

# Statewide Coalitions

By Donna Phillips

# Letter of Intent

- Letter of Intent Due by December 15, 2015
  - On Your Agency Letterhead
    - Type of Service for which your agency is Applying:
      - Domestic Violence Coalition
      - Sexual Assault Coalition
    - State the Program is a Statewide Program
    - Signed by Director or Board Chair
    - Must register in IowaGrant.Gov on or before Dec. 15th
  - Email letter to Natalie Scarpino at [Natalie.Scarpino@iowa.gov](mailto:Natalie.Scarpino@iowa.gov) or fax it to Natalie Scarpino's attention at 1-515-281-8199.

# Application Cycle

- Applications Due:
  - By 4:30 pm on January 22, 2016
  - In IowaGrants.Gov
  - Hard copy applications will not be excepted in place of online application unless otherwise directed by VSS Administrator or CVAD Director
- Application Review Committee
  - Meet March 15,16 & 17, 2016
  - Victim Services Support Program (VSS) Staff,
  - CVAD Director
  - CVAD Division Accountant
  - Team of volunteer reviewers

# Application Cycle

- Funding/Award Recommendations to Crime Victim Assistance Board April 15, 2016
- Award/Denial Letters Sent to All Applicants on April 21, 2016
- Appeals Due on May 5, 2016 to CVAD Director
- CVA Board Hears Appeals on June 3, 2016
- Final Contracts via IowaGrants.Gov by July 1<sup>st</sup>

Iowa Grants.Gov

Help  
Log In

System Compatibility

# Welcome to IowaGrants.gov

Iowa's Funding Opportunity Search and Grant Management System

**FUNDING OPPORTUNITIES OFFERED BY IOWA STATE AGENCIES**

[Grant Opportunities](#)  
[Loan Opportunities](#)  
[Bids/Purchases](#)  
[Licenses/Permits](#)

*You do not need to register for Search access.*

**ELECTRONIC GRANT MANAGEMENT SYSTEM**

Iowa Grants.gov allows you to electronically apply for and manage grants received by the state of Iowa. Persons accessing the system for this purpose are required to register.

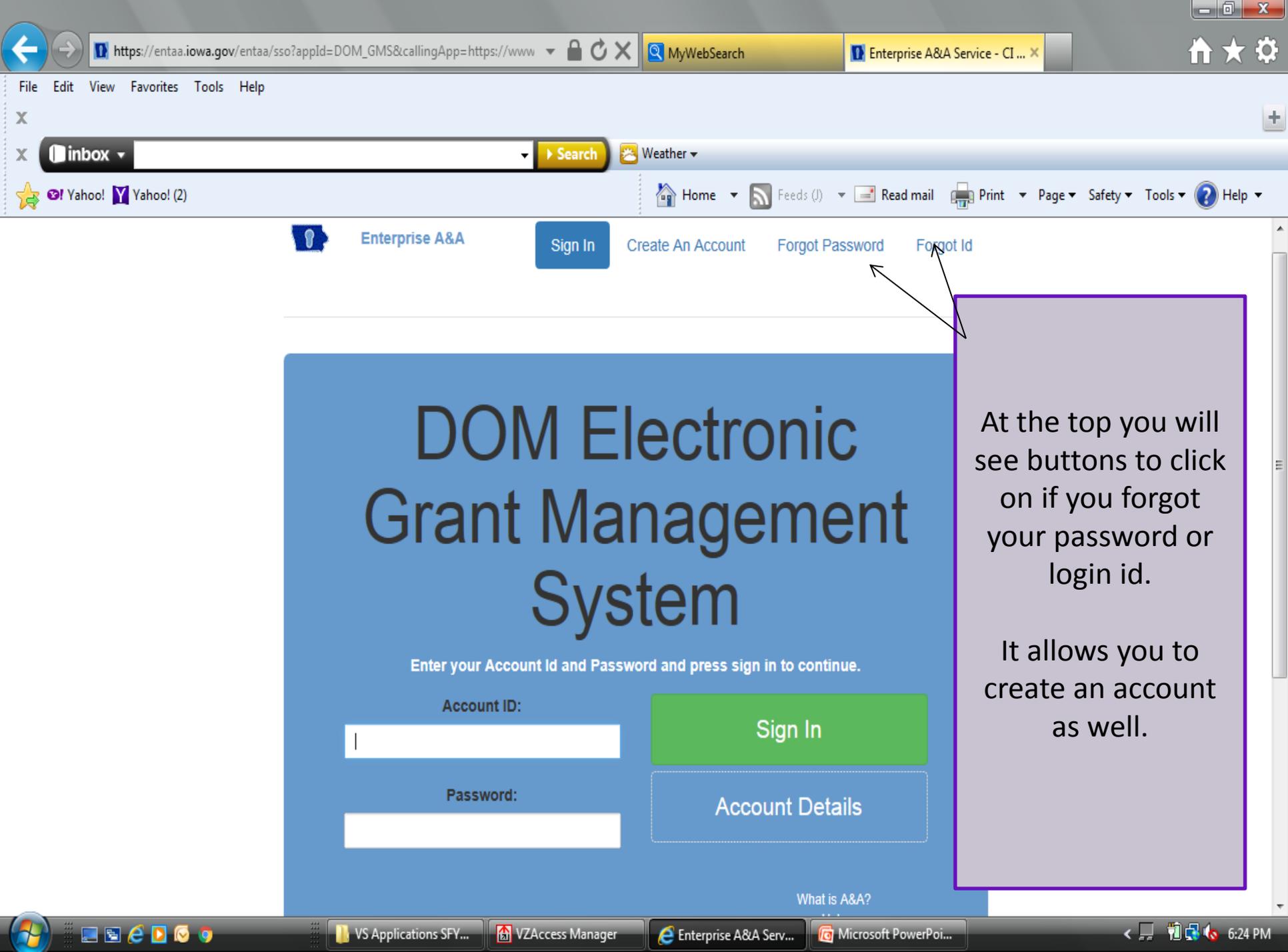
[Returning Users Sign In Here](#)

