

**IOWA DEPARTMENT OF JUSTICE  
OFFICE OF THE ATTORNEY GENERAL  
VICTIM ASSISTANCE SECTION**



Amended April 2, 2026  
**Notice of Funding Opportunity  
To Provide Services to Crime Victims**

**Project Period: 10/01/2026 – 9/30/2029**

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# General and Administrative Information

## I. Overview

The Victim Assistance Section of the Iowa Department of Justice (“Department”) seeks applications from qualified nonprofit organizations, community-based organizations, and governmental organizations to provide trauma informed and victim centered services in Iowa.

## II. Project Period

The project period shall be **from 10/01/2026 to 9/30/2029**, with three separate budget years. The first year in the grant cycle is the competitive grant year. The following two grant years are continuing (non-competitive) grant years, subject to funding availability, and program performance.

## III. Eligibility Requirements

- a) The application for funding is open to currently funded programs **and** those not currently funded. Eligible applicants for victim services grants are generally limited to state, county and local offices and agencies, public or private nonprofit agencies (501c 3), units of local government defined as a city, county, town, township or other general-purpose political subdivision of a state, and Indian tribes.
- b) The applicant must **supplement, not supplant**. Supplanting is replacing state or local funds when federal funds are available. Supplementing is using federal funds to enhance grant activities.
- c) Applicants must have a [SAM.gov](https://sam.gov) unique entity identifier (UEI) and must not be debarred or suspended from receiving federal funds. Organizations who receive direct federal funding must have an active entity registration. Others need a UEI.
- d) Applicants must be a registered organization in the Iowa Department of Justice’s [online grants management system](#), also known as Iowa DOJ Grants. Once registered, applicants will use the online system to submit and manage their grants. See Appendix A to learn how to register in Iowa DOJ Grants and to use the grant management system.
- e) Additional eligibility requirements are in [Iowa Administrative Rule 61—9.56](#).

## IV. Victim Services Funding

- a) **Purpose:** The objective of this Notice of Funding Opportunity (NOFO) is to distribute state and federal funding to eligible applicants to support healing, stability, and justice for those directly impacted by violent crimes, their families, and their communities. A limited amount of primary or secondary prevention programming or services can be funded if those services are included as a component of family violence services.
- b) **Sources:** Funding awarded through this NOFO is from the State of Iowa victim services appropriation and from the four federal sources listed below. Successful applicants will likely receive funding from multiple funding sources.
  - i. Victims of Crime Act (VOCA)
  - ii. Violence Against Women Act - Services, Training, Officers, and

- Prosecutors (STOP VAWA)
- iii. Sexual Assault Services Formula Program (SASP)
- iv. Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Act (FVPSA)
- c) **Funding amount:** The total amount of funding to be awarded is \$19,300,000. Available funding for years 2 and 3 (for continuing grant years) is contingent upon receipt of the Department's annual allocation of state and federal funding.
- d) **Funding distribution:** Funding will be distributed throughout Iowa based on a funding formula which equitably distributes a base amount of funding to Iowa's victim six regions and four zones and provides additional funding for each region and zone based on population. See page 6 for more details.
  - i) **Six Regions (\$13,500,000)**
    - a. Comprehensive services to survivors of domestic violence.
    - b. Comprehensive services to survivors of sexual assault.
    - c. Comprehensive sheltering services.
  - ii) **Four Zones (\$2,100,000)**
    - a. Comprehensive services to survivors of homicide and other violent crimes.
  - iii) **Other Priority Funding Areas (\$3,700,000)**
    - a. Comprehensive services to survivors of human trafficking.
    - b. Services to child survivors.
    - c. Culturally specific program services.
    - d. Mental health services for survivors.

**Applicants will submit one grant application.** Each grant application will describe the entirety of victim services to be provided. There is no minimum or maximum grant amount to request; however, funding will be awarded based on the allocations described above. Funding requests must be based on costs that are reasonable, can be explained and are necessary. It is likely requests for funding will be greater than the amount available. Projects selected for funding may be awarded at an amount less than the original grant request.

## V. Letter of Intent

Applicants intending to apply for funding from this NOFO are encouraged but not required to submit a letter of intent. Letters of intent should include which types of victim services (domestic violence, human trafficking, etc.) will be provided and where the services will be provided. The letter of intent is nonbinding and does not restrict the applicant to what was provided in the letter. Letters of intent are submitted via email to [gvsinfo@ag.iowa.gov](mailto:gvsinfo@ag.iowa.gov).

## VI. Application Deadlines and Important Dates

Grant applications are available online on March 16, 2026.

Letters of intent are due on April 2, 2026.

Applications for funding are due no later than 4:30 on May 1, 2026.

Application reviews and scoring completed by June 12, 2026.

Recommendations for funding from the Victim Assistance Board on July 10, 2026.

Denial and award letters will be sent to applicants on July 13, 2026.

Requests for reconsideration are due from applicants by July 27, 2026.  
Requests for reconsideration will be reviewed on August 14, 2026.  
Contracts will be issued around October 2026.

## **VII. Application and Submission Procedures**

- a) All grant requests must be submitted online using the Iowa Department of Justice's [grant management system](#), also referred to as Iowa DOJ Grants. Applications or requests for funding received in any other fashion will not be considered.
- b) Submitted applications must meet all minimum and eligibility requirements outlined in this NOFO. Promotional materials or other items not required by this NOFO will not be considered.
- c) See page 11 for grant submission instructions.

## **VIII. Application Review**

[Per Iowa Administrative Code 61—9.57\(2\)\(a\)](#), an application review committee – which will include “representatives from the victim assistance board and experts in the field of victim services, funding administration and management, and criminal justice” – will review all grant applications and make recommendations to the Victim Assistance section chief. Reviewers will consider the grant application and other relevant information related to an applicant's performance with previous grant awards (if applicable), and the quality and quantity of services provided. Each narrative question is scored between 0 and 5 points. The three-year goal is scored between 0 and 10 points. The budget and budget narrative are scored between 0 and 10 points.

