

# **Grant Solicitation Workshop February 7, 2020**



**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  
1205 PENDLETON STREET  
ROOM 401  
COLUMBIA, SOUTH CAROLINA 29201-3756**

**Burke Fitzpatrick Director**

**[bfitzpatrick@scag.gov](mailto:bfitzpatrick@scag.gov)**

**803.734.0787**



# DCVAG STAFF

## Programmatic

**Barbara Jean (BJ) Nelson**

**[bnelson@scag.gov](mailto:bnelson@scag.gov)**

**803-734-0791**

**Deputy Director, Department of Crime Victim  
Assistance Grants**

**Bonnie Brooks**

**[bbrooks@scag.gov](mailto:bbrooks@scag.gov)**

**Administrative Coordinator**

**803-734-1424**

**Joe Corey**

**[jcorey@scag.gov](mailto:jcorey@scag.gov)**

**Program Coordinator**

**803-734-0798**

**Ginger Dukes**

**[gdukes@scag.gov](mailto:gdukes@scag.gov)**

**Planner and Program Coordinator**

**803-734-0792**

**Sheila Hoffman**

**[shoffman@scag.gov](mailto:shoffman@scag.gov)**

**Program Coordinator**

**803-734-3751**

**Billy House**

**[bhouse@scag.gov](mailto:bhouse@scag.gov)**

**Program Coordinator**

**803-734-0785**



# DCVAG STAFF

## Financial

**Kim Buckley**

**[kbuckley@scag.gov](mailto:kbuckley@scag.gov)**

**Finance Director**

**803-734-3771**

**Laura Barnes**

**[lbarnes@scag.gov](mailto:lbarnes@scag.gov)**

**Senior Accountant**

**803-734-0788**

**Lynne Medlin**

**[lmmedlin@scag.gov](mailto:lmmedlin@scag.gov)**

**Senior Accountant**

**803-734-0911**

**Emily Merritt**

**[emilymerritt@scag.gov](mailto:emilymerritt@scag.gov)**

**Fiscal Technician**

**803-734-0582**



# Important Grant Dates

**AGO Grants opens for applications on February 7, 2020 at 12:00 p.m.**

**All Applications are due no later than April 1, 2020 at 5:00 p.m.\***

**Grant projects begin on October 1, 2020\*\***

**\*AGO Portal closes – no exceptions**

**\*\*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)**

**FFY2020 total expected to be  
\$26 million**

**\*Continuation grants will take priority**



# **State Victims Assistance Program (SVAP)**

**FY2021 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)**

**FFY2020 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



# Match

- ❖ VOCA/SVAP is 80/20
- ❖ VAWA is 75/25

## 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)<br>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

- ❖ New projects or substantially-increased projects may request a match waiver.
- ❖ The match waiver request must be submitted as an attachment with the application in **AGO Grants**.
- ❖ For a form and sample letter, please contact Joe Corey at [jcorey@scag.gov](mailto:jcorey@scag.gov)
- ❖ Please be advised that if the match waiver is denied, the agency will be responsible for entire required match.



# 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



# Personnel

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.
- ❖ The agency may use the non federal portion of partially funded personnel as cash match.
  - This cash matching portion may not be used as a match for other federal programs.



# 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 be reimbursed in the grant period. This includes but is not limited to:
  - Airfare
  - Lodging
  - Per Diem
  - Parking
  - Baggage
  - Ground Transportation
  - Ride-share services (uber, taxi, etc.)



# Equipment

- ❖ No equipment will be allowed in 2020 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 for all items outside of utilities and rent 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 0.4 in Newberry's rent.





# No Rent?

❖ If the agency is claiming utilities and does not claim rent:

- A floorplan or rental agreement 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.
  - Reimbursed at the established rent percentage for that location OR;
  - The reimbursement will be at the prorated percentage of grant funded personnel utilizing the products or services at the location.
    - If the agency chooses the latter option, an excel spreadsheet or other supporting documentation must be provided with each RFP to show the grant-funded employee names along with the employees totals 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.