[New Users Register Here](#)  
(Registration Instructions)

Log onto Iowa Grants.Gov through the website at <https://www.iowagrants.gov/>

If you are a returning user, click on "Returning Users Sign in Here"

If you are a new user click on "New Users Register Here".



Enterprise A&A

Sign In

Create An Account

[Forgot Password](#)

[Forgot Id](#)

# DOM Electronic Grant Management System

Enter your Account Id and Password and press sign in to continue.

Account ID:

Password:

Sign In

Account Details

At the top you will see buttons to click on if you forgot your password or login id.

It allows you to create an account as well.

What is A&A?

VS Applications SFY...

VZAccess Manager

Enterprise A&A Serv...

Microsoft PowerPoi...

6:24 PM

# DOM Electronic Grant Management System

Enter your Account Id and Password and press sign in to continue.

Account ID:

Password:

Sign In

Account Details

What is A&A?  
Help  
Report Issue to State Service Desk

If you click the "Help" button it will also explain on how to create an id for the first time.

## Account Id Examples

Public User Account Format:

State Employee Account Format:



IowaGrants.gov

Menu | Help | Log Out

Back | Print | Add | Delete

Welcome

### Main Menu

*Click Help above to view instructions. Go to "My Profile" to reset password.*

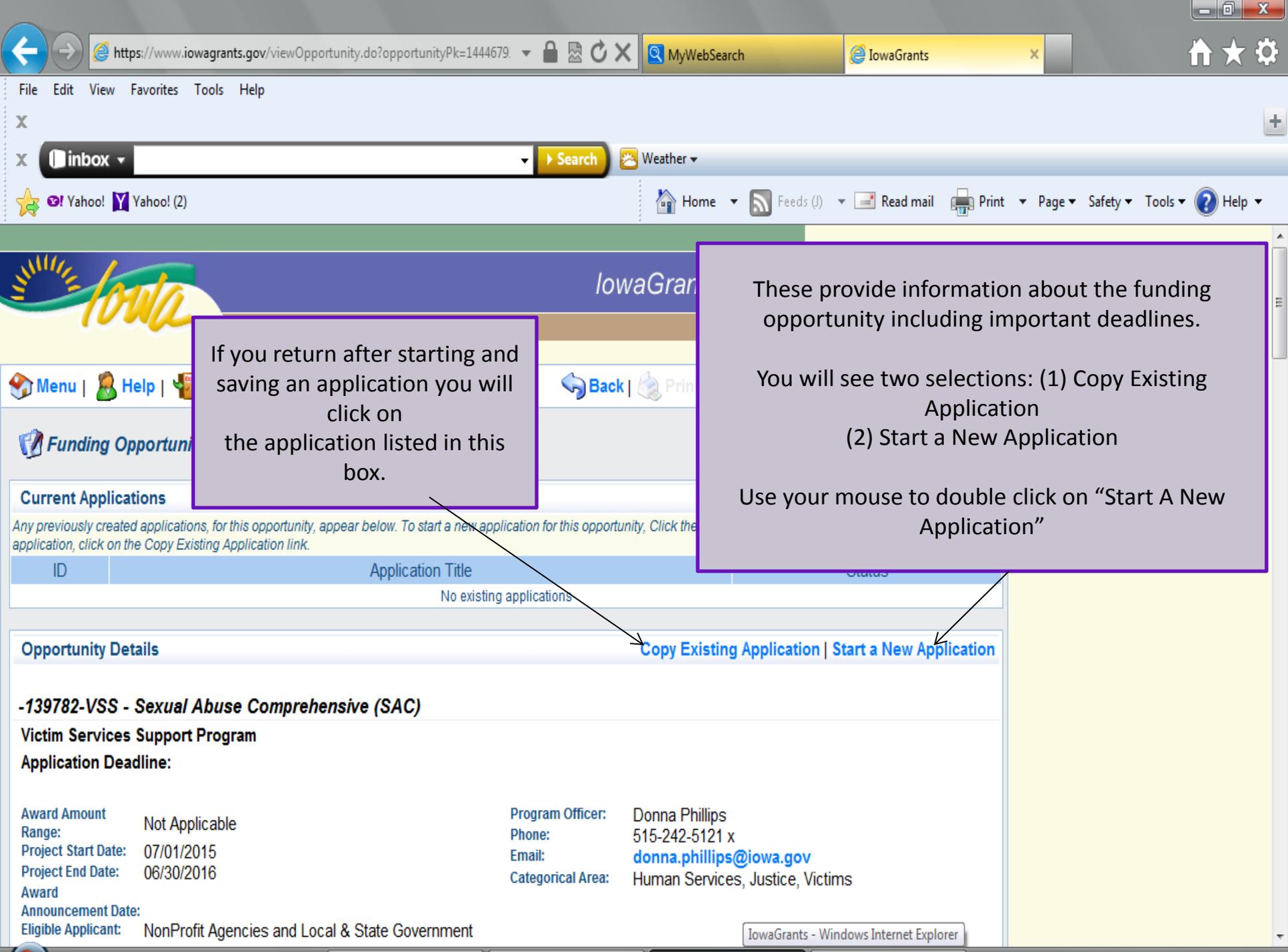
- Instructions
- My Profile
- Funding Opportunities
- My Applications
- My Grants

Your Main Menu screen will appear with your different sections.

When you enter for the first time you click on "Funding Opportunity".

After you have started and saved an application you click on "My Application" to go back the one you have created.





If you return after starting and saving an application you will click on the application listed in this box.

These provide information about the funding opportunity including important deadlines.

You will see two selections: (1) Copy Existing Application  
(2) Start a New Application

Use your mouse to double click on "Start A New Application"



Current Applications

Any previously created applications, for this opportunity, appear below. To start a new application for this opportunity, Click the application, click on the Copy Existing Application link.

ID	Application Title	Status
No existing applications		

Opportunity Details

[Copy Existing Application](#) | [Start a New Application](#)

