Utah GMS Instructions How to Apply for VOCA Funding

1- Log in to the Utah Grant Management System

https://utvictimsofcrime.my.site.com



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â	•••••	
	Log in	

Forgot your password?

If you experience issues while resetting your password, please contact your UOVC grant analyst.

2- VOCA

From the Home page select "VOCA"

Utah Office for Victims of Crime			
Home	My Applications	Support	

Welcome to the Utah Office for Victims of Crime Application Center

0



3-Apply Button

Select the brown "VOCA (Victims of Crime Act) Click Here to Apply" button



The system will populate your "new" grant.

Home	Mr. Applications	Support				
Home	My Applications	Support				
AND HELD	110 7 144 0 0 F O I III					
			,	VOCA Application		
	Application Number UOVCA-002064		Application Status New	Program End Sep 30, 2	I Date Created Date 026 1/24/2025, 2:52 PM	
				Applicant Into		
				Application Info		
				Required Files		
				Submit		
Files B	udget Payment Requ	uest Status Report Ame	endment			
🗈 Files (0)					•
				1 Upload Files		
				Or drop files		

To access the application at a later time, use the Award Record ID number located on the left side of the screen under the "My Applications" tab after logging into the system.

Utah Office for Victims of C	Xime		
Home My Applications	Support		
ALL			
Award Record ID	Project Title	Sub-Grantee Account	Status
UOVCA-000157	Victims Rights & Resources	COURT ON CORCOURSES	Completed
UOVCA-001655	UOVC Outreach and Victim Rights Coordinator VOCA Grant 2023-2025		Funded
UOVCA-001813	TEST ACCOUNT State Funding 2023-2024		Funded
UOVCA-001873			Funded
UOVCA-001874	UOVC Victims Services State Test Grant 2024-2025		Funded
UOVCA-001875	The Thousanth State Test App		Funded
UOVCA-002016	24/25 Live Test State Grant		Funded
UOVCA-002017	Live system SASP Test Grant		Funded
UOVCA-002020	VOCA Test Application Sept 2024		Funded
UOVCA-002025	TEST VAWA Grant Sept 24		Funded
UOVCA-002057			Submitted
UOVCA-002058			New
UOVCA-002065			New
UOVCA-002105	VOCA Test 2025-2027	CC37/OOVC-CVRC/Odd Each	New
View All			

4-Applicant Info

Select the "Applicant Info" button.

Home	My Applications	Support			
O O O O O O O O O O O O O O O O O O O	Victified O' COM				
			VOCA	Application	
	Application Number UOVCA-002064] [Application Status New	Program End Date Sep 30, 2026	Created Date 1/24/2025, 2:52 PM
				Applicant Into Application Info Required Films	
				Submit	
Files	Budget Payment Rec	quest Status Report Ame	ndment		
E Files	; (0)				•
			<u></u>	Upload Files	
				Or drop files	

Notice that the application status says "new". Also notate the application number in case you need to come back to the application at a later time. (See instructions in step 3)

If you are a returning applicant, much of the Applicant Info info will auto populate. If you are a new applicant, fill out the information.

Applicant Info				
Orga	ization	Î		
Organization Name CCJ/UVVC-CVRC/Outreach	Phone 8012382360			
Website				
https://crimevictim.utah.gov/				
Mailing Address Mailing Street				
350 East 500 South Ste 200				
Mailing City		Mailing State		
Salt Lake City		UT		
Mailing Postal Code		Mailing Country		
84111		US		
County				
Salt Lake				
Unique Entity (dentifier (UE))	Tax ID/Employer Identification Number (EIN)			
JTU4EQKVKAN1	876000545			
In the preceding fixeal year, did your agency receive 80 percent or more of its annual gross revenues in Federal awards and \$25,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues in Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues in Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from Federal awards and \$200,000,000 or more in annual gross revenues from \$200,000,000 or more in annual gross revenues in \$200,000,000 or more in annual gross revenues from \$200,000,000 or more in annual gross revenues in \$200,000,000 or more in annual gross revenues f	If yes, please provide the names and total compensation of and the public does not have access to this information. Se	the five most highly compensated afficers of your organization. This information is required by the Transparency Act 2 C.F.R. Part 170 - Reporting Subaward and Executive Compensation Information.		
		Cancel		

Fill out: Phone Website Mailing Address Unique Entity Identifier (UEI) Tax ID/Employer Identification Number (EIN) Answer the question In the preceding fiscal year, did your agency receive 80 percent or more of its annual gross revenues in Federal awards and \$25,000,000 or more in annual gross revenues from federal awards? Use the drop down to select yes or no.