## **IX. Award Notifications and Requests for Reconsideration**

- a) The Victim Assistance Board makes funding decisions based on the recommendations from the application review committee and the section chief, and considers the amount of funding available, and funding priorities as determined by the Section.
- b) Once funding decisions are made, applicants will receive an email advising them if their proposal has been denied or approved, the amount awarded (if any), and how to file a request for funding reconsideration.
- c) Applicants interested in asking the Victim Assistance Board to reconsider their decision must submit its request within ten (10) working days of the date of the funding decision per [Iowa Administrative Code 61—9.59\(1\)](#). The request for reconsideration must be submitted online via [Iowa DOJ Grants](#) and state specific grounds for reconsideration. The board reviews all requests for reconsideration and makes final funding decisions.
- d) When a request for reconsideration is submitted, all applicants potentially affected by the request are notified as their approved grant funding could be affected. No grant funds can be dispersed until all requests for reconsideration are finalized.

## **X. NOFO Released and Posted**

This NOFO is posted on the [Department's website](#) and on [Iowa DOJ Grants](#).

## **XI. Instructional Videos**

Instructional videos are posted on the [Department's website](#) and on [Iowa DOJ Grants](#).

## **XII. Questions or Inquiries**

Questions or requests for additional information regarding this grant competition must be submitted to [gvsinfo@ag.iowa.gov](mailto:gvsinfo@ag.iowa.gov). For inquiries specific to something in this NOFO, include the section or page number for reference.

Staff will answer all pertinent and timely questions or inquiries submitted to [gvsinfo@ag.iowa.gov](mailto:gvsinfo@ag.iowa.gov) and will post them online. Questions and their answers will be incorporated by reference to this NOFO and made public on the [Department's website](#) and on [Iowa DOJ Grants](#). It is the responsibility of all applicants to check and review responses to questions.

# Victim Services Funding Distribution

The Victim Assistance Section will allocate \$13,500,000 to Iowa's victim services regions, \$2,100,000 to survivors of homicide and other violent crimes zones, and \$3,700,000 to priority areas.

**I. Victim Service Regions:** Based on Iowa's funding formula, 60% of funding is allocated as a base amount for each region and 40% will be distributed based on population. Regional victim services funding will equally support comprehensive domestic violence services, comprehensive sexual assault services, and comprehensive sheltering services.

Region 1 = \$1,959,155

Region 2 = \$2,071,378

Region 3 = \$2,457,834

Region 4 = \$2,074,833

Region 5 = \$2,573,099

Region 6 = \$2,363,697

**II. Survivors of Homicide and Other Violent Crime Zones:** Based on Iowa's funding formula, 60% of funding is allocated as a base amount for each zone and 40% will be distributed based on population. Funding in Iowa's zones will support comprehensive services to survivors of homicide and other violent crimes (SOHOVC).

Zone 1 = \$598,263

Zone 2 = \$457,703

Zone 3 = \$483,367

Zone 4 = \$560,665

**III. Other Priority Funding Areas:** Approximately \$3,700,000 is allocated for culturally specific programs, services for children, services for human trafficking victims, and for mental health services. Applications received in the priority category will be considered and reviewed separately from applications received to provide comprehensive services in regions or zones. Of the \$3,700,000 in this category, \$2,100,000 is set aside for culturally specific programs with the remaining to be determined based on the quality and quality of applications received.

Applicants will submit ONE application describing all the victim services to be provided, along with one budget. Applications must provide sufficient detail explaining each of the types of services to be provided, the estimated number of victims to be served for each victimization type, and the amount of grant funding needed to support those services. The Victim Assistance Section will review the applications received and determine final funding allocations, ensuring victimization types are sufficiently and equitably supported.

**The amount of funding available is based on projected funding from the state Iowa and the federal government. Actual awards may be less than what has been projected.**

# Services and Funding Sources

Applications funded under this NOFO will be funded with one or more of the following sources of funding. Additional information on each can be found in the online Victim Assistance [grant manual](#).

## I. Victims of Crime Act Funds - VOCA

Most victim service applications will be funded in whole or in part, with funds from the Office of Victims of Crime, commonly known as VOCA.

### **VOCA funds are to provide direct services and efforts to:**

- Respond to the emotional, psychological, or physical needs of crime victims
- Help victims of crime to stabilize their lives after victimization
- Help victims to understand and participate in the criminal justice system, and
- Restore a measure of security and safety for the victim

### **VOCA funds cannot be used for:**

- Lobbying
- Research and studies – except for project evaluation
- Active investigation and prosecution of criminal activities
- Fundraising
- Capital expenses
- Compensation for victims of crime
- Medical care
- Salaries and expenses of management

## II. STOP VAWA

The Services\* Training\* Officers\* Prosecutors (STOP) Violence Against Women supports efforts to: *develop and strengthen effective responses to sexual assault, domestic violence, dating violence and stalking.*

### **STOP funds must be used for:**

One or more of the STOP VAWA purpose areas pursuant to [34 U.S.C. § 10441\(b\)](#), including: personnel, training, technical assistance, data collection, and other resources for the more widespread apprehension, prosecution, and adjudication of persons committing violent crimes against women, and for the protection and safety of victims. Crimes against women are sexual assault, domestic violence, dating violence, and stalking. **Applications for law enforcement, prosecutor and court grants will be accepted in the criminal justice NOFO to be released later.**

### **STOP funds cannot be used for:**

- Any activity that may compromise victim safety and recovery or undermine offender accountability
- Lobbying
- Fundraising
- Purchase of real property

- Physical modifications to buildings, including minor renovations (such as painting or carpeting)
- Construction
- Food and beverages
- Research - Funds may be used to assess the program for quality assurance and program improvement purposes. This could include follow-up surveys after training regarding the content and delivery or a discussion forum with key stakeholders.

### **III. Sexual Assault Services Formula Program – SASP**

SASP funds will be awarded to provide direct services to victims of sexual assault (regardless of age), family and household members of such victims; and those collaterally affected by the victimization (e.g., friends, coworkers, classmates), except for the perpetrator of such victimization.

#### **SASP funds can be used for:**

- 24-hour hotline services providing crisis intervention services and referral
- Accompaniment and advocacy through medical, criminal justice, and social support systems, including medical facilities, police, and court proceedings
- Crisis intervention, short-term individual and group support services, and comprehensive service coordination and supervision to assist sexual assault victims and family or household members
- Information and referral to assist the sexual assault victim and family or household members
- Community-based, culturally specific services and support mechanisms, including outreach activities for underserved communities
- Development and distribution of materials on issues related to the services described above.