**-139782-VSS - Sexual Abuse Comprehensive (SAC)**

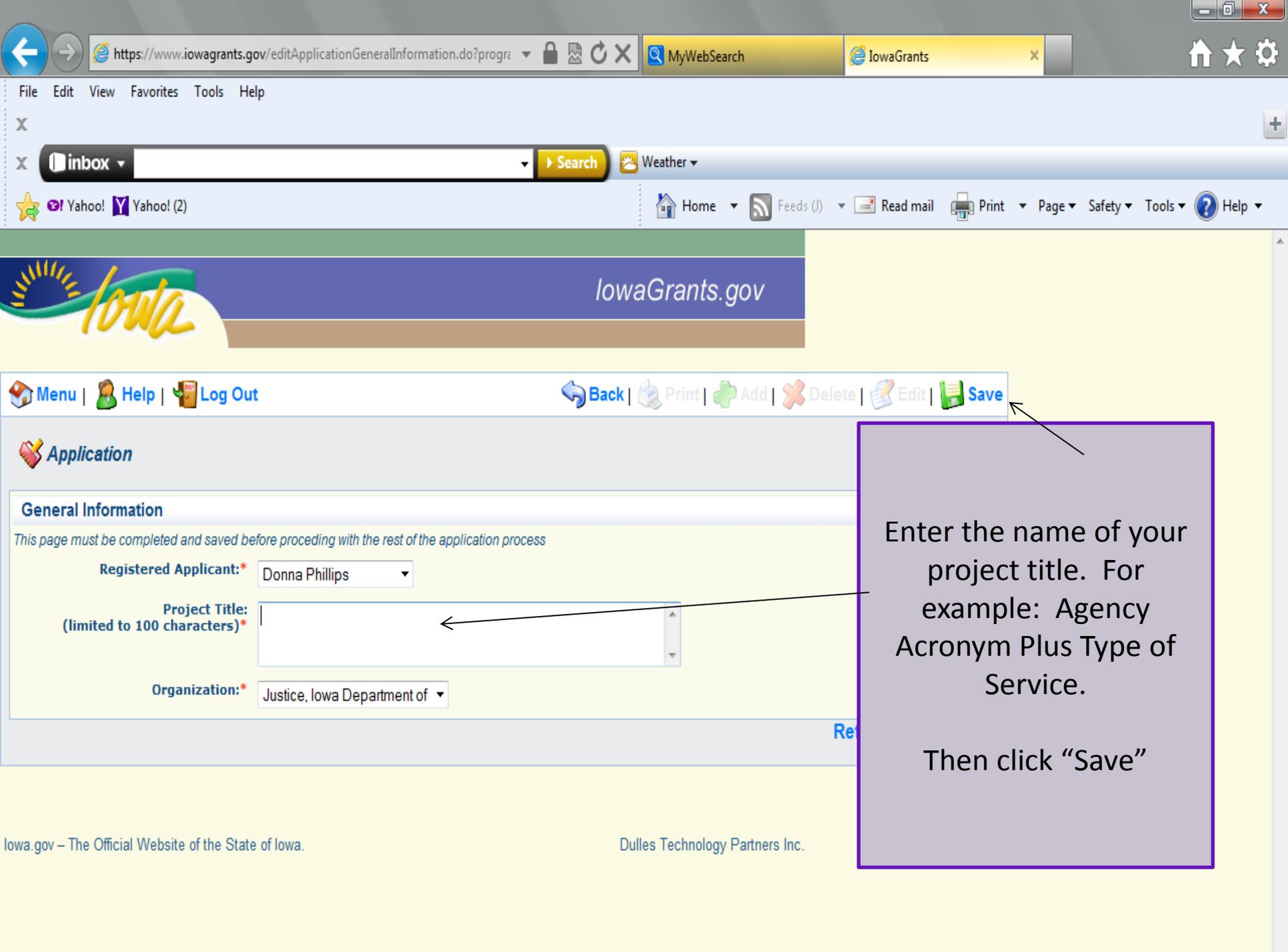
**Victim Services Support Program**

**Application Deadline:**

Award Amount Range: Not Applicable  
Project Start Date: 07/01/2015  
Project End Date: 06/30/2016