Answer the question, If yes, please provide the names and total compensation of the five most highly compensated officers of your organization. There is a note that "This information is required by the Transparency Act and the public does not have access to the information..."

Scroll down the page.

Applicant Info				
Financial Poi	nt of Contact			
First Name	Last Name			
Title				
Phone	Email			
Pro	ect			
Project Short Title 0	Indirect Cost Percent			
	0.00%			
Project Short Description				
	<i>k</i>			
Project Period Start Date	Project Period End Date			
普				
Counties Served				
Available	Chosen			
Statevide				
Beaver	· · · · · · · · · · · · · · · · · · ·			
	Cancel Save			

Primary Point of Contact

Name and contact information

Financial Point of Contact

Name and Contact information

(Sometimes the financial point of contact information does not save. If this is the case for your agency please attach a document to the files section with the financial point of contact name and contact information.)

Project

Project Short Title should be Agency, Grant Funding Source and Years for example "UOVC VOCA 2025-2027". This helps identify your grant in the list of grants.

If you are taking indirect costs put the percent you are taking in "indirect cost percent."

Project Short Description is 2-3 sentences that describe your project. Enter the Project Period Start Date as "July 1, 2025" and the Project Period End Date as "June 30, 2027"

A helpful tip, hover over the gray circle with the "i" to open up helpful information about filling out the section.

	2-3 sentences describing your program
Short Descriptio	° (m
	C

Counties Served

To make a selection in this box, choose the county, or statewide and once it is highlighted use the arrows to move it to the "chosen" box.

Counties Served	
Available	Chosen
Beaver	Statewide
Box Elder	4
Cache	
Carbon	

You could move them back the same way.

When the Applicant Information is all entered choose the SAVE button at the bottom of the screen.

Statutory Authority for the Grant	CFDA Number
Office for Victims of Crime (VOCA)	16.575
Application ID Number	Award ID Number
Implementing Agency Type	•
None	
	Can 1 Save

When the Applicant Information has been entered the button will turn from blue to green and you will get a "Success Application Updated" Notification

e	Success Application Updated.	×

	VOCA Application				
Application St New	atus		Progra Sep	m End Date 9 30, 2026	
		Applicant Info			
	A	pplication Info			
		Required Files			
		Submit			
mendment					

5- Application Info Button



Select the Application Info button

Statement of Problem, Need, & Collaboration

Answer the narrative questions. As you type the characters remaining will tell you how much you have left.

Use the "information" icon to help explain specific information about each question.

1. Tell us about your organization: its mission, how long it has existed, the programs you offer, and who benefits from your services	STATEMENT OF PROBLEM, NEED, & CO
Characters remaining: 2500 2. What type(s) of victimization will this project focus on? What challenges do these victims face, and how will the funding help meet Characters remaining: 2500	Describe the steps you will take to ensure that underserved communities, including communities of color, culturally specific groups, tribal communities, and other marginalized populations, are aware of and have access to your agency's services. Be specific about outreach methods, partnerships, and engagement strategies you will use to connect with these communities effectively. 2010 chearchers max
3. What steps will you take to ensure communities impacted by inequity are made aware of and have access to your agency's services	
Characters remaining: 2500 4. How does the program plan and budget in this request specifically address the needs of the victims served by this program?	

Effective Services

	Application Info	
What strategies does your program use to evaluate its effectiveness and improve services?		
Characters remaining: 2300		
To demonstrate that your program provides effective services, attach data or evidence showing how you have successfu For returning agencies: Upload progress reports from the past year to meet this requirement. For reve agencies: Include examples such as key millestones, the number of idents served, service delivery metrics, program evaluations and the service delivery metrics.	Illy supported victims.	ler surveys, or outcomes that show improvements in client well-being or access to resources.
Use the "Files" tab in the application to upload your documents.		

