

FY25 VAWA SA Funding Application Questions

****All applications must be submitted via the [form](#), submissions of this document will not be accepted. All questions with a * are required questions.**

1. Agency Information
 - a. *Organization Name
 - b. *Phone Number
 - c. *Mailing Address
 - d. *Organization Website
 - e. *Unique Entity Identifier (UEI)
 - f. *Tax ID/Employer Identification Number (EIN)
2. Primary Point of Contact (POC) - *This individual will be responsible for program planning, operation and administration under the grant agreement.*
 - a. *Primary Point of Contact (POC) First and Last Name
 - b. *POC Title
 - c. *POC Phone number
 - d. *POC Email
3. Financial Point of Contact - *Please include a financial point of contact if someone other than your primary POC will be handling the finances related to this grant.*
 - a. Financial POC First and Last Name
 - b. Financial POC Title
 - c. Financial POC Phone number
 - d. Financial POC Email
4. *Counties Served
5. *Type of Agency - Choose One
 - a. Court
 - b. Government Agency (State, County, or City)
 - c. Law Enforcement
 - d. Prosecution
 - e. Rape Crisis Center
 - f. SANE/SAFE Program
 - g. State Sexual Assault Coalition
 - h. Tribal Coalition
 - i. Tribal Government
 - j. Tribal Sexual Assault Program
 - k. University/School
 - l. Victim Services Sexual Assault Program
6. *Is your agency culturally specific? If yes, please explain?
7. Problem and Need - *To qualify for the sexual assault set-aside funding, programs must meaningfully address rape and sexual assault. Applications must meet the specific needs of sexual assault victims including ensuring that projects funded under the set-aside have a legitimate focus on sexual assault and that personnel funded under such projects have sufficient expertise and experience on sexual assault. Applications focusing or having an emphasis on prevention will not be eligible.*

- a. *Briefly describe your agency/organization and your mission/purpose.
 - b. *What is the need for sexual assault specific services in your area?
 - c. *How does your agency plan to address the sexual assault specific needs?
 - d. *How will this funding be used in your program?
 - i. This funding is for a new project.
 - ii. This funding will supplement an existing project.
 - iii. This funding will support a project that was previously funded but cut due to budget restrictions.
 - e. Please provide an explanation for your answer on how the funding will be used in your program.
8. Coordination of Efforts
- a. *What other sexual assault service providers are in your area?
 - b. *How do you plan to or currently work with others in your area to address barriers and gaps?
9. Budget - *A budget justification form is required as part of your application submission. If your application is approved a request for a more detailed budget will be needed at a later date.*
- a. *What is the total amount of funding you are applying for?
 - b. *Select all budget categories you are requesting funding for.
 - i. Personnel
 - ii. Fringe Benefits
 - iii. Travel
 - iv. Equipment
 - v. Supplies
 - vi. Contracted Fees
 - vii. Training
 - viii. Other
 - ix. Indirect Costs
 - c. If you are requesting Indirect Costs please indicate the rate you are requesting.
 - d. *Is your agency a 501(c)3? If not, how do you plan to meet the 25% match requirement?
10. *Goals - include up to 3 goals for this project. **One goal is required.** Each goal must align with at least one of the [VAWA Purpose Areas](#).
- a. Each goal should include:
 - i. *Description
 - ii. *Related purpose area(s), listed by purpose area number(s)
 - iii. *How will the goal be measured?
11. File submission - *Please include your agency's name in the title of all documents submitted. All documents will need to be downloaded via links below, filled out, saved, and emailed to bsherratt@utah.gov before the application deadline in order to be complete.*
- a. *[Budget Justification](#) - required for all applying programs
 - b. *[VAWA Sexual Assault Set Aside Compliance Requirement Form](#) - required for all applying programs

- c. [Standards of Care for Rape Crisis Programs](#) - only required for Rape Crisis Programs
- d. 501(c)3 documentation - only required for new agencies
- e. SAM Verification - only required for new agencies