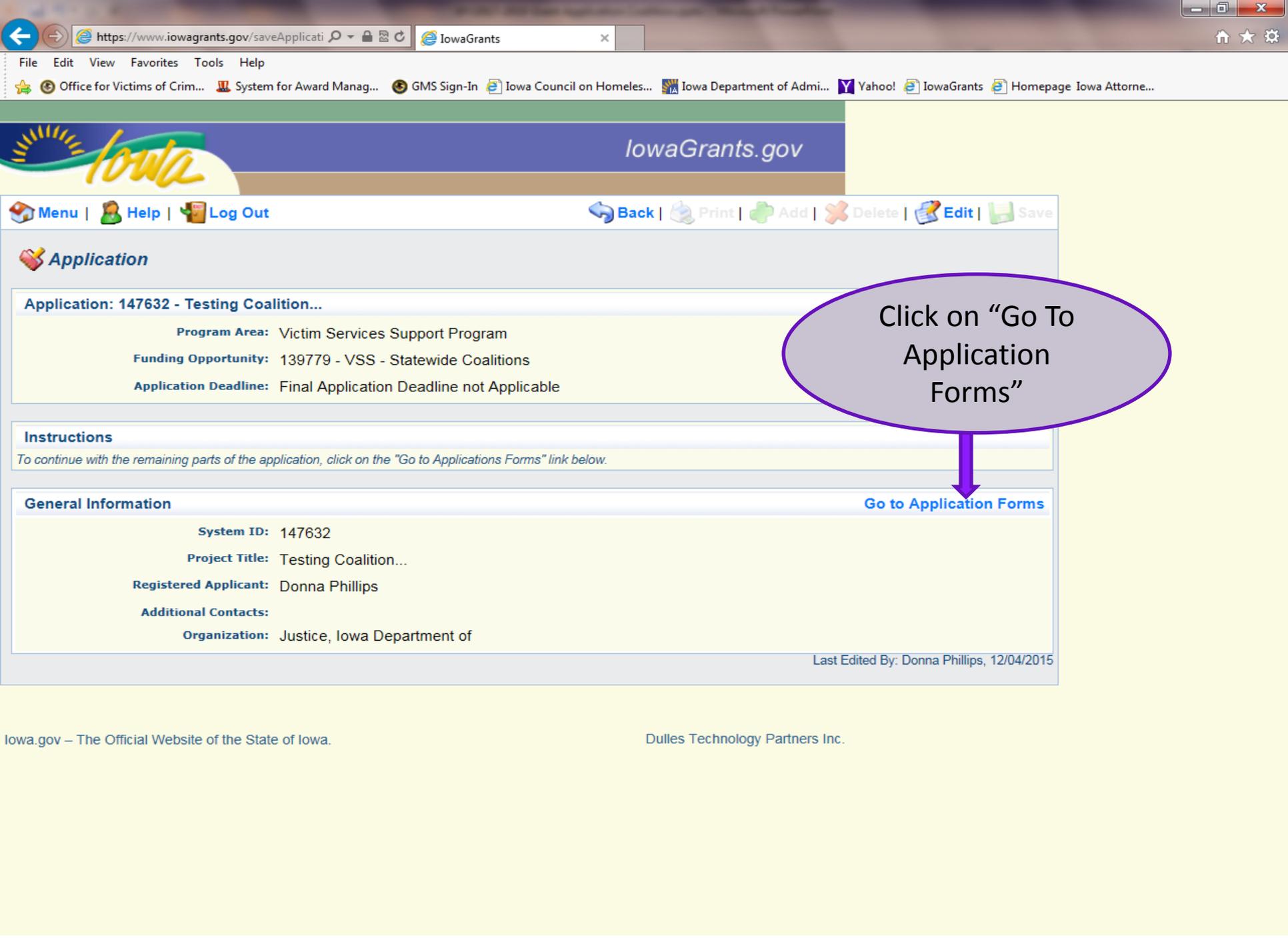
Program Officer: Donna Phillips  
Phone: 515-242-5121 x  
Email: [donna.phillips@iowa.gov](mailto:donna.phillips@iowa.gov)  
Categorical Area: Human Services, Justice, Victims

Award Announcement Date:  
Eligible Applicant: NonProfit Agencies and Local & State Government



Enter the name of your project title. For example: Agency Acronym Plus Type of Service.

Then click "Save"



### Application

#### Application: 147632 - Testing Coalition...

**Program Area:** Victim Services Support Program  
**Funding Opportunity:** 139779 - VSS - Statewide Coalitions  
**Application Deadline:** Final Application Deadline not Applicable

#### Instructions

To continue with the remaining parts of the application, click on the "Go to Applications Forms" link below.