Follow the directions here and attach to the files evidence that your agency provides effective services.

Program Plan

Select your goal, by choosing one of the 6 goals listed. When you choose the goal, the objectives or goal types will open up in the "available" box. Move the objectives or goal types over to the chosen box by selecting them and then the arrow. You can control "C" to select and move multiple goal types/objectives at the same time. You can move goal types/objectives out of the chosen box the same way.

		Application Info	
		PROGRAM PLAN	
Please complete the following fields to add goals and objectives to your ap	plication. You must click "Add Objective" below to add your obje	ctive before saving your application, otherwise c	ange
Goal 1. Informational & Referral 2. Personal Advocacy/Accompaniment 3. Emotional Support or Safety Services 4. Shelter/Housing Services 6. Direct Services Support 5. Criminal/Civil Justice System Assistance 			
Goal Type Available	Chosen		
Information about the Criminal Justice Process			
Information about victim rights, how to obtain notifications, etc.	4		
Referral to other victim service programs			

Choose the quantitative number will measure from the drop down either victims, services or other

None	
✓None	~
Victims	
Services	
Other	

Enter the Quantitative Number served by the goal in Year 1 and then in Year 2.

Describe the activities and methods in achieving the goal.

Provide position titles responsible for performing this goal. (They should be VOCA only funded positions.)

Quantitative Number served by this Goal Yr 1	Quantitative number served by this Goal Y2
Please describe your activities and methods in achieving this goal.	
Provide position titles responsible for performing this goal.	
Add Objection	
	\sim
	Cance

When you are done entering information for your goal select the ADD OBJECTIVE button at the left of the screen. **DO NOT use the "save" button to save your goals.**

The goal will save at the bottom of the screen under the "add objective" button

Add Objective										
			Program	Program Purpose	Goal Type	Number Served by this Goal Year 1	Number Served by this Goal Year 2	Quantitative number will measure	Activities and Methods in achieving this goal	Positions Responsible
	Delete	Edit	VOCA	Direct Services Support	Coordination/Multi-Disciplinary Response	12	10	Victims	aef	adf
										Cancel Sav
				-,						

You can edit or delete a goal using the edit and delete buttons.

		Program	Program Purpo
Delete	Edit	VOCA	Direct Service
Delete	Edit	VOCA	Personal Advocacy/Acc

Follow these steps to enter more than one goal. When you have entered all of your goals then choose the SAVE button

		Program	Program Purpose	Goal Type	Number Served by this Goal Year 1	Number Served by this Goal Year 2	Quantitative number will measure	Activities and Methods in achieving this goal	Positions Responsible
elete	Edit	VOCA	Direct Services Support	Coordination/Multi-Disciplinary Response	12	10	Victims	aef	adf
elete	Edit	VOCA	Personal Advocacy/Accompaniment		15	10	Services	dtfh	rth
elete	Edit	VOCA	Personal Advocacy/Accompaniment	Advocacy/Accompaniment to medical forensic exam	15	10	Services	fgjfdgh	sdfhsdth

When you save the Application Info, the button will turn from blue to green.

Applicant Info
Application Info
Application Inio
Required Files
Submit

6-Required Files

The required files include a box to click to acknowledge that agencies have read and understood the VOCA Certified Assurances and Grant Conditions. This box may appear unchecked even if you checkmark it. UOVC is aware of the issue and if it looks unchecked after saving or submitting, it is okay. It is important to review the Certified Assurances and Grant Conditions. Submission of that document will be addressed after grants are awarded.

	Required VOCA Documents
	VOCA 2023-2025 Documents
(Applicant acknowledges that they have read and understand the VOCA Certified Assurances and Grant Conditions and that if funds are awarded, the VOCA Certified Assurances and Grant Conditions will need to be signed by the Agency's Authorized Official as part of the award agreement.

In the Required files there are stars next to the documents that are required for your VOCA grant. (However your specific grant may require additional attachments based on what you have requested in your budget.)