# 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 30<sup>th</sup> unless extenuating circumstances arise.



# QUESTIONS ?



Applications open February 7, 2020 12:00 p.m.

Applications close April 1, 2020 5:00 p.m.\*

\*AGO Portal closes – no exceptions

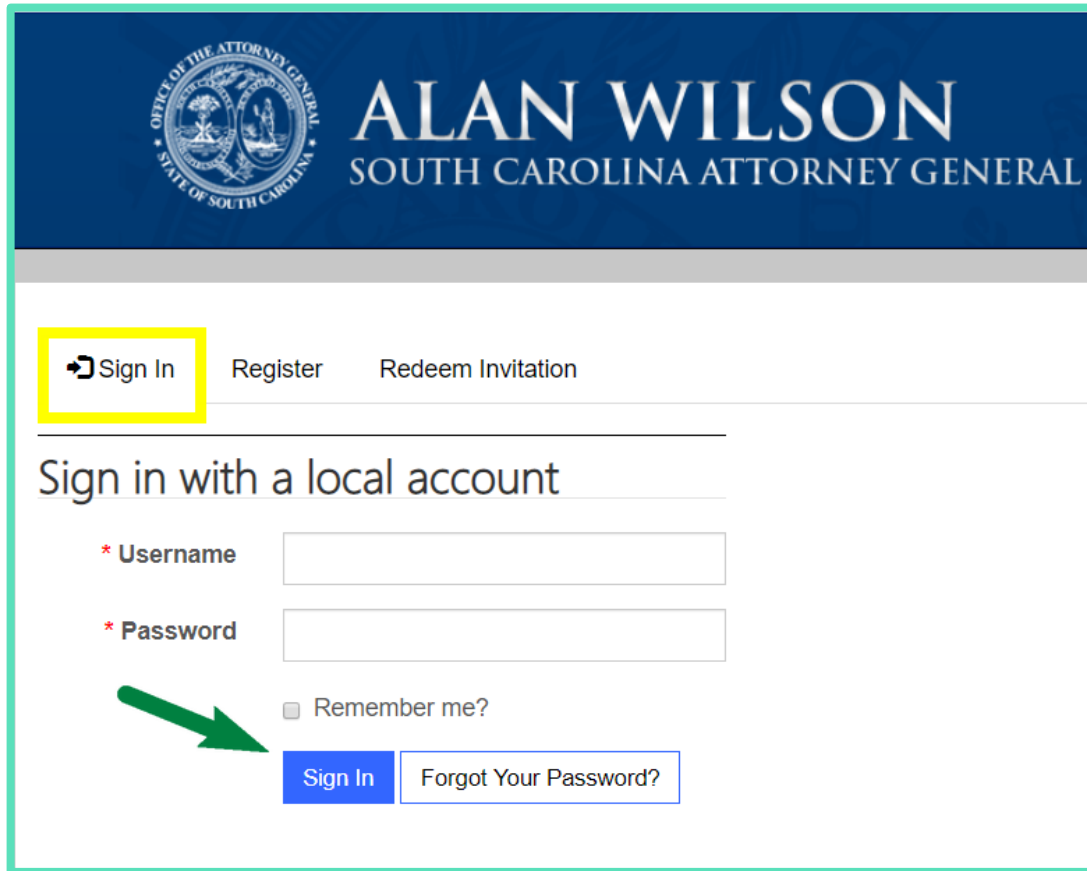
# Sign In Overview

- Navigate to <https://AgoGrants.SCAG.GOV>
- Please do not share Sign-in Credentials or Passwords
- Sign In with your agency user name and password