#### **SASP funds cannot be used for:**

- Lobbying
- Fundraising
- Purchase of real property
- Physical modifications to buildings, including minor renovations (such as painting or carpeting)
- Construction
- Sexual assault forensic examiner projects or criminal justice activities (e.g., law enforcement prosecution, courts, or forensic interviews)
- Research projects
- Prevention efforts and public education (i.e., bystander intervention, social norms campaigns, presentations on healthy relationships)
- Sexual Assault Response Team coordination
- Providing training to allied professionals and the community (e.g., law enforcement, child protection services, prosecution, other community-based organizations, etc.).
- Domestic violence services unrelated to sexual violence

#### **IV. Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services (FVPSA)**

FVPSA funds will be awarded to provide domestic abuse services and sheltering/shelters. FVPSA purposes are: 1) assist in efforts to increase public awareness about, and primary and secondary prevention of, family violence, domestic violence, and dating violence; and 2) assist in efforts to provide immediate shelter and supportive services for victims of family violence, domestic violence, or dating violence, and their dependents.

##### **FVPSA funds can be used for:**

- Provision of immediate shelter and related supportive services to adult and youth victims of family violence, domestic violence, or dating violence, and their dependents, including paying for the operating and administrative expenses of the facilities for such shelter
- Assistance in developing safety plans and supporting efforts of victims of family violence, domestic violence, or dating violence to make decisions related to their ongoing safety and well-being
- Provision of individual and group counseling, peer support groups, and referral to community-based services to assist family violence, domestic violence, and dating violence victims, and their dependents, in recovering from the effects of the violence
- Provision of services, training, technical assistance, and outreach to increase awareness of family violence, domestic violence, and dating violence, and increase the accessibility of family violence, domestic violence, and dating violence services
- Provision of culturally and linguistically appropriate services
- Provision of services for children exposed to family violence, domestic violence, or dating violence, including age-appropriate counseling, supportive services, and services for the non-abusing parent that support that parent's role as a caregiver
- Provision of advocacy, case management services, and information and referral services concerning issues related to family violence, domestic violence, or dating violence intervention and prevention, including: 1) assistance in accessing related federal and state financial assistance programs; 2) legal advocacy to assist victims and their dependents; 3) medical advocacy, including provision of referrals for appropriate health care services (including mental health, alcohol, and drug abuse treatment), which does not include reimbursement for any health care services; 4) assistance locating and securing safe and affordable permanent housing and homelessness prevention services; 5) provision of transportation, child care, respite care, job training and employment services, financial literacy services and education, financial planning, and related economic empowerment services; and 6) parenting and other educational services for victims and their dependents
- Provision of prevention services, including outreach to underserved populations

#### **V. State of Iowa Victim Services Appropriation**

State funding is generally more flexible than federal funding. It is often used to pay for administrative costs and can be used as matching funds if needed.

# Application Components

The following applies to all applicants.

## I. Application Requirements

- a) Applications must meet all minimum and eligibility requirements outlined in this NOFO.
- b) Promotional materials or other items not required by this NOFO will not be considered.
- c) Applications must be submitted online in the [grant management system](#).
- d) New users must register and create an organization profile. See Appendix A for detailed instructions.
- e) Once registered, users access funding opportunities from the My Opportunities panel, located on the dashboard of the user's home page. For this NOFO, organizations are allowed to initiate and submit **one** grant application. Therefore, once this funding opportunity has been initiated, it moves to the My Tasks panel with the status of *application in process*. To initiate an application, from the My Opportunities panel, click on the blue hyperlink under the name column.
- f) Organizations will be allowed to submit **one victim services application. This application will include all victim services to be provided.** Once an application has been initiated, several application pages appear in the left navigation panel. Application pages, or components, can be completed in any order, and more than one person can work on an application at the same time. The following describes the application components:

## II. Applicant Information Page

- a) On the application information page, applicants provide a summary of the organization and the service area to be served. The organization's name, type of entity and agency description are automatically entered on the applicant information page from your organization profile in the grants management system. To update this information, please update your organization profile. To update your organization profile, log into the grants management system, choose "profile" from the drop-down menu next to your login name in upper right-hand corner. Then, use the menu on the left-hand side to navigate through the organization profile sections, and update as needed.
- b) Applicants will enter the region and/or zone they propose to serve by selecting one region or zone from the drop-down list. Applicants can select more than one option.

Maps of service regions and zones can be viewed [here](#).

- c) Applicants will also select districts affected by the proposal by selecting the counties and districts from the drop-down lists. To select more than one item, click the plus button next to the drop-down menu. The following links show the most current district maps.

[Iowa U.S. Congressional districts](#)

[Iowa Senate districts](#)  
[Iowa House districts](#)

### **III. Minority Impact Statement Page**

- a) This form collects information about the potential impact of the project's proposed programs or policies on minority groups.
- b) Applicants are to answer the questions and certify by checking the certification box at the bottom of the page. The applicant's name, title and date will auto-fill.

### **IV. Project Director Information Page**

- a) The project director is the person responsible for the implementation of this project or grant.
- b) The project director is considered key personnel and will be listed on the subaward agreement.

### **V. Project Narrative Page**

- a) Project name. Enter the project name in the text box at the top of the page. The project name should be descriptive and concise.
- b) The amount requested. The amount requested will auto populate when the budget details page is saved.
- c) Identify who will be served by crime type. Applicants are to submit one application for this NOFO. Applicants are to check which victim type they propose to serve, and the estimated number of victims to be served annually. Identify the region/zone by type of victims to be served, and number of counties if are not serving the entire region or zone chosen.
- d) Proposal narrative. Each grant application contains a list of narrative questions specific to the funding opportunity. Applicants are to answer each question concisely, yet thoroughly. Do not assume reviewers are familiar with your project. The project narrative will be scored by both internal and external reviewers. Applicants who do not provide sufficient narrative detail will receive lower scores. Applicants must upload job descriptions. The narrative questions are listed in Appendix B.

### **VI. Scope of Work and Goal Page**

- a) The scope of work is a summary of the work, deliverables or outcomes proposed in this application.
- b) On the scope of work and goal page, enter your scope of work in the text box at the top of the page. This text will be printed on the subaward agreement.
- c) Applicants will provide **one major or overarching goal** to be worked on for the next three years. This goal should be developed after thoughtful consideration of the challenges and barriers to providing victim services. The goal must be measurable, clear, and succinct. Applicants must also describe the issue(s) and provide a plan to address it, including key personnel, timelines, and deliverables or objectives if applicable. The scope of work and goal will be reviewed and scored by internal and external reviewers.