Required Files
Required VOCA Documents
VOCA 2023-2025 Documents
Applicant acknowledges that they have read and understand the VOCA Certified Assurances and Grant Conditions and that if funds are awarded, the VOCA Certified Assurances and Grant Conditions will need to be signed by the Agency's Authorized Official as part of the award agreement.
Acknowledgement
•Grant and Match funded employee and volunteer job descriptions
*Current Agency Budget
*Budget Justification
*Organization Chart
Roster of governing board (non-profit only)
501c3(new non-profit only)
Cancel Save

To attach files scroll to the bottom of the screen to "File". Use the drop down arrow to select the file you wish to attach. Choose the file from the list.

Required Files		
Emergency Fund Policy (if applicable)		
Peretal Deenset Policy (if andirable)		
Grant and Match funded employee and volunteer job descriptions		1
Current Agency Budget		
Budget Justification		
Organization Chart		
Roster of governing board(non-profit only)		
501c3 if non profit		
Agency Travel Policy		
Emergency Fund Policy		
Rental Deposit Policy		
Office Space, Vehicle depreciation		
Contracts		
Salact File		-
Attach File		
Upload Files Or drop files		
		-
	Cancel	Save

Select "Upload Files" to open your computer location where you can select the file you wish to attach.

5 Open				×
$\leftrightarrow \rightarrow \sim \uparrow$	↓ > Downloads	~	C Search Downloa	م ds
Organize 👻 New fol	der			≣ - □ 0
A Home	Name	Date modified	Туре	Size
Callery	∽ Today			
	innamed (1)	1/24/2025 4:18 PM	JPG File	51 KB
OneDrive - Persi	🖻 unnamed	1/24/2025 3:21 PM	JPG File	37 KB
	Utah GMS Instructions How to Apply for State Funded	1/24/2025 2:17 PM	Adobe Acrobat Docum	1,107 KB
🔚 Desktop 🛛 🖈 🛛	2026-2027 State Funds Budget and Budget Justificatio	1/24/2025 1:58 PM	Microsoft Excel Worksh	176 KB
🛓 Downloads 🖈	2025-2026 State Funds Budget and Budget Justificatio	1/24/2025 1:58 PM	Microsoft Excel Worksh	176 KB
늘 Shared Space 🖈	2024-2025-State-Funds-Budget-and-Budget-Justificat	1/24/2025 1:56 PM	Microsoft Excel Worksh	176 KB
📑 Documents 🖈	Travel Reimbursement Policy (2)	1/24/2025 10:59 AM	Adobe Acrobat Docum	149 KB
Dictures	. State BILLING Ledger - Sept 2024 (3)	1/24/2025 10:53 AM	Microsoft Excel Worksh	1,542 KB
🕑 Music 🔹 🖈	State Amendment Ledger 2024-2025 S	1/24/2025 10:47 AM	Microsoft Excel Worksh	177 KB
File	name:		 ✓ All Files 	~
			Open	Cancel

Select Done to finish saving the file

able)					×
			Uploa	ad Files	
* applica		unnamed.jpg 37 KB			● ●
	1 of 1	file uploaded			Done

When a required file has been selected and a document uploaded, you will see a check mark notating the file has had a document uploaded. Below on the left is a screenshot showing when the file arrow is chosen. Below right is a screenshot from the main list showing a check box will appear next to the document.

Rental Denosit Policy (if applicable)	
Grant and Match funded employee and volunteer job descriptions	
 Current Agency Budget 	
Budget Justification	
Organization Chart	
Roster of governing board(non-profit only)	
501c3 if non profit	
Agency Travel Policy	*Grant and Match funded er
Emergency Fund Policy	
Rental Deposit Policy	Current America Rudent
Office Space, Vehicle depreciation	Current Agency Budget
Contracts	
Required VOCA Information	*Budget Justification
Current Agency Budget	
stach File	
L Upload Files Or drop files	*Organization Chart
Delete unnamed.jpg	
Jan 24, 2025	

There may be some files that are not required anymore such as the "Current Agency Budget". Fill out the Agency Budget Tracking form in place of the current agency budget. UOVC apologizes if this is unable to be fixed before the grants roll out.

The Required Files button on the main screen will not turn green, nor will the grant let you submit unless all required attachments have a check mark.