# Sign In with Username and Password

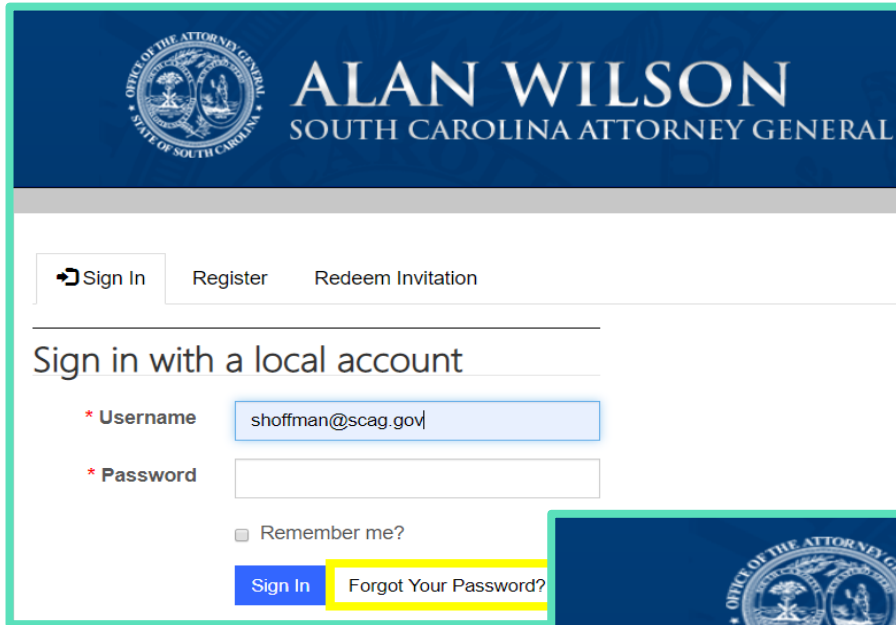


The screenshot shows the login page for the Office of the Attorney General, State of South Carolina, under the name ALAN WILSON. The page has a dark blue header with the state seal and the name. Below the header, there are three links: "Sign In" (highlighted with a yellow box), "Register", and "Redeem Invitation". The "Sign In" link is accompanied by a right-pointing arrow icon. Below these links, the text "Sign in with a local account" is displayed. There are two input fields: "Username" and "Password", both preceded by a red asterisk. Below the "Password" field is a checkbox labeled "Remember me?". At the bottom, there is a blue "Sign In" button and a link "Forgot Your Password?". A green arrow points to the "Sign In" button.

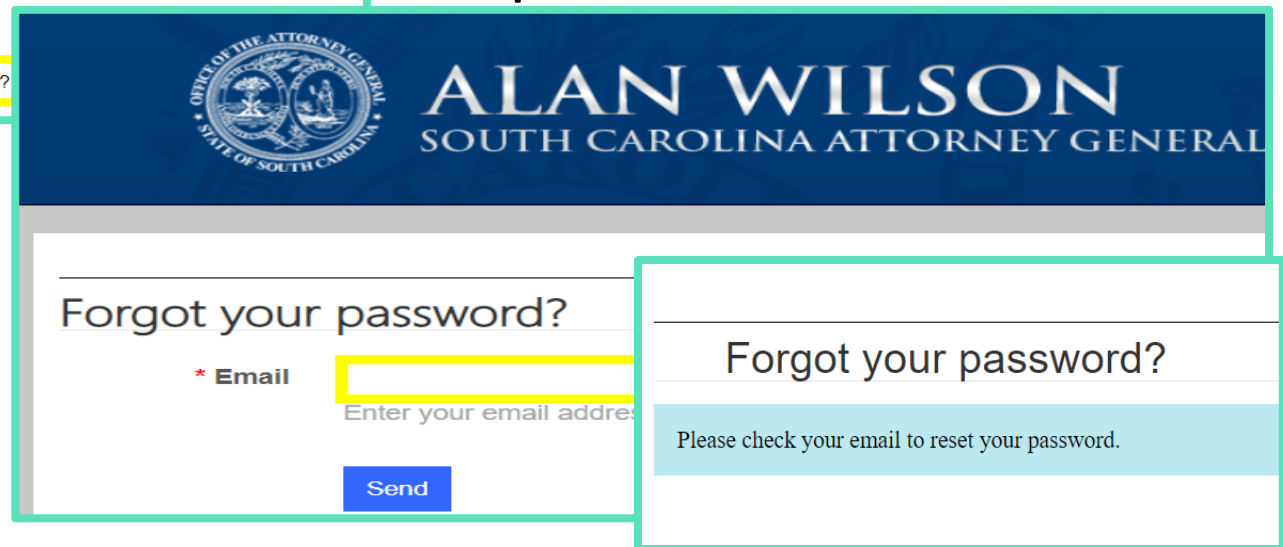
- If you need assistance with your login or password, please email the [agograntshelpdesk@scag.gov](mailto:agograntshelpdesk@scag.gov)
- Password Policy
  - 8 Characters
  - At least one number, one upper case letter, one lower case letter, and a special character