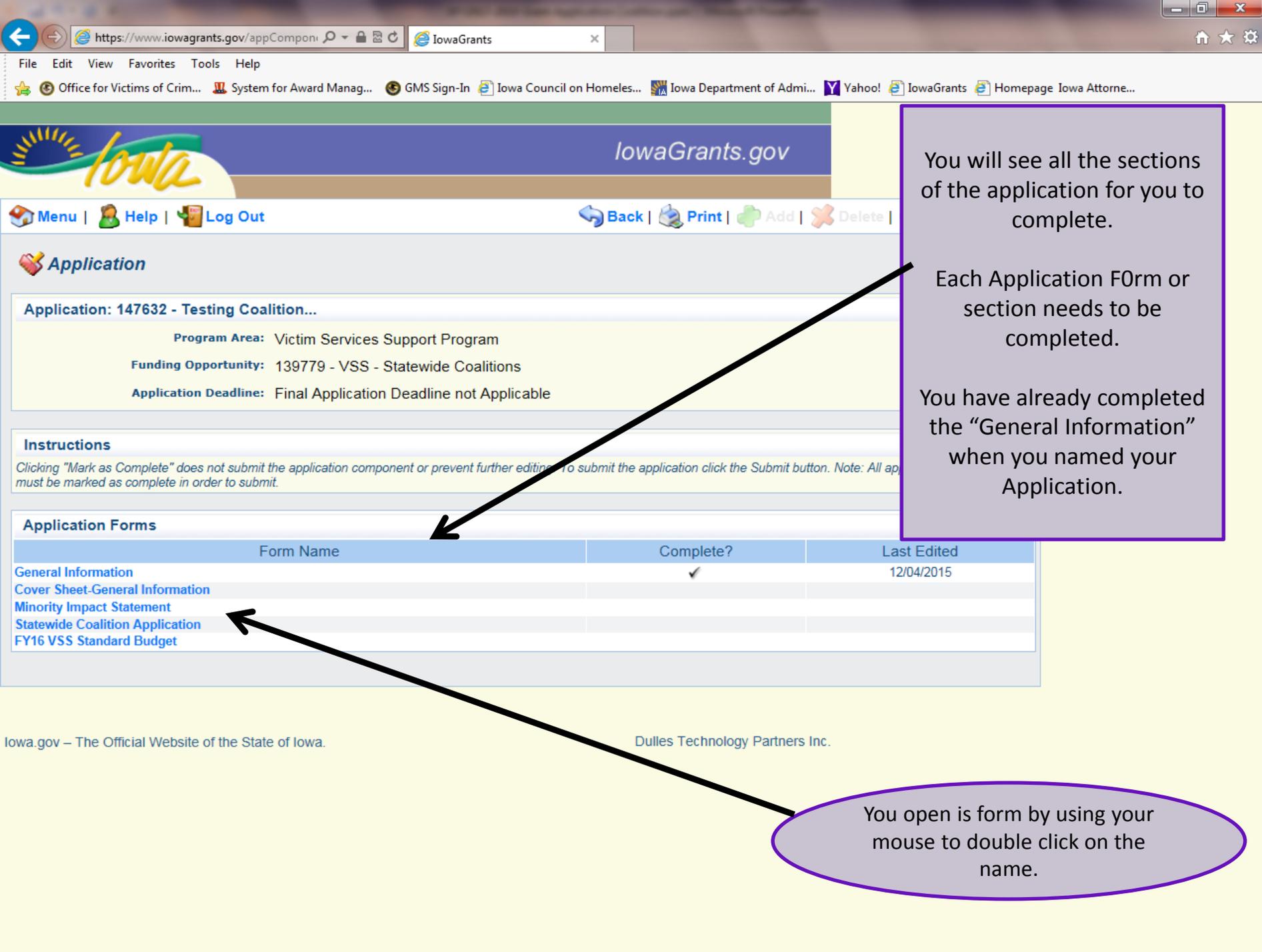
#### General Information

**System ID:** 147632  
**Project Title:** Testing Coalition...  
**Registered Applicant:** Donna Phillips  
**Additional Contacts:**  
**Organization:** Justice, Iowa Department of

[Go to Application Forms](#)



