include, FICA, health, Retirement, Unemployment, and Dental

- Budget Line Item Name Employer Contributions (Fringe Benefits)
- All applicable fringe benefits that will be charged must be listed in the narrative
- Health and Dental must be separated

Creating Budget Line Item for Employer Contributions

Section Navigation -

Budget Description

Employer Contributions		
Social Security & Medicare (FICA) Grantor	Social Security & Medicare (FICA) Cash	Social Security & Medicare (FICA) In-Kind
<input type="text" value="100"/>	<input type="text" value="30"/>	<input type="text" value="10"/>
Retirement Grantor	Retirement Cash	Retirement In-Kind
<input type="text" value="10"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Workers Compensation Grantor	Workers Compensation Cash	Workers Compensation In-Kind
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Unemployment Insurance Grantor	Unemployment Insurance Cash	Unemployment Insurance In-Kind
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Health Insurance Grantor	Health Insurance Cash	Health Insurance In-Kind
<input type="text" value="75"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Dental Insurance Grantor	Dental Insurance Cash	Dental Insurance In-Kind
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Pre-Retirement Death Benefit Grantor	Pre-Retirement Death Benefit Cash	Pre-Retirement Death Benefit In-Kind
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Accident Death Benefit (Police Officer) Grantor	Accident Death Benefit (Police Officer) Cash	Accident Death Benefit (Police Officer) In-Kind
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Vision Benefit Grantor	Vision Benefit Cash	Vision Benefit In-Kind
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Long Term Disability Grantor	Long Term Disability Cash	Long Term Disability In-Kind
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Short Term Disability Grantor	Short Term Disability Cash	Short Term Disability In-Kind
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Life Insurance Grantor	Life Insurance Cash	Life Insurance In-Kind
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Other Employer Contributions (Itemize) Grantor	Other Employer Contributions (Itemize) Cash	Other Employer Contributions (Itemize) In-Kind
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="button" value="Submit"/>		

- Make sure grantor and match funds are entered on line item for each fringe the agency needs
- Enter zeros for fields not applicable
- Select submit to return to Budget Description page

Creating Budget Line Item for Contractual Services

Section Navigation -

Budget Description

Contractual Services

Budget Line Item Details

Budget Line Item Title - Matching Funds and Categories

Budget Line Item Category

Contractual Services

Budget Line Item Name *

Contractual Service

Budget Line Item Narrative

Language translation services to be used

Contractual Services (Itemize)		Price/Each
Contractual Services Title		
Language translator		75
Contractual Services Grantor	Contractual Services Cash	Contractual Services In-Kind
0	0	0

Submit

- List name
Contractual Services
- All Contractual Services that will be charged must be listed in detail in the narrative
- Example: Language translation services to be used for victim
- Select submit to return to Budget Description page

Creating Budget Line Item for Travel

Section Navigation -

Budget Description

Travel

Create

Budget Line Item Title - Matching Funds and Categories

Budget Line Item Category: Travel

Application Name

Budget Line Item Name *: Mileage

Budget Line Item Narrative: training for a workshop

Travel (Include Mileage, Airline Cost, Lodging, Per Diem, Parking, Car Rental)

Travel Category	Price/Each
Lodging	100

Grantor	Cash	In-Kind	Travel Total
100	0	0	—

Submit

- All Travel items must be listed as an individual line item:

- Mileage
- Airfare
- Per Diem
- Lodging
- Transportation
- Baggage

*No out of state travel

Select submit to return to Budget Description page

Creating Budget Line Item for Equipment

Section Navigation -

Budget Description

Equipment (\$2,500 or more per unit)

Create

Equipment Title

copier

Price/Each

3000

Quantity

1

Equipment Grantor Total

500

Equipment Cash Total

0

Equipment In-Kind Total

0

Equipment Total

Submit

- New line details
- Description of each item and the quantity to be purchased
- No Equipment allowed over \$2,500
- Select submit to return to Budget Description page

Creating Budget Line Item for Other

Section Navigation -

Budget Description

Other (Itemize)

[+ Create](#)

Budget Line Item Title - Matching Funds and Categories

Budget Line Item Category

Other (Itemize)

Budget Line Item Name *

Office Supplies

Budget Line Item Narrative

pens, paper, |

Other (Itemize)