# Reset Password

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



The screenshot shows the top of the login page with the header "ALAN WILSON SOUTH CAROLINA ATTORNEY GENERAL" and the state seal. Below the header are three buttons: "Sign In", "Register", and "Redeem Invitation". Under the "Sign In" button, there is a section titled "Sign in with a local account". It contains two input fields: "Username" with the value "shoffman@scag.gov" and "Password" which is empty. Below these fields is a checkbox labeled "Remember me?". At the bottom of this section are two buttons: "Sign In" and "Forgot Your Password?". The "Forgot Your Password?" button is highlighted with a yellow border.



The screenshot shows the "Forgot your password?" page. It has the same header as the login page. Below the header, the text "Forgot your password?" is displayed. There is an input field for "Email" with a yellow border. Below the input field is the text "Enter your email address". At the bottom of the form is a blue "Send" button. To the right of the main form, there is a light blue box containing the text "Forgot your password?" and "Please check your email to reset your password."

# Navigating Grants and Applications

## The Department of Crime Victim Assistance Grants Portal

### Crime Victim Assistance Grants

**Agency Name \***      **Primary Contact**      **Main Phone**      **Website**  
\*TEST Stark Industries      Nancy2019 Kuppich2019      212 867 5309      https://www.notreallyreal.com

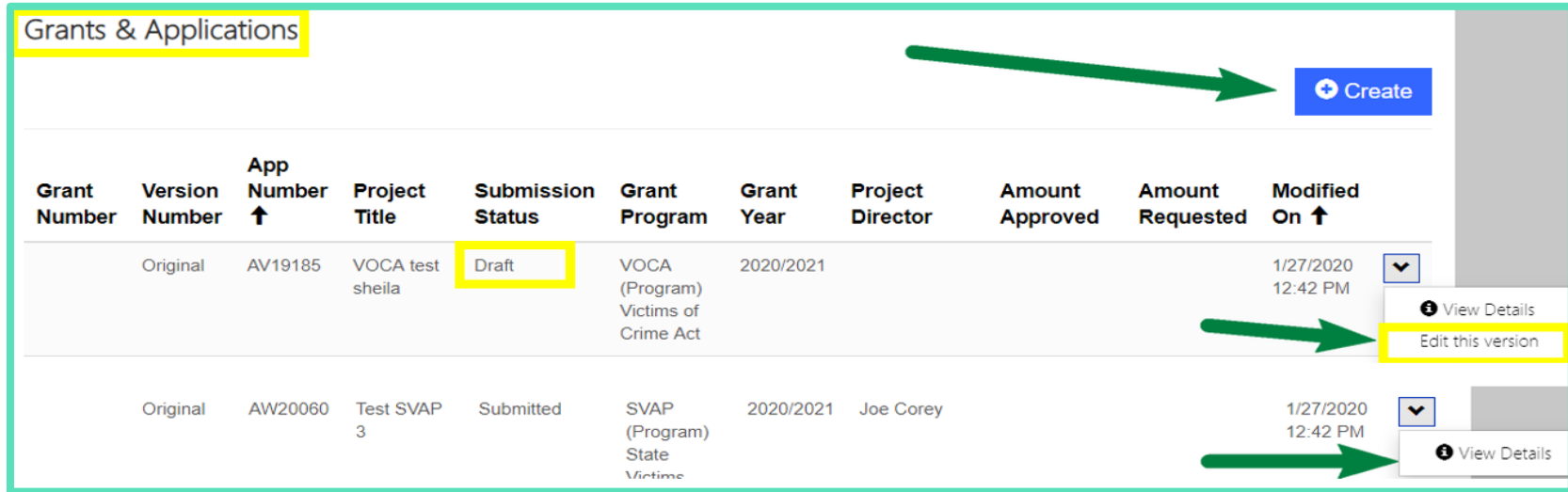
Grants & Applications

+ Create

| Grant Number | Version Number | App Number ↑ | Project Title | Submission Status | Grant Program                            | Grant Year | Project Director | Amount Approved | Amount Requested | Modified On ↑      |   |
|--------------|----------------|--------------|---------------|-------------------|--|------------|------------------|-----------------|------------------|--------------------|---|
|              | Original       | AV19184      | VOCA Test 3   | Draft             | VOCA (Program) Victims of Crime Act      | 2020/2021  |                  |                 |                  | 1/10/2020 11:19 AM | ▼ |
|              | Original       | AK19072      | VAWA TEST 3   | Draft             | VAWA (Program) S.T.O.P. Violence Against | 2020/2021  |                  |                 |                  | 1/10/2020 11:18 AM | ▼ |

- Navigate to Grants and Applications Sections
- 2020-2021 Application Creation
- 2019-2020 Grant Revisions
- 2019-2020 Requests For Payment