Once the Required Files button is green the application will recognize the minimum has been met in order to submit the application.

(A reminder that even if the required files button is green, double check to make sure you have attached all relevant files to the grant.)



Attaching documents in your agency profile

Agencies have the ability to attach documents to their agency profile, where those documents would follow the agency from grant to grant, or year to year. Beneficial documents to put in this section do not change from year to year. They could include W-9, Organization Chart, agency policies, 501(c)3, Roster of Governing Board. Documents would not have to be attached to each new grant application or each grant year if the document had not changed.

From any place point in an application or My Applications tab, select the gray circle in the top right corner of the screen.



Select Account Information from the selections.

	0
	Profile
	Settings
+	Account Information
	Messages
	Contact Support
	Log Out

Go to the Related tab

Choose the Add Files button to select files to be attached.

Utal	h Office for Victims of	f Crime				
Home	My Application	s Support				
Accou	unt					
Phone (801) 238-234	Bill 60 35 Sal Un	ing Address D East 500 South t Lake City, UT 84111 ited States	Website https://crimevictim.utah.gov/	Account Jennifer	Owner Menteer	
DETAILS	RELATED	_				Ť4 *
🗇 Relate	ed Contacts	(6+)		New Contact	Add Relationship	
Contact Name	e	Account Name	Title	Direct		C
ShannonTest	Arrington	CCJJ/UOVC-CVRC/Outreach		~	•	
Katie Fox		CCJJ/UOVC-CVRC/Outreach		~	•	
Rachelle Hill		CCJJ/UOVC-CVRC/Outreach		~		
Hildegard Ko	enig	CCJJ/UOVC-CVRC/Outreach	Outreach & Victim Rights Co	~	•	
First Last		CCJJ/UOVC-CVRC/Outreach	Title	~	-	
Mark Peterso	on	CCJJ/UOVC-CVRC/Outreach	Finance Manager	~	•	-
					View All	_
Files ((1)				Add Files	Here's v
Jan 23, 2	2025 • 1.1MB • p	ew te A df				_
					View All	

7-Entering the Budget

In the Budget tab select "Year 1" from the drop down arrow on the right side of the screen.

	VOCA A	pplication	
Application Number UOVCA-002105	Application Status New	Program End Date Jun 30, 2027	Created Date 1/27/2025, 12:33 PM
	Арг	icant Info	
	Appl	cation Info	
	Req	ired Files	
		ubmit	
iles Budget Payment Request Status Repo	rt Amendment		F
elect Year			
Files Budget Payment Request Status Repo	rt Amendment		

Personnel

To enter Personnel choose the plus sign at the right of the screen. This will open a box at the bottom of the screen. Click the green pencil.



A Personnel box will open up.

Fill out the Planned Employees Attending, Title, and Cost Justification boxes according to your grant application instructions. Use the info pop up box as needed.



The funding source is "Federal".

Enter the Total Yearly Salary. This is the total amount your agency is paying for this position, regardless of the funding source.

Enter the Grant Yearly Salary. This is the total amount the grant is covering for this position.

Select "Save".

WAIT	Pers	onnel
Planned Employees Attending		Tite
Funding Source	*	Grant/Match Yearly Salary 0
Total Yearly Salary 0		Salary Percentage Funded By Grant/Match 0%
Cost Justification ① Characters remaining: 750	le l	
ADDITIONAL DETAILS Award Budget Detail Name AWD-BGT-DTL-046537 Award Budget citagony AWD-BGT-041144 Total Budget		Cost Category Name Personnel Funding Year Year 1
		Cre

The amount entered should appear in the "Total Federal Direct" and "Remaining Federal Direct" columns. Check all of the highlighted areas to make sure the grant requested dollar amounts are expected and correct.