Other Itemized Line Item Title

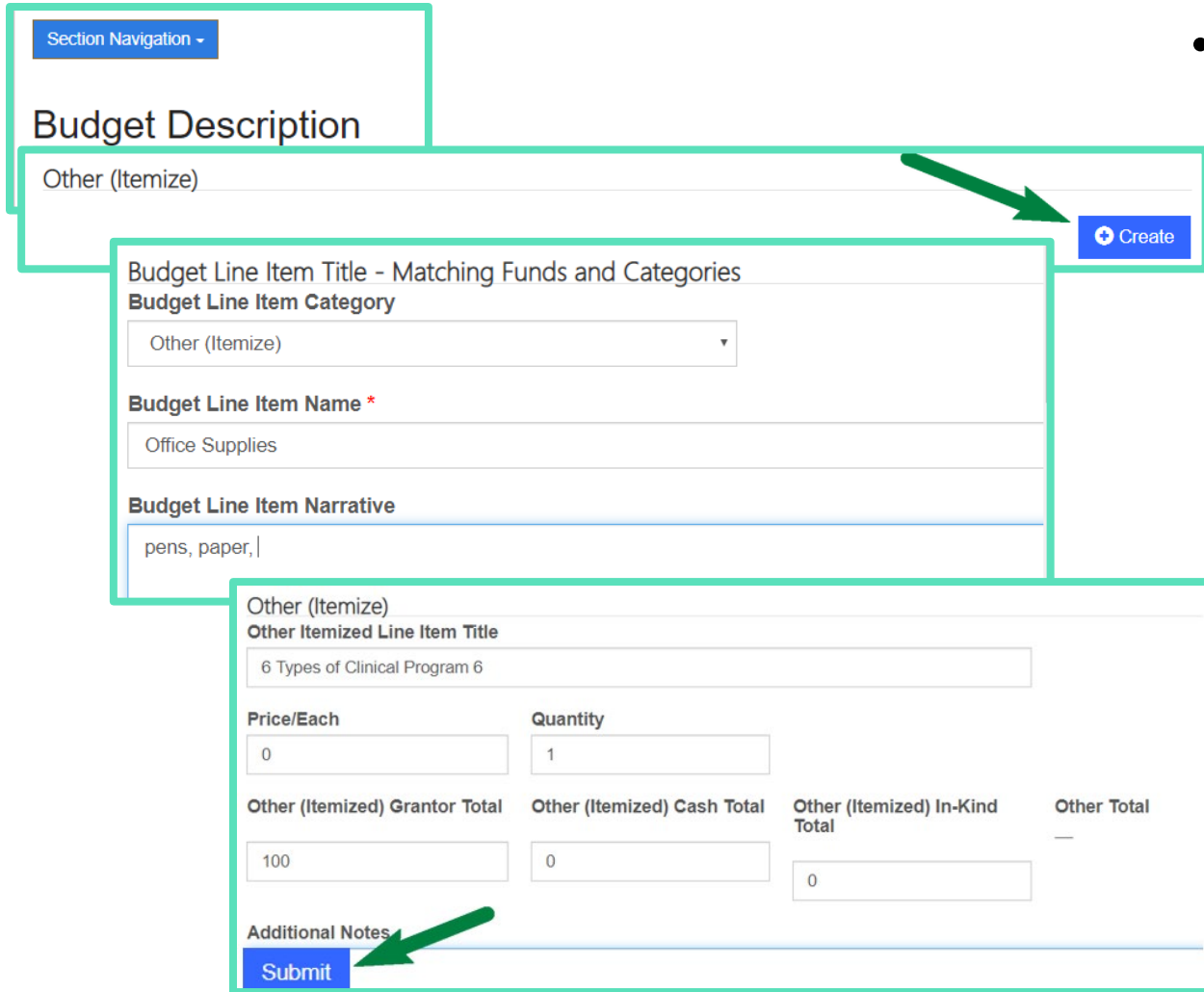
6 Types of Clinical Program 6

Price/Each	Quantity		
0	1		

Other (Itemized) Grantor Total	Other (Itemized) Cash Total	Other (Itemized) In-Kind Total	Other Total
100	0	0	—

Additional Notes

[Submit](#)



- Each Other expense will need an individual line item description

Individual line items would be as follows:

- Office Supplies
- Therapy Supplies
- Telecommunications
- Cell Phone Service
- Utilities
- Copier maintenance and Supplies
- Printing
- Rent

Select submit to return to Budget Description page ⁶₁

Creating Budget Line Items

Section Navigation -

Budget Description

Other (Itemize)

[Create](#)

Budget Line Item Name ↑	Budget Line Item Category	Other (Itemized) Grantor Total	Other (Itemized) In-Kind Total	Other (Itemized) Cash Total	Other Employer Contributions (Itemize)	Budget Category and Matching Funds	Budget Line Item Narrative
There are no records to display.							
Grantor Other			Agency Match Other		Other Total		
—			—		—		



[Save](#)