### **VII. Certifications Page**

- a) Applicants must review all applicable terms and conditions and certify they will adhere to the terms and conditions if they receive victim services funding.
- b) On the certifications page, applicants must check the box stating they have agreed to and will abide by applicable certified assurances. Certified assurances are updated annually upon receipt of federal grant awards. The most current certified assurances can be viewed [here](#).

#### **VIII. Budget Details Page**

- a) Applicants enter their grant budgets and budget justifications on the budget detail page. Budgets are to be reasonable with allowable costs which align with the services described in your project narrative. Budget justifications describe how costs were determined, how costs are allocated, and how the proposed costs benefit the grant. Budget justifications do not justify the need for an expense.
- b) Victim assistance funding is intended to provide direct service to victims of violent crimes; however, certain administrative costs can be allowed. Upon review and approval, a portion of an applicant's budget *may* cover administrative salaries, fundraising and prevention work.
- c) Indirect costs are allowed. Applicants with a federally negotiated indirect cost rate must upload a copy of their current cost rate agreement in their organization profile on the organization finance page. Applicants who do not have a current federally negotiated indirect cost rate (including provisional rate) may elect to charge a de minimis rate of up to 15 percent of modified total direct costs (MTDC). Applicants can determine the appropriate rate up to this limit. When applying the de minimis rate, costs must be consistently charged as either direct or indirect costs and may not be double charged or inconsistently charged as both. The de minimis rate does not require documentation to justify its use and may be used indefinitely. Once elected, the recipient or subrecipient must use the de minimis rate for all federal awards until the recipient or subrecipient chooses to receive a negotiated rate.
- d) Match may be required. Match is generally nonfederal contributions spent on allowable grant activities for the benefit of the grant. Match can be either cash or in-kind services. Match can be from many sources including donations and volunteers. Applicants selected for funding will be advised of their match requirements and might be asked to revise their budgets. Unless otherwise notified, applicants are to enter match information on the budget details page as instructed.
- e) The budget and budget justifications will be reviewed and scored by internal and external reviewers. See Appendix C for additional information on creating budgets and writing budget justifications.

#### **IX. Budget Summary Page**

- a) This is a summary of the detailed budget and includes both the total costs of line items and the amount requested from grant funds.
- b) This page cannot be edited and is included in the subaward document.

# APPENDIX A

## Grant Management System Registration and User Guide

### I. New User Registration

The following are the steps to register:

- 1) Determine who will be the AGENCY ADMINISTRATOR for your organization. The agency administrator can add other members and submit documents.
- 2) The agency administrator completes a new user registration at <https://iowadoj.intelligrants.com/IGXLogin/Index> by entering registration information as requested on the user registration form.
- 3) Victim Assistance Section reviews and approves registration requests. Organizations currently registered (even if the organization is inactive) do not register again.
- 4) The agency administrator adds other organizational users and assigns user roles.

Download the [grantee manual](#) for more information.

### II. System Pages

- a. Organization Profile. Organizational profile pages must be completed prior to application submission.
- b. Organization Information Page. On the organization information page, enter organization contact information. If your organization has an active SAM.gov issued Unique Entity Identifier (UEI) it will autofill based on the organization information entered.
- c. Organization Members Page. Determine who should have access and enter their contact information and user role on this page. New users should enter only those who will work on the grant application. If funded, additional users can be added as needed.
- d. Organization Category Page. Select the appropriate organizational category.
- e. Organization Details Page. Enter and upload organizational information as requested and applicable on the organization details page. All fields on this page are required. Information not yet available nor applicable should be noted as such by entering NA or by uploading a document stating NA.
- f. Organization Finance Page. Answer financial questions or provide documentation as requested.

### III. User Roles

System users must be assigned a role. Determine the best role for each user. Do not give people multiple roles. Users can be added, their roles changed or made inactive by an agency administrator.

- a. Agency Administrator - Ability to initiate, edit, cancel, and submit all documents (such as applications, claims, performance reports). Ability to assign users and user roles in the system. Ability to sign the subaward agreement.

- b. Agency Staff - Ability to initiate and edit documents. Can not submit documents (such as applications, claims, performance reports), assign new users or sign the subaward agreement.
- c. Agency Viewer – Can only view documents.

#### IV. Using the Online Grants Management System and Submitting Applications

- a. Only registered users of Iowa DOJ Grants, the online grants management system, can access grant opportunities or applications. When funding opportunities are available, registered users will see them displayed in the “My Opportunities” panel located on the dashboard. Those interested in applying for a grant must click on the blue hyperlink in the NAME column to start a grant application. The grant will then be listed in My Tasks panel as an application in process.
- b. On the home page you will set up your panels. Click on the down arrow next to your name and select edit panels. My task panel lists the tasks assigned to you. My opportunities panel is where you find available grant opportunities. Application questions and answers, and due dates are listed in the announcement panel.
- c. Multiple people in an organization can review and edit grant applications while applications are in process. The last saved version will override changes made by other users. There are two ways to find applications in process: 1) by looking in My Tasks (you can use the filter feature if your task list is long) and 2) by using the search feature located at the top of the page and selecting applications.
- d. We suggest applicants develop their application narratives and budgets outside the system (for example in Word and Excel) and then enter their data into the system.
- e. SAVE pages often. The system will log users out after several minutes with no system activity. If you get a time out popup message, hit save before entering data. Sometimes it appears you are still in the system when you have been logged out. Data which has not been saved **cannot** be recovered. The save button is on the upper right corner of each page.
- f. On the left side of each page is a navigation panel, with links to application pages. The button to submit the application is found on the navigation panel under the status options heading.
- g. You must submit your application before the deadline by changing the status to submit application. You will receive submission confirmation.
- h. You cannot make changes to an application that has been submitted. You can request the application be returned for additional edits; however, it must be resubmitted prior to the deadline.