Total Federal Di Remaining Fede	Total Federal Direct: \$45,000.00 Remaining Federal Budget: \$45,000.00 Total Match Budget: \$0.00						
Remaining Mat Match Percenta Indirect Percen	ch Budget: \$0.00 age: 0% tage: 0%						
Category	 Total Federal Dir 	Remaining Federal	✓ 🔤 otal In-Kind	✓ Remaining	In-Kind 🗸 To		
Personnel	\$45,000.00	\$45,000.00	\$0.00	\$1	0.00		
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$1	0.00		
Travel	\$0.00	\$0.00	\$0.00	\$	0.00		
Equipment	\$0.00	\$0.00	\$0.00	\$(0.00		
Supplies	\$0.00	\$0.00	\$0.00	\$1	0.00		
Contracted Fees	\$0.00	\$0.00	\$0.00	\$1	0.00		
Training	\$0.00	\$0.00	\$0.00	\$1	0.00		
Other	\$0.00	\$0.00	\$0.00	\$1	0.00		
Indirect Costs	\$0.00	\$0.00	\$0.00	\$1	0.00		
Total	\$45,000.00	\$45,000.00	\$0.00	\$1	0.00		
				De	tails		
Detail Item 🗸 🗸	Source V To	otal Federal D 🗸 🛛 Re	emaining Fed 🗸 🛛 🏾	otal In-Kind 🗸 🗸	Remaining In		
Employee: Postion	Federal	\$45,000.00	\$45,000.00	\$0.00	\$0.00		

*TIP Do not leave budget categories blank or empty if you are expecting funding. If you accidentally do not enter funds, it is very likely that those dollars will not be awarded.

To enter multiple Personnel Lines follow the directions above using the plus sign to open up more lines.

Use the "eye" icon on the budget category line to open up the Details box at the bottom of the page.

Category ~	✓ Total Federal Dir ∖	✓ Remaining Federal ✓	Total In-Kind	∨ Ren	naining In-Kind 🗸	Total Cash Match 🗸	Remaining Cash 🗸		
Personnel	\$45,000.00	\$45,000.00	\$0.00		\$0.00	\$0.00	\$0.00	•	Φ
Fringe Benefits	\$15,000.00	\$15,000.00	\$0.00		\$0.00	\$0.00	\$0.00	Ø	C
Travel	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	•	•
Equipment	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	•	•
Supplies	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	•	•
Contracted Fees	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	Ø	Φ
Training	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	•	Φ
Other	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00	•	•
Indirect Costs	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00		
Total	\$60,000.00	\$60,000.00	\$0.00		\$0.00	\$0.00	\$0.00		
				Per	sonnel Details	;			
Detail Item 🗸 🗸	Source ~	Total Federal D 🗸 Ren	maining Fed 🗸	Total In-Kind	✓ Remaining I	n 🗸 Total Cash M	at V Remaining Cas	~	
Employee: Postion	Federal	\$45,000.00	\$45,000.00	\$0.00	\$0.0	0 \$0.00	\$0.00	× .	a

If you need to edit a line use the green pencil to open the line back up. Once the budget line has opened up you can click into a field and edit. Save any changes.

Use the red garbage can icon to delete lines that are empty. Empty budget lines cause problems with your grant application.

						De	tails			
Detail Item 🗸 🗸	Source	\sim	Total Federal D 🗸	Remaining Fed 🗸	Total In-Kind	\sim	Remaining In 🗸	Total Cash Mat 🗸	Remaining Cas 🗸	
Employee: Postion	Federal		\$45,000.00	\$45,000.00	\$0.00		\$0.00	\$0.00	\$0.00	a

Fringe

Follow the directions above to open up the fringe box at the bottom of the screen. Click the green pencil to open up the Fringe Benefits box.

Detail Name will not let you type a name in. There must be a Personnel/Position entered in Personnel able to be searched for a name to enter in this Detail Name box.

Select the Personnel/Position

fundingSource: Federal
Award Budget Detail Name
AWD-BGT-DTL-046558
Award Budget Category
AWD-BGT-041140
Total Budget
\$0.00
Detail Name
Search for Detail
AWD-BGT-DTL-046557
Yearly Grant/Match Benefit Cost
0
Benefit Type
Available Options

Enter the Yearly Grant Benefit Cost. This is the total amount the grant will be covering for this position.

The Percent Funded by Grant should NOT be more than the "Salary Percentage Funded by Grant Match"

Enter the Yearly Agency Benefit Cost. This is the total amount your agency is paying for this position, regardless of the funding source.

Enter the Benefit Types by selecting the benefit types and moving them to the Selected Options box using the arrows. You may "control C" and select all the benefit types to move them all at once.