# Creating 2020-2021 Applications



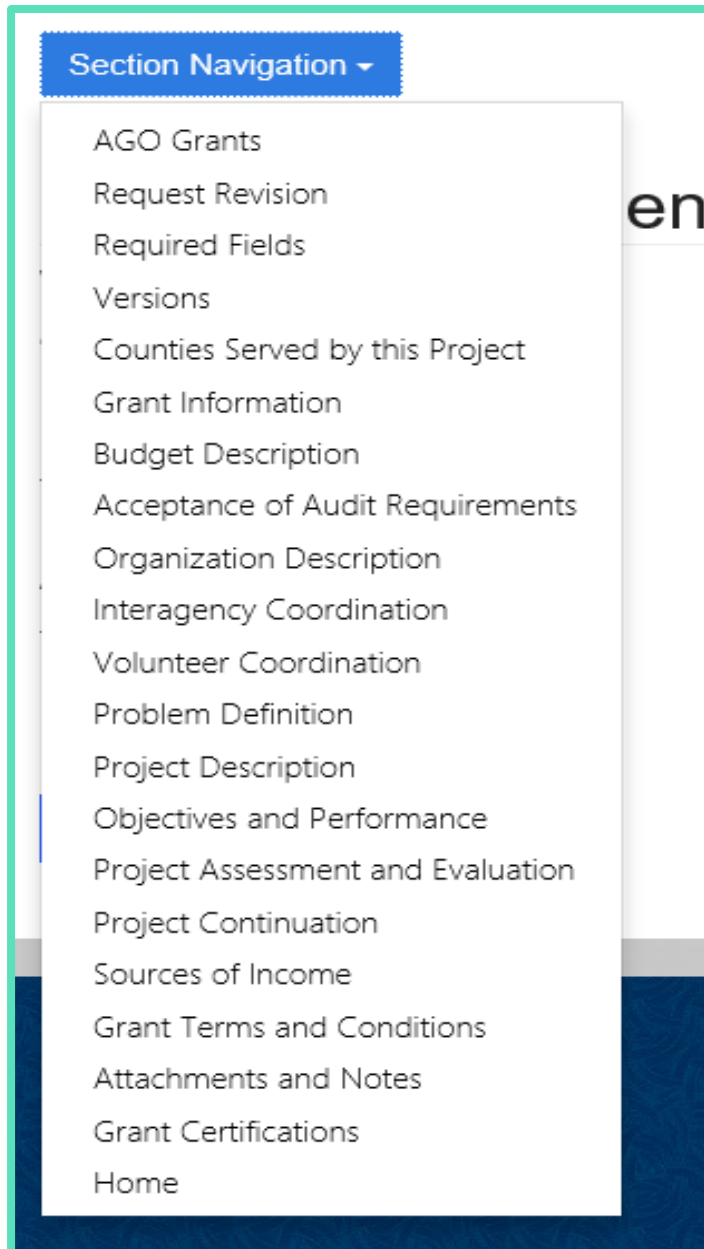
Grants & Applications

[+ 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 | <div><div>View Details</div><div>Edit this version</div></div> |
|              | Original       | AW20060      | Test SVAP 3      | Submitted         | SVAP (Program) State Victims        | 2020/2021  | Joe Corey        |                 |                  | 1/27/2020 12:42 PM | <div><div>View Details</div></div>                             |

- Navigate to Grants and Applications Section
- Options are:
  - Create a New Application
  - View Details
  - Edit this version – when in Draft status

# Section Navigation Tab



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

# Creating 2020-2021 Applications

## 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



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

# Creating 2020-2021 Applications

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

# Creating 2020-2021 Applications

- 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

Create

| 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 \*

Unknown

Administrative Office

Mailing Address

Service Location

Satellite Office

Site Monitoring Location

Zip Code

County

Telephone

City

State

Save



# Creating 2020-2021 Applications

Section Navigation ▾

Grant Information |

1. Agency Addresses FEIN, DUNS Numbers

FEIN Number \*

DUNS Number \*

Agency Account \*

\*TEST Stark Industries

✕

🔍

2. Addresses to be Served

Create

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

3. Grant Period

Grant Starting Period \*

October 1, 2020

Grant Ending Period \*

September 30, 2021

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

# Creating 2020-2021 Applications

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)

# Creating 2020-2021 Applications

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)

# Creating 2020-2021 Applications

Section Navigation ▾

Grant Information

9. Appropriation of Non-Grantor Matching Funds

Non-Grantor Matching Funds Source

9. Appropriation of Non-Grantor Matching Funds

Non-Grantor Matching Funds Source \*

State  
County  
City  
In Kind

Maximum) \*

Other Source of Non-Grantor Matching Funds (Explain) (2,000 Maximum) \*

List all source of appropriation of non-grantor matching funds.