# APPENDIX B

## Application Questions

### Victim Services Narrative Questions

**For the grant cycle of October 1, 2026, to September 30, 2029**

**Project Name:** *Enter a descriptive yet concise name. This name prints on the subaward agreement.*

**Which victim types are you proposing to serve with this funding? Complete table below. Check all that apply.** *This is a change to the victim services application process. For this grant cycle, applicants submit one application and describe all the services they will provide. To understand which victim types are expected to be served and to comply with federal funding allocations, you must complete the following table. Applicants can propose to serve as few or as many victim types as they are qualified to serve and have the capacity to serve. Your narrative responses should reflect different services for different victim types. Please also choose from the region or zone by type of victimization to be served. If you are not serving the entire region or zone for that type of victimization, please list the number of counties to be served.*

Check All That Apply*	Type of Service	Estimated Number of Victims to be Served Annually*	Choose Region or Zone to be Served by Type of Service (if applicable)*	Number of Counties to be Served (if not serving entire region/zone)
<input type="checkbox"/>	Domestic Violence (DV):	<input type="text" value="Integer"/>	<input type="text" value="Dropdown ▼"/>	<input type="text" value="Integer"/>
<input type="checkbox"/>	Sexual Assault (SA):	<input type="text" value="Integer"/>	<input type="text" value="Dropdown ▼"/>	<input type="text" value="Integer"/>
<input type="checkbox"/>	Survivors of Homicide & Other Violent Crime (SOH/OVC):	<input type="text" value="Integer"/>	<input type="text" value="Dropdown ▼"/>	<input type="text" value="Integer"/>
<input type="checkbox"/>	Children:	<input type="text" value="Integer"/>	<input type="text" value="Dropdown ▼"/>	<input type="text" value="Integer"/>
<input type="checkbox"/>	Human Trafficking (HT):	<input type="text" value="Integer"/>	<input type="text" value="Dropdown ▼"/>	<input type="text" value="Integer"/>
<input type="checkbox"/>	Mental Health Services (MH):	<input type="text" value="Integer"/>	<input type="text" value="Dropdown ▼"/>	<input type="text" value="Integer"/>
<input type="checkbox"/>	Other list. List below other type of victims to be served , if applicable: <input type="text" value="Text Area"/>	<input type="text" value="Integer"/>	<input type="text" value="Dropdown ▼"/>	<input type="text" value="Integer"/>

Is this application from a culturally specific organization?

**Question 1**

**Describe your service area, including the location of your main office and locations of outreach**

**offices.** Include population demographics, crime statistics, or anything that helps us understand where you are and the communities you work in, such as densely populated, rural, low income, etc.

### **Question 2**

**Provide a detailed description of the comprehensive victim services to be provided with this grant.** Your answer should include the type(s) of victimization and how services will be provided specific to the victimization/victim. In your answer make sure you include both immediate and long-term services, a timeline or narrative for how and when services are provided beginning with the initial request for assistance. If applicable, include your plan to provide specialized services for children exposed to family violence, domestic violence, or dating violence, including victims who are members of underserved populations.

### **Question 3**

**Describe the qualifications of the staff and/or volunteers delivering program services.** Include any relevant credentials, certifications, or experience, as well as any ongoing training, supervision, or professional development provided to ensure high-quality service delivery.

### **Question 4**

**Describe how your agency assists victims with housing and shelter needs.** Include eligibility requirements to receive housing assistance, if applicable, and include how your agency coordinates with other agencies to assist victims.

### **Question 5**

**Describe how your agency provides transportation to victims.** If applicable, include how transportation is provided for emergency relocation, court appearances, medical appointments, custody hearings, etc. Describe how your agency uses mobile advocacy and if there are transportation barriers in your region.

### **Question 6**

**Describe how your agency provides services to victims of human trafficking including those who do not initially present as human trafficking victims.** Describe how you collaborate with other agencies if applicable and the resources available for both sex trafficking and labor trafficking.

### **Question 7**

**Explain how your victim services and program components are informed by research, evaluation results, and/or best practices.** Include specific sources or evidence supporting your approach.

### **Question 8**

**Describe the different types of supportive services your agency provides, including traditional, cultural or alternative type of healing.**

### **Question 9**

**Describe how your agency collaborates with other organizations to meet the needs of the people you serve.** Your answer should include examples of organizations you work with and a description of your working relationships.

### **Question 10**

**Describe the training your advocates/staff receive to ensure victims receive healing and support.**

### **Question 11**

**Describe the working relationships your victim advocates/staff have with law enforcement, prosecutors, victim witness coordinators, and others in the criminal justice system. Upload a document which lists your points of contact for each law enforcement office and county attorneys'**

**offices in your service region. Include each person's name and email address.** Your answer should include what is working well and what aspects you plan to improve.

**Question 12**

**Describe how you provide trauma informed, victim centered, and appropriate services for victims who wish to pursue criminal charges, those who do not wish to talk to law enforcement, and those who recant or change their minds about pursuing criminal charges.**

**Question 13**

**Describe how your management team provides trauma informed supervision to advocates and other staff.** Include ways management and leadership work to eliminate or prevent organizational trauma and make your organization a safe and secure place to work. You can discuss relevant policies, benefits, or other strategies to address this.

**Question 14**

**In addition to this grant, what other funding currently supports, or is projected to support victim services?**

**Upload job descriptions.**

# APPENDIX C

## Budget Instructions

On the budget detail page, enter budget information as follows. It is advisable to create budgets in Excel prior to entering them into the online application.

**As you prepare your grant budgets, consider the following:**

- a) **Total costs of a line-item expense** are the actual total (12 months) cost of an expense regardless of how many funding sources pay for the expense. It does not mean the total cost to charge to this grant.
  - i. The period of performance for this grant cycle is three years. Applicants will submit 12-month budgets, in each of the three years, with the budget period of October through September.
- b) **Requested amount of a line-item expense** means the amount this grant is being asked to pay. It may or may not be the same as the total costs. Provide a brief description of the methods you used to determine cost allocation. If you want this grant to pay 100% for an expense, please explain.
- c) **Budget justification** means an explanation of how costs were determined. It does not mean justify why the expense is necessary.
- d) **Indirect cost calculations** if using the de minimus rate, must exclude rent, utilities, repairs and maintenance, subawards greater than \$50,000 and capitalized equipment.
- e) **Match** is required for VOCA, STOP VAWA and FVPSA for most applicants. VOCA match can be waived; however, STOP VAWA and FVPSA match cannot be waived. Grantees selected for funding will be advised of their match requirement, prior to contract issuance, and will update their budget accordingly. For the grant application, complete the match form as directed.
- f) **Supplies** - Office supplies are generally shared within an organization. The cost of office supplies should be allocated or included as indirect costs. Project supplies are specific and necessary for a project. Project costs are not always shared expenses.
- g) **Grant expenses must be:**
  - i. Allocated - a centralized cost is shared between all funding sources
  - ii. Allowable - by a federal source or state funding
  - iii. Reasonable - costs may be allowable, but if they are not reasonable, they will be questioned
  - iv. Consistent - how expenses are charged must be consistent throughout your organization.