Benefit Type Available Options		Selected Options
RIT - Retirement	lm	FIC-FICA
OTH - All Other	C	MED - Medicare
		UNE - Unemployment
-		

Enter a justification and explanation for the fringe benefits. Select Save at the bottom center of the screen. (You may have to scroll down.)

						Fringe	Benefits		
fundingSource: Federal Award Budget Detail Name AWD-BGT-DTL-046558 Award Budget Category AWD-BGT-041140 Total Budget							Cost Category Name Fringe Benefits Funding Year Year 1		
Award Detail							Yearly Agency Benefit Cost		
S Postion						X	20000		
Yearly Grant/Match Benefit Cost 15000							Percentage Funded By Grant 75%	/Match]
Benefit Type							Funding Source		-
Available Options			Selected Options				Federal		
RIT - Retirement		•	FIC - FICA						
OTH - All Other		•	MED - Medicare			-			
			UNE - Unemployment						
Cost Justification									
There must be a justification and explanation in th	iis bax.								
Characters remaining: 692						h			
Award Sub-Grantee Account CCJJ/UOVC-CVRC/Outreach Record Type Fringe Benefits									
			Sav	Close	:				

Travel

To enter Travel follow the steps above to open the Travel Details box at the bottom of the screen. Enter Travel according to the instructions on your grant application instructions.

Enter Destination, Purpose, Car Mileage, Airfare, Gas Rate, Rental Car Rate, Number of Staff and Number of Days as applicable.

The Funding Source must be federal.

There must be a cost justification explanation in the box.

Save

	Travel
Award Budget Detail Name AWD-BGT-DTL-046561 Award Budget Category AWD-BGT-041146 Total Budget	Cost Category Name Travel Funding Year Year 1
\$0.00 Destination	Purpose
Car Mileage 0.00	Gas Rate 0.00
Airfare 0 Number of Staff	Rental Car Rate 0 Number of Days
0 Funding Source	0.00
Cost Justification	
Characters remaining: 750	
Award Sub-Grantee Account CCJJ/JOOVC-CVRC/Outreach Record Type Travel	
	Save Close

Equipment

To enter Equipment follow the steps above to open the Equipment Details box at the bottom of the screen. Enter Equipment according to the instructions on your grant application instructions.

Enter Item and Description, Equipment Cost, Grant Use Percentage, Quantity, Equipment Purchase Year

Funding Source must be Federal

There must be a cost justification explanation in the box.

Save

Equipment				
Avord Budget Detail Name AVO- BCT OTD-046552 Avord Budget Cetagory AVO- BCT 04140 Total Budget	Cost Category Name Equipment Funding Yaur Year 1			
50.00 Tem and Description Grant Use Percentage	Equipment Cost 0 Guardity			
D00% Epulomet Purchase Year Select an Option	0.00 Funding Source Federal ▼			
Cont Autification Characters remaining 750				
Aurd Glub Ganta Acount CCJJ/UOVC-CVRC/Durreach Record Type Equipment				
an a	Coe			

Supplies

To enter Supplies follow the steps above to open the Supplies Details box at the bottom of the screen. Enter Supplies according to the instructions on your grant application instructions.

Enter Item and Description, Unit Price, Quantity

Funding Source must be Federal

There must be a cost justification explanation in the box.

Save

	Supplies
Award Budget Detail Name AWD-BGT-DTL-046563 Award Budget Category AWD-BGT-041141 Total Budget	Cost Category Name Supplies Funding Year Year 1
\$000 Item and Description Quantity 0	Unit Price O Funding Source Federal
Cost Justification Characters remaining, 750 Award Sub-Grantee Account CCJJ/UOVC-CVRC/Outreach Record Type Supplies	
	Save

Contracted Fees

To enter Contracted Fees follow the steps above to open the Contracted Fees Details box at the bottom of the screen. Enter Contracted Fees according to the instructions on your grant application instructions.

Enter Type of Consultant Services or Contracts, Grant Funded Hours, Rate

Funding Source must be Federal (Some grant examples might not have a funding source to change and will defer to Federal source.)

There must be a cost justification explanation in the box.