- Once you have entered all line items Select Save to move to the next page

Acceptance of Audit Requirements

Acceptance of Audit Requirements

Grant Number
—


Audit Period Start Date *  

Audit Period End Date 1/2/2021

Submit Audit By 10/2/2021

January 2020

Su	Mo	Tu	We	Th	Fr	Sa
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

 Save

NTS

ual audit is covered by the State Auditor's office do not have to complete this form.

n compliance with 2 CFR Part 200 – Uniform Administrative Requirements, whichever not required, at the end of each audit period we will certify in writing that we have not that would require a compliance audit (\$750,000). If required, we will forward for completed audit(s), including the management letter if applicable, to:

- Select Audit Period Start Date from the dropdown
- Other fields should populate automatically
- Select Save to move to the next page

Organization Description

Organization Description

Organization Description*

Instructions

Describe your organizational activities. A copy of your organizational chart, organizational structure, agency/program brochure, relevant job descriptions, etc. must be submitted. All organizations must justify and document how they currently/or plan to provide effective services to victims. For an existing program, describe your past success with victims. If your organization is new, provide information that your organization is structured and well organized in both fiscal and programmatic areas.

Program Narrative (5,000 maximum) *

- Complete section
- Select Save to move to the next page

Interagency Coordination

Interagency Coordination

Outline exactly how your agency promotes interagency coordination in public or private efforts to aid victims of crime. Document your involvement in victims of crime organizations, task forces, coordinating groups, etc. Also, define any procedures your organization has implemented or plans to assist victims seeking assistance through the victim's compensation fund and other related organizations or victim services. If your project is funded, you will be required to submit a Memorandum of Agreement. This document must be customized for your region and signed by all agencies listed on this page.

Interagency Coordination (5,000 maximum) *

Save



- Complete section
- Select Save to move to the next page

Volunteer Coordination

Volunteer Coordination

Instructions

Outline your volunteer program, including any information on how volunteers are trained. Please note that the use of volunteers is a requirement for all VOCA and SVAP projects and a copy of a volunteer job description will be required in the pre-award attachment section at the end of this application.

Number of Active Volunteers *

Volunteer Coordination (5,000 maximum)



- Complete section
- Select Save to move to the next page

Problem Definition

Problem Definition

Instructions

Describe the problem as it exists in your particular community. Identify the nature and magnitude of the specific program that you wish to address through the proposed project. Document any statements with valid, updated statistical data, outlining the source of your information.

Problem Definition (5,000 maximum)

Save



- Complete section
- Select Save to move to the next page

Project Description

Project Description

Instructions

Describe the broad goals of your project. In addition, describe a specific plan for conducting the program and a rationale for the tasks and activities to be employed to address the problem.

Victims Served *

Project Description *

Save

- Complete section
- Discuss the previous year's activities (including impacts from COVID, etc.)
- Include any information regarding victims served and services provided.
- Select Save to move to the next page

Objectives and Performance

Objectives and Performance

Instructions

List your Project Objectives and Performance Indicators below. Objectives are specific, quantified statements of expected results of the project. The Objectives must be described in terms of measurable events that can be expected under time constraints and resources. Performance Indicators are activities that evaluate and document your programs as to whether each Objective was successful. Performance Indicators should be matched to your specific Objectives, in a one to one ratio. (No more than five Objectives and Performance Indicators).

General

Name *

Project Objective Narrative

The Intensive Case Manager will complete initial comprehensive assessments, with patients identified as victims of crime by a primary care provider as part of the routine screening

Project Performance Indicator

The Project Director will report the total number of crime victims who were contacted by the Case Manager and completed the initial comprehensive needs assessments. |

Objectives and Performance

Performance Indicators

- Select Create
- Fill in Project Objective Narrative and Project Performance Indicator
- Select Submit to move back to Objectives and Performance
- Select Save on the Objective and Performance page

Project Assessment and Evaluation

Project Assessment and Evaluation

Instructions

Describe any planned methods or measurement tools that will be used to demonstrate how the project activities were successful. Please note that grant funds may not be used to perform needs assessments, surveys, evaluations, or studies.

Save



- Complete section
- Select Save to move to the next page

Project Continuation

Project Continuation

Instructions

Do you feel that this project will be self-sufficient if federal assistance is no longer available? If no, please explain and provide further documentation.

Project Continuation (5,000 maximum) *

Save




- Complete section
- Select Save to move to the next page

Sources of Income


Sources of Income

Instructions

List all of the total income that your agency received in the previous fiscal year and is receiving/expecting to receive in the current fiscal year. Complete all the information requested below.