**Budget category – Payroll Direct Services and Payroll Administrative (non-direct services)**

The payroll form separates requests for expenses for employees who provide direct services from those who perform administrative, fundraising or prevention work. For each person whose time is to be charged to this grant, enter the following information into the payroll chart. To add another name to the payroll form, click on the + button to the right of the form and another row will appear. You can enter as many names as needed by clicking the + button.

**Direct victim services:** This includes providing direct services to victims, advocating on their behalf with other organizations, gathering information for victims, completing victim intakes, travel with or on behalf of a victim, tracking, and reporting on victim data and writing client case logs on services provided. Direct services include staff who directly supervise direct services staff.

**Non-direct victim services: Fundraising, Prevention & Administration:** While the purpose of this funding is to provide services to victims of crime, grantees can also request funding for fundraising, (includes grant writing) prevention and administrative costs. These costs are to be separated from direct services and detailed in the budget justification. Federal funds CANNOT be used for fundraising; VOCA funds cannot be used for administration. In limited amounts other federal dollars can be used for prevention or administrative costs.

**Administrative costs will be scrutinized** and, in general, limited to no more than 20% of the total request for payroll. Exceptions can be granted for smaller, grassroots organizations, or others with sufficient justification.

<b>Payroll Budget Form</b>	
<b>Name:</b>	First and last name
<b>Title:</b>	
<b>New Position (Yes/No):</b>	
<b>Total hours per week on this grant:</b>	Estimated number of hours per week this person will work on this grant – not all grants combined.
<b>Total work hours per week for position:</b>	The number of hours per week this person works. If part time, enter average hours
<b>FTE on grant activity:</b>	(Auto calculation)
<b>Total Annual Salary:</b>	
<b>Amount Requested – Direct Services:</b>	
<b>Amount Requested – Fundraising, Prevention &amp; Administration:</b>	
<b>Total Requested:</b>	(Auto calculation)
<b>% of Request:</b>	(Auto calculation)

**Payroll Justification** – Explain how the positions entered above are needed for this project, provide a summary of their duties and how they will contribute to this project. You do not need to explain the need for direct service staff / advocates. Positions such as volunteer coordinator, grant writer, finance staff, communications, etc., need to be thoroughly justified. Explain your allocation method for staff who are charged to multiple sources. *For example: The volunteer coordinator is responsible for (list duties related to this grant) and will*

*contribute approximately X amount of time (provide hours or percentage) to this grant based on the needs of this project.*

**Benefits** – This is a drop-down box with 4 options: FICA, Health, Vision and Dental, Allowance/Stipends and Other. You can pick each option once and enter the total for each benefit on the appropriate line. To add another benefit, click on the + button to the right of the benefits form.

<b>Name (Type of Benefit):</b>	<input type="checkbox"/> FICA
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

<b>Name (Type of Benefit):</b>	<input type="checkbox"/> <b>Health, Vision &amp; Dental</b>
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

<b>Name (Type of Benefit):</b>	<input type="checkbox"/> Allowance/Stipends
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

<b>Name (Type of Benefit):</b>	<input type="checkbox"/> <b>Other (Describe):</b>
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Benefits Justification** – Explain how you determined the total costs and requested amounts; show your calculations. If you choose “other,” be sure to describe those expenses; be specific. *For example: Benefits include FICA at 7.65%, retirement at 2.5%, unemployment at .4%, etc. We are requesting X percentage of benefits to align with the percentage of salaries requested.*

**In-State Travel** – Enter the total amounts for travel for services and total amount for in-state training. **NOTE: Travel must follow Iowa’s travel policies. For more information:** <https://das.iowa.gov/state-employees/state-accounting/travel-relocation/state-travel>

<b>Travel for Services</b>	
<b>Total Costs:</b>	
<b>Requested Amount:</b>	

<b>% of Request:</b>	(Auto calculation)
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<b>In-State Training</b>	
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**In-State Travel Justification** – Explain how you determined the total costs and requested amounts; show your calculations. If you are requesting funds for in-state training, include the name of the training and the location (if unknown, enter TBD), provide a breakdown of costs of training (registration costs, travel costs, hotel costs, meal costs) and number of staff attending, as well as why this training will enhance or improve services to victims. *For example: Connecting victim advocates with clients is essential and studies report face-to-face advocacy is greatly preferred by clients in crisis. Our service area covers x counties and is mostly rural. The estimated total costs for in-state travel for services is \$X. We are asking the grant to pay for \$Y. Costs for travel for services was determined by multiplying the estimated total miles (XXX) by the state rate of \$.50/mile.*

*We estimate the cost of in-state training to be \$X. We are requesting funding of \$Y. These costs were determined by multiplying the state rate of \$.50/mile by the estimated miles traveled. These costs are for outreach staff meetings, meetings in Des Moines, (list what training you think you will attend). We anticipate sending X staff to the annual victim symposium in Des Moines. The estimated cost for that travel is \$X (provide the breakdown – miles, hotel, food)*

**Travel to provide services is travel on behalf of victims such as mobile advocacy, accompaniment to victim appointments, transportation to shelter, etc.**

**Out-of-State Training** – enter the total costs for out of state travel.

**NOTE: Travel must follow Iowa’s travel policies. For more information:**

<https://das.iowa.gov/state-employees/state-accounting/travel-relocation/state-travel>

<b>Out of State Travel</b>	
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Out-of-State Travel & Training Justification** – Explain how you determined the total costs and requested amounts; show your calculations. Include the name of training and location (if unknown, enter TBD), provide a breakdown of costs of training (registration costs, travel costs, hotel costs, meal costs) and number of staff attending, as well as why this training will enhance or improve services to victims. *For example: We plan to send 2 staff to out-of-state conferences TBD. We are budgeting \$X from this grant as a placeholder. This amount is based on historical travel costs. When a conference is identified, we will submit an out-of-state travel request. When out of state/conferences are known: We are requesting funding to send an*

*advocate to the Victim conference in (name of city/state). The estimated cost of the trip is \$XX determined as follows: (list estimated cost of airfare, hotel, registration, etc.)*

**Contractual Services** – Complete each field below for each contracted service for which you are requesting funding. To add more rows on the form, click the + button to the right of the form.