	Contracted Fees
Award Budget Detail Name AWD-BGT-DTL-046564 Award Budget Category AWD-BGT-041143 Type of Consultant Services or Contracts	Cost Category Name Contracted Fees Funding Year Year 1 Grant Funded Hours 0.00
Cost Justification Characters remaining: 750	
Award Sub-Grantee Account CCJJ/UOVC-CVRC/Outreach Record Type Contracted Services	
	Save C se

Training

Save

To enter Training follow the steps above to open the Training Details box at the bottom of the screen. Enter Training according to the instructions on your grant application instructions.

Enter Training Name, Grant Positions Attending, Registration Amount, Per Diem, Hotel Rate, Number of Days, Number of Staff, Number of Rooms as applicable.

Funding Source must be Federal

There must be a cost justification explanation in the box.

Save

IIIUII EULFEILEIILASE, 17/0			
	Training		
Award Budget Detail Name AWD-BGT-DTL-046565 Award Budget Category AWD-BGT-041145	Cost Category Name Training Funding Year Year 1		
Total Budget \$0.00	Grant Positions Attending		
Per Diem	Kegistration Amount O Hotel Rate		
O Number of Days	o Number of Staff		
0.00 Number of Rooms	0.00 Funding Source		
0.00	Federal		
Cost Justification			
Characters remaining: 730 Award Sub-Grantee Account CCJJ/UOVC-CVRC/Outreach Record Type Training			
	Save C ose		

Other

To enter Other follow the steps above to open the Other Details box at the bottom of the screen. Enter Other according to the instructions on your grant application instructions.

Enter Quantity, Item and Description, Unit Price

Funding Source must be Federal

There must be a cost justification explanation in the box.

Save

	Other
Award Budget Detail Name AWD-BGT-DTL-046566 Award Budget Category AWD-BGT-041142 Total Budget \$0.00 Quantity 0	Cost Category Name Other Funding Year Year 1 Item and Description Unit Price 0
Funding Source Federal	▼
Characters remaining: 750 Award Sub-Grantee Account CCJJ/JOOVC-CVRC/Outreach Record Type Other	
	Save Close

Indirect Costs

Indirect Costs will total automatically according to the rate you entered in the Applicant Tab.

The categories will have totalled at the bottom in "Total."

If your grant instructions indicate you should enter a year 2 budget, then follow the instructions and choose year 2 instead of year 1 to enter a year 2 budget.

In some grants the grant application will not submit if there are not dollars entered into a year 2 budget.



If you have not entered the required budget info and try to submit then you will get this error.



*TIP The grant will let you submit even if your budget is not complete. Make sure your budget categories and lines are completely filled out and dollar amounts are adding up to expected amounts.

8-Submitting the Application

When the Applicant Tab, Application Tab, Budget and Required Files are all attached, the buttons are all green and the Submit button is blue, you can submit the application.



Amondmont

When the application is submitted the submit button will turn gray, and you will get a notification that says "Application Successfully Submitted".

n Successfully Submitted	×
VOCA Application	
Pr	ogram End Date Jun 30, 2027
Applicant Info	
Application Info	
Required Files	
	n Successfully Submitted VOCA Application Pr Applicant Info Application Info Required Files

It is important to know where to check to verify your grant has been submitted when UOVC can not confirm your application was submitted.

Other ways to know if your application was submitted is to look at the Application status while in the grant and in the My Applications tab the status will say submitted (see example above). You *MAY* get an email that says the application was submitted.

	Utah Office for Victims of Crime			
Home	My Applications	Support		
ALL				
Award Recor	rd ID	Project Title	Sub-Grantee Account	Status
UOVCA-000	157			Completed
UOVCA-001	655			Funded
UOVCA-0018	813			Funded
UOVCA-0018	873			Funded
UOVCA-0018	874			Funded
UOVCA-0018	875			Funded
UOVCA-0020	016			Funded
UOVCA-0020	017			Funded
UOVCA-0020	020			Funded
UOVCA-0020	025			Funded
UOVCA-0020	057			Submitted
UOVCA-0020	058			New
UOVCA-0020	065			New
UOVCA-002	105	VOCA Test 2025-2027		Submitted