Save

- Select appropriation of Non-Grantor Matching Funds
- Source of Non-Grantor Matching Funds: List all
- 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 Totaled             |                          |                          |                                    |                            |
| —                                |                           | —                                |                                  | —                             |                          |                          |                                    |                            |

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 | 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

Create

- Select Create to add new Line Item

| Budget Line | Budget Line   | Personnel | Personnel | Personnel | Personnel | Budget       |                  |
|-------------|---------------|-----------|-----------|-----------|-----------|--------------|------------------|
| Item Name ↑ | Item Category | Salaries  | Salaries  | Salaries  | Salaries  | Category and | Budget Line Item |
|             |               | Grantor   | In-Kind   | Cash      | Total     | Matching     |                  |

## 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 (\$2500 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 Salary |
| 100                              | 0                             | 0                                |                  |

Submit


- Personnel Title = Budget Line Item Name = Funded Job Title
- Complete all fields (apply zeros to non-applicable fields)
- Example:
- Full Time Grant Funded Position = 100% time on grant and 80 hours/Pay Period (bi-weekly)
- Partially Grant Funded Position = 50% time on grant and 40 hours/Pay Period (bi-weekly)
- Select submit to return to Budget Description page

# 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)**

| Contractual Services Title |  | Price/Each |
|----------------------------|--|------------|
| Language translator        |  | 75         |

| Contractual Services Grantor | Contractual Services Cash | Contractual Services In-Kind | Contractual Services |
|------------------------------|---------------------------|------------------------------|----------------------|
| 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**