<b>Name of Contractor or Subcontractor:</b>	
<b>Type of Contract:</b>	
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Contractual Services Justification** – Explain how you determined the total costs and requested amounts; show your calculations. Explain why this contractual service is needed and how it will enhance or improve services for victims. In the justification box, provide details on each contractor or subcontractor you included in the budget. Describe the services they provide, explain if this is a shared cost between other funding sources and how you determined the amount this grant should pay. *For example: AAA is an online HR service that processes all our (list the services provided). The cost is \$X per month for an annual cost of \$X. Approximately X % of their time is spent on this grant; therefore, we are requesting \$X.*

**Equipment** – Complete each field below for each type of equipment (capitalized and sensitive minor) for which you are requesting funding. *For example, if you are requesting 2 laptops, 2 cell phones and 1 printer, you would complete the section below once for the 2 laptops, once for the 2 cell phones and once for the printer.* To add more rows on the form, click the + button at the right of the form.

<b>Equipment Item:</b>	
<b>Quantity:</b>	
<b>Cost per Item:</b>	
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Equipment Justification** – Explain how you determined the total costs and requested amounts; show your calculations. Explain why this equipment is needed. Explain if the equipment and the cost of the equipment will be shared between all funding sources. If not, explain. *For example: We are requesting the purchase of a new server. The estimated cost for the server is \$X. Approximately X% of our agency’s expenses are charged to this grant and therefore we are asking for \$X. The remaining costs of the server will be allocated appropriately to our other funding sources. OR We are requesting 100% of the cost of a new laptop for our new advocate position as 100% of their time is charged to this grant.*

**Repairs and Maintenance** – Complete each field below for each type of repair or maintenance for which you are requesting. To add more rows on the form, click the + button to the right of the form.

<b>Description:</b>	
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Repairs & Maintenance** – Explain how you determined the total costs and requested amounts; show your calculations. *For example: The estimated costs of repairs and maintenance are based on the square footage of the main office and the outreach offices. Based on historical spending, we estimate the costs of repairs and maintenance to be \$X. We are requesting \$X from this grant.*

**Rent** – Enter rent information in each field below for each type of rent for which you are requesting funding (office, shelter, facility, etc.). To add more rows on the form, click the + button on the right side of the form.

<b>Location:</b>	
<b>Monthly Rent Costs:</b>	
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Rent Justification** – Explain how rent costs are allocated. Give a brief explanation of where outreach offices are and how they are used to serve victims, if the sites are shared, hours they are open, or other information to show the importance of multiple rental sites. *For example: The requested amount is based on the number of staff in each of the outreach offices charged to this grant. Since X% of staff are charged to this grant, we are asking the grant to cover X% of the total cost of the rent.*

**Utilities** – Complete each field below for each type of utility for which you are requesting funding. This is a drop-down box with the options to select water, electric, gas, or other. You can select each type of utility once and will enter the total cost for each type of utility. To add another option, click the + button to the right of the form.

<b>Type of Utility:</b>	<input type="checkbox"/> Water
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

<b>Type of Utility:</b>	<input type="checkbox"/> Electric
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

<b>Type of Utility:</b>	<input type="checkbox"/> Gas
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

<b>Type of Utility:</b>	<input type="checkbox"/> other
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Utilities Justification** – Explain how you determined the total costs and requested amounts; show your calculations. If you selected “other,” you must describe those expenses. *For example: Utilities are based on the square footage of the offices and on the number of staff using each office. Based on historical spending, we estimate the total cost of (list each utility) to be \$XX. We are asking for this grant to cover X%.*

**Communications** – Complete each field below for each type of communication for which you are requesting funding. This is a drop-down box with the options to select landline, cell phone, staff reimbursement, internet, or other. You can select each type of expense once and will include the total cost for each communication expense. To add another option, click the + button to the right of the form.

<b>Item/Type:</b>	<input type="checkbox"/> Landline
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

<b>Item/Type:</b>	<input type="checkbox"/> Cell Phone
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

<b>Item/Type:</b>	<input type="checkbox"/> Staff Reimbursement – Cell Phone
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

<b>Item/Type:</b>	<input type="checkbox"/> Internet
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<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)
<b>Item/Type:</b>	<input type="checkbox"/> Other
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Communications Justification** – Explain how you determined the total costs and requested amounts; show your calculations. Explain why these costs are needed and how they will enhance or improve services for victims. If you selected “other,” you must describe those expenses. Explain the costs for each type of communication you are requesting this grant to pay. *For example: The total estimated cost for the landlines is \$X. We are asking for this grant to pay for \$X. (then explain how you determined the breakdown).*

**Advertising** – Complete each field below for each type of advertising for which you are requesting funding. To add another row, click the + button to the right of the form. This is not a drop-down box; however, you should include similar expenses on the same line.

<b>Description:</b>	
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Advertising Justification** – Explain how you determined the total costs and requested amounts; show your calculation. Explain why these costs are needed and how they will enhance or improve services for victims. *For example: Annually we spend approximately \$X amount to advertise job openings for this project. We plan to hold several outreach events in the next year. Costs associated with each of these events are as follows: (list the events and their related costs). Let us know if this is a shared expense or specific to this project.*

**NOTE: Certain advertising and public relations costs cannot be charged to federal funds. See 2 CFR 200.421 <https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E/subject-group-ECFRed1f39f9b3d4e72/section-200.421> Memorabilia, t-shirts, wrist bands, and other items often referred to as “swag” will be scrutinized. If these expenses are requested for outreach or awareness, applicants must justify in great detail why these items are the best way to provide outreach to victims.**

**Supplies** – Complete each field below for each type of supply for which you are requesting funding. This is a drop-down box with the options to select office, project, shelter, or other. You can select each type of expense once and enter the total cost for each type of supply. To add another option, click the + button to the right of the form.