Source of Funds ↑	Type of Funds	Most Recent Audit Funds Previous Year	Projected Funds Current Fiscal Year	Type of Funds That Are Allocated?
There are no records to display.				
Total Most Recent Audit Funds Previous Year	Total Projected Funds Current Fiscal Year			
—	—			



Source of Income Name *


Fundraising

Most Recent Audit funds Previous Year: 150,000

Projected Funds Current Fiscal Year: 150,000

Type of Funds: Donations

Source of Funds: Local



- Select Create
- Sources of Income Name= Awarding Source
- For Example: VOCA, VAWA, BCBS Foundation, Private Donations
- Type of Funds = Federal, State, Private
- Agency must enter previous year and current fiscal year funds
- Select Submit to return to Sources of Income page
- Select Save to move to the next page

Terms and Conditions

Grant Terms and Conditions

Grant Terms and Conditions
Terms and Conditions

Pre-Award Supporting Documentation

1. Organization Chart

Each sub recipient must submit an electronic copy of an organizational chart for your agency with the following information either included in the chart itself or as a document that cross-references the chart: Position title that matches the title shown on the grant application, full name of funded person in the position (if this is a new position or it is vacant, mark as such), the amount of actual salary paid to that person, and which funding sources (VOCA, SVAP, VAWA, FVPSA, United Way, local

Funding Stream Short Code

SVAP

Save



- Read ALL Grant Terms and Conditions
- Check box to acknowledge that you've read all Terms and Conditions
- Select Save to move to the next page

Required Documentation and Attachments – Pre Award

- Select Create
- Select Attachment Type first
- Attach your document
- Select Submit
- Continue same process for additional required documentation
- Select Save to move to the next page

Required Documentation and Attachments

Documents to Include
Organizational Chart, Job Description(s), Volunteer Job Description.
If Applicable:
IRS 501(c)3 Certification, Travel Policy, Lease.

Pre Award Attachments

Attachment Name *
Job Descriptions

Agency Account *
*TEST Stark Industries

Grant / Application *

Attachment Type (Required) *
Job Descriptions
Organization Charts
Volunteer Job Descriptions
Optional Documents
Not Applicable

Attach a File *
Choose Files No file chosen

Save **Create** **Submit**

The screenshot shows a web form titled "Required Documentation and Attachments". It is divided into sections: "Documents to Include" (listing required documents), "Pre Award Attachments", and "Attach a File". The "Attach a File" section is expanded to show a dropdown menu for "Attachment Type (Required)", with "Job Descriptions" selected. A "Choose Files" button is visible next to "No file chosen". Green arrows point to the "Save", "Create", and "Submit" buttons. The "Save" button is on the left, "Create" is on the right, and "Submit" is at the bottom of the expanded section.

Grant Certifications

Grant Certifications

Agency Account *
*TEST Stark Industries

Certification by Project Director
Project Director *

Project Director Typed Name * Certification Date Project Director *

Certification by Financial Officer
Financial Officer Contact *

Sheila Hoffman x q

Financial Officer Typed Name * Certification Date Financial Officer *

Certification by Authorized to Sign
Authorized to Sign Contact *

Odin *TEST AllFather x q

Authorized to Sign Typed Name * Certification Date Authorized to Sign *

Submit for Review
 SUBMIT FOR REVIEW? (Select "Yes", then click the BLUE SAVE BUTTON below)

Save

- Complete the Required fields
- When ready to submit your application:
 - Check **SUBMIT FOR REVIEW** box
 - Then select **Save**
 - Your application will now be read only
- Select **SAVE** to remain in draft status (do NOT check Submit for Review)

Grant Certifications

ALAN WILSON
SOUTH CAROLINA ATTORNEY GENERAL

The Department of Crime Victim Assistance Grants Portal
Crime Victim Assistance Grants

Agency Name * **Primary Contact** **Main Phone** **Website**
*TEST Stark Industries Paul Khelli 212 867 5309 <https://www.notreallyreal.com>

Grants & Applications

Grant Number	Version Number	App Number ↑	Project Title	Submission Status	Grant Program	Grant Year	Project Director	Amount Approved	Amount Requested	Modified On ↑
Original	AW22001	Test SVAP 3	Draft	SVAP (Program) State Victims Assistance Program	2021/2022					1/29/2021 4:44 PM
Original	AV21002	Production	Submitted	VOCA	2021/2022			\$82,360		1/27/2021

- Once submitted, you will be redirected to the home page



ALAN WILSON
SOUTH CAROLINA ATTORNEY GENERAL

NEED HELP?

Please contact:

agograntshelpdesk@scag.gov



ALAN WILSON
SOUTH CAROLINA ATTORNEY GENERAL

THANK YOU!

<https://agogrants.scag.gov>

2/7/2021