- Every line item requires a budget narrative

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

The screenshot shows a web interface for creating budget line items. It is divided into two main sections. The top section, titled 'Budget Description', contains a text input field with the value 'Equipment (\$2,500 or more per unit)' and a blue 'Create' button with a plus icon. A green arrow points from the text field to the 'Create' button. The bottom section, titled 'Equipment Title', contains a text input field with the value 'copier'. Below this are two input fields: 'Price/Each' with the value '3000' and 'Quantity' with the value '1'. At the bottom of this section are four input fields: 'Equipment Grantor Total' with the value '500', 'Equipment Cash Total' with the value '0', 'Equipment In-Kind Total' with the value '0', and 'Equipment Total' which is empty. A green arrow points from the bottom left towards a blue 'Submit' button.

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

The screenshot shows a web form for creating a budget line item. It is divided into three main sections, each highlighted with a green border and an arrow pointing to a specific action:

- Section Navigation:** A blue button labeled "Section Navigation" with a dropdown arrow.
- Budget Description:** A section containing a text input field with "Other (Itemize)" and a blue "Create" button with a plus icon. A green arrow points from the "Other (Itemize)" field to the "Create" button.
- Budget Line Item Title - Matching Funds and Categories:** A section containing:
  - A dropdown menu for "Budget Line Item Category" with "Other (Itemize)" selected.
  - A text input field for "Budget Line Item Name \*" with "Office Supplies" entered.
  - A text area for "Budget Line Item Narrative" with "pens, paper,|" entered.
- Other (Itemize) Other Itemized Line Item Title:** A section containing:
  - A text input field for "Other Itemized Line Item Title" with "6 Types of Clinical Program 6" entered.
  - Fields for "Price/Each" (0) and "Quantity" (1).
  - Summary fields: "Other (Itemized) Grantor Total" (100), "Other (Itemized) Cash Total" (0), "Other (Itemized) In-Kind Total" (0), and "Other Total" (—).
  - A text area for "Additional Notes" and a blue "Submit" button. A green arrow points from the "Additional Notes" area to the "Submit" button.

- 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

Each expense type must have a detailed descriptive narrative

- Select submit to return to Budget Description page

# 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 Totaled                          |                                    |                            |
| —                                |                           |                                | —                              |                             | —                                      |                                    |                            |


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 \*  1/2/2021

Audit Period End Date 10/2/2021

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
- 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) \*

Save

- 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 \*

111

Volunteer Coordination (5,000 maximum)

Save



- 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
- Select Save to move to the next page

# Objectives and Performance

- 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

## 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 \*

Objective/Indicator A

### 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. |

Submit

Create

## Objectives and Performance

Performance Indicators

Save

# 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.

**Create**

| 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 |                                       |                                     |                                   |
| —   | —   |                                       |                                     |                                   |

**Save**

**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

**Submit**

- 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
- You are required to comply with all conditions
- Select Save to move to the next page

# Required Documentation and Attachments – Pre Award

**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

**Buttons:** Save, Create, Submit

Green arrows point to the Save button on the left, the Create button on the right, and the Submit button at the bottom.

- Select Create
- Select Attachment Type first
- Attachment Name should be the same as Attachment Type
- All fields are required
- Attach your document
- Select Submit
- Continue same process for additional required documentation
- Select Save to move to the next page

# 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

**Financial Officer Typed Name \***

**Certification Date Financial Officer \***

**Certification by Authorized to Sign**  
**Authorized to Sign Contact \***

Odin \*TEST AllFather

**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)



**ALAN WILSON**  
SOUTH CAROLINA ATTORNEY GENERAL

## **NEED HELP?**

**Please contact:**

**[agograntshelpdesk@scag.gov](mailto:agograntshelpdesk@scag.gov)**



**ALAN WILSON**  
SOUTH CAROLINA ATTORNEY GENERAL

**THANK YOU!**

<https://agogrants.scag.gov>