<b>Description/Type:</b>	<input type="checkbox"/> Office
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)
<b>Description/Type:</b>	<input type="checkbox"/> Project
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)
<b>Description/Type:</b>	<input type="checkbox"/> Shelter
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)
<b>Description/Type:</b>	<input type="checkbox"/> Other
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Supplies Justification** – Explain how you determined the total costs and requested amounts. Show your calculations. Explain why these costs are needed and how they will enhance or improve services for victims. If you selected “other,” you must describe those expenses. If you requested funding for office supplies and you have an indirect rate, you must explain why these expenses are included as direct grant expenses. You do not need to justify the need for office supplies, rather show how you determined the total cost and justify why this grant should pay a portion. Project supplies can be 100% charged to the grant if there are no other sources to share the expenses. *For example: We estimate that we spend approximately \$X on offices supplies annually. This includes (list what it includes). This grant is approximately Y% of the organization’s budget and therefore we are requesting Z% or \$Z from this grant for office supplies. Project supplies are estimated to be \$X. (list what the project supplies will be used for – support groups, etc). We are requesting 100% of the cost of project supplies.*

**Insurance** –Complete each field below for each type of insurance for which you are requesting funding. This is a drop-down box with the options to select general & professional liability, workers comp, directors and officers, or other. Select each type of expense once and enter the total cost. To add another option, click the + button to the right of the form.

<b>Description/Type:</b>	<input type="checkbox"/> General & Professional Liability
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

<b>Description/Type:</b>	<input type="checkbox"/> Workers Comp
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)
<b>Description/Type:</b>	<input type="checkbox"/> Directors & Officer
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)
<b>Description/Type:</b>	<input type="checkbox"/> Other
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Insurance Justification** - Explain how you determined the total costs and requested amounts. Show your calculations. If you selected “other,” you must describe those expenses. *For example: The annual estimated cost of liability insurance for the agency is \$X. Based on our allocation method (explain) we are requesting the grant to pay for \$X.*

**Other Expenses** - This expense category should be used for expenses you are not able to categorize above.

<b>Description/Type:</b>	
<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Other Expenses Justification** – Describe in detail “other expenses” and how you determined the total costs and requested amounts. Show your calculations. Explain why these costs are needed and how they will enhance or improve services for victims. Use this category if there is no other appropriate budget category. *For example: We are requesting funding to cover the costs of background checks for the new advocate. The estimate cost is \$X.*

**Client Assistance** – Enter the total cost and the amount for which you are requesting funding.

<b>Total Costs:</b>	
<b>Requested Amount:</b>	
<b>% of Request:</b>	(Auto calculation)

**Client Assistance Justification** – Explain how you determined the total costs and requested amounts. Explain how you anticipate using client assistance. *For example: The estimated total costs for client assistance are estimated to be \$X (explain how you determined total costs, what are examples of client assistance). We have other funding sources to cover most client assistance needs; therefore, we are requesting \$Y from this grant. OR, We have no other sources of funding for client assistance and therefore we are requesting 100% of the cost of budgeted client assistance.*

**NOTE: Client assistance is financial assistance generally paid to vendors on behalf of the client to assist victims with healing and stability. Cash cannot be given directly to victims. Organizations which issue gift cards must have written gift card policy and procedures.**

**Indirect Costs** – If using an indirect cost rate, enter your federally approved rate. If using the de minimus rate, enter a percentage up to 15%.

<b>Indirect Cost %:</b>	
<b>Total Requested:</b>	

**Indirect Costs Calculation** – Modified total direct costs (MTDC) are direct costs which are included in the indirect cost calculation. If you use the de minimus rate, MDTC excludes rent, maintenance, utilities, capitalized equipment and the portion of subawards greater than \$50,000. To determine MTDC, subtract the excluded costs from the total direct costs. Multiply the MTDC by the indirect cost percentage. Enter this amount in the budget form as the Total Requested amount. Show your calculation. For example:

*Total direct costs = \$100,000. MTDC is \$97,000.  $\$97,000 \times 15\% = \$14,550$ , which is the amount of indirect costs we are requesting. (The total budget is \$114,550).*

### Match

Match or cost sharing means a portion of the costs of the project is not paid for with federal funds. Match funds are usually stated as a percentage of the total amount of funds awarded. For this application, enter match as indicated on the budget details form. Cash match includes cash spent on allowable project expenses, such as salaries and benefits, project supplies, client assistance, etc. These expenses are not charged to any federal funding source. The value of volunteers providing allowable services which benefit this project is calculated by using rates similar to rates paid for similar work, including fringe benefits. In-kind match includes donations such as supplies, equipment, space, etc. only if they are allowable and benefit the project. The value of in-kind donations must not exceed the fair market value at the time of donation.

	<i>Projected Match (\$)</i>	<i>Projected Match Source</i>	<i>% of Required Match</i>
<i>Cash (Direct Services)</i>			
<i>Volunteers</i>			
<i>In-Kind Costs</i>			
<i>Totals:</i>			

# APPENDIX D

## Applications Chosen for Funding

Applicants chosen for funding will receive an email stating their proposal has been recommended for funding pending the outcome of the appeals process (reconsideration). Once the appeals process is complete, applicants will receive another notification advising them of the final funding decision.

Applicants approved for funding will be assigned to a Victim Assistance grant coordinator who will manage the grant and serve as the key contact. Proposals selected for funding will likely require changes to their original applications. For example, if the amount awarded is different from the request, the budget will need to be modified. All proposal changes are completed in the grants management system.

### **Subaward agreement and contracting requirements**

Grant funding is awarded annually, where year one is competitive, years two and three are continuing awards. The Department through the Victim Assistance Section contracts with grantees by issuing subaward agreements generated through the online grants management system. Subaward agreements are signed electronically by both parties. The organization determines who has the role/responsibility to sign contracts. In addition to signing the subaward agreement grantees must agree to abide by all certified assurances issued by the federal government and the state.

### **Grant funds are issued on a reimbursement basis**

Expenditures shall be reimbursed pursuant to regular reimbursement procedures of the state of Iowa. Grantees request reimbursement for allowable grant expenses by submitting claims.

### **Performance reports and data collection**

All grantees are required to submit timely performance reports as directed. Failure to submit reports by due dates shall result in suspension of financial reimbursements. Delinquent or inadequate reports from prior grants may detrimentally influence the award of funds for the following year. Performance report requirements are available online [here](#).

### **Subaward monitoring**

To ensure financial and programmatic compliance, grantees will be monitored regularly.

### **New grantee orientation**

Grantees will be invited to participate in a new grantee orientation.