Last Edited By: Donna Phillips, 12/04/2015

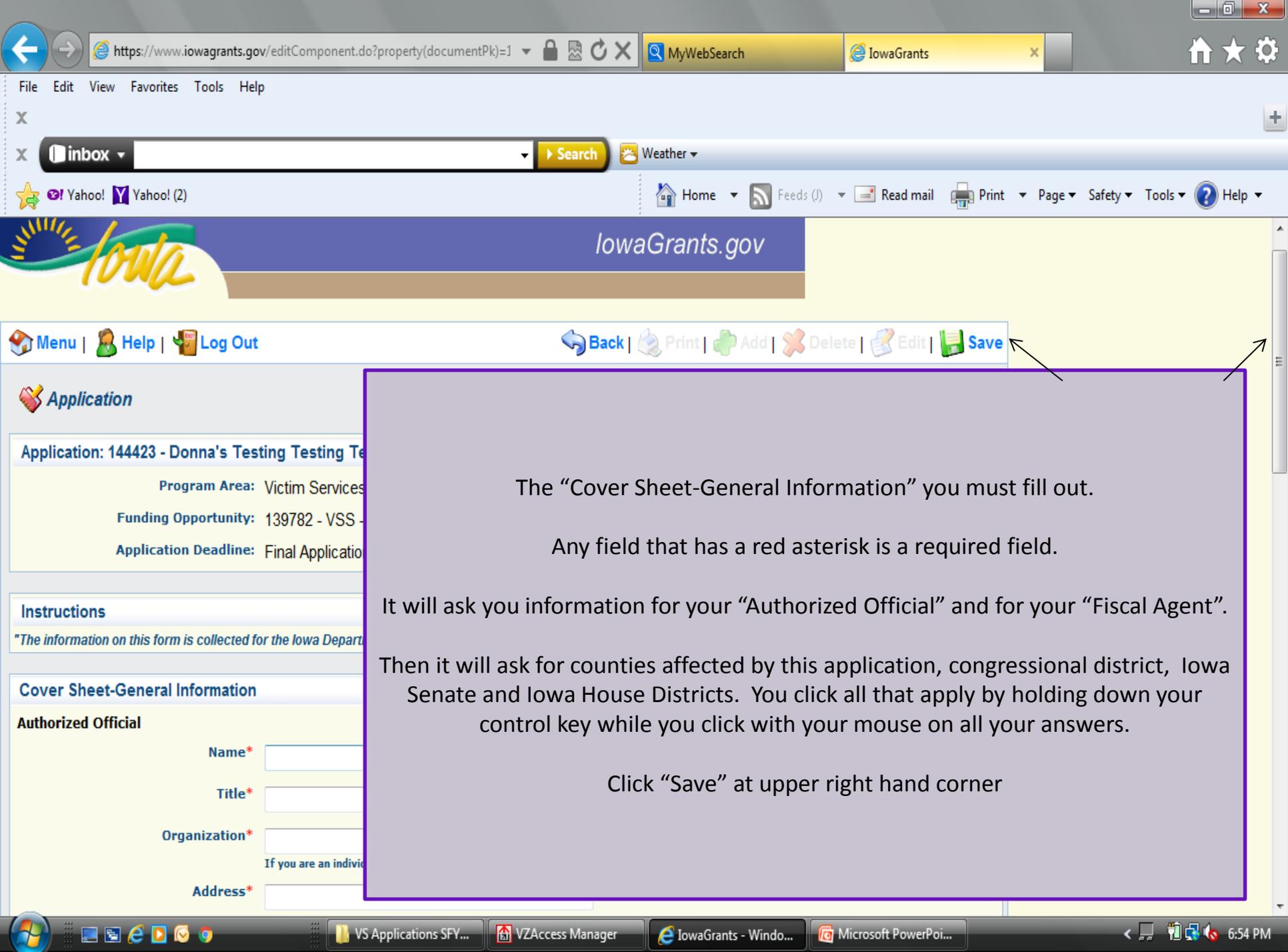


You will see all the sections of the application for you to complete.

Each Application Form or section needs to be completed.

You have already completed the "General Information" when you named your Application.

You open is form by using your mouse to double click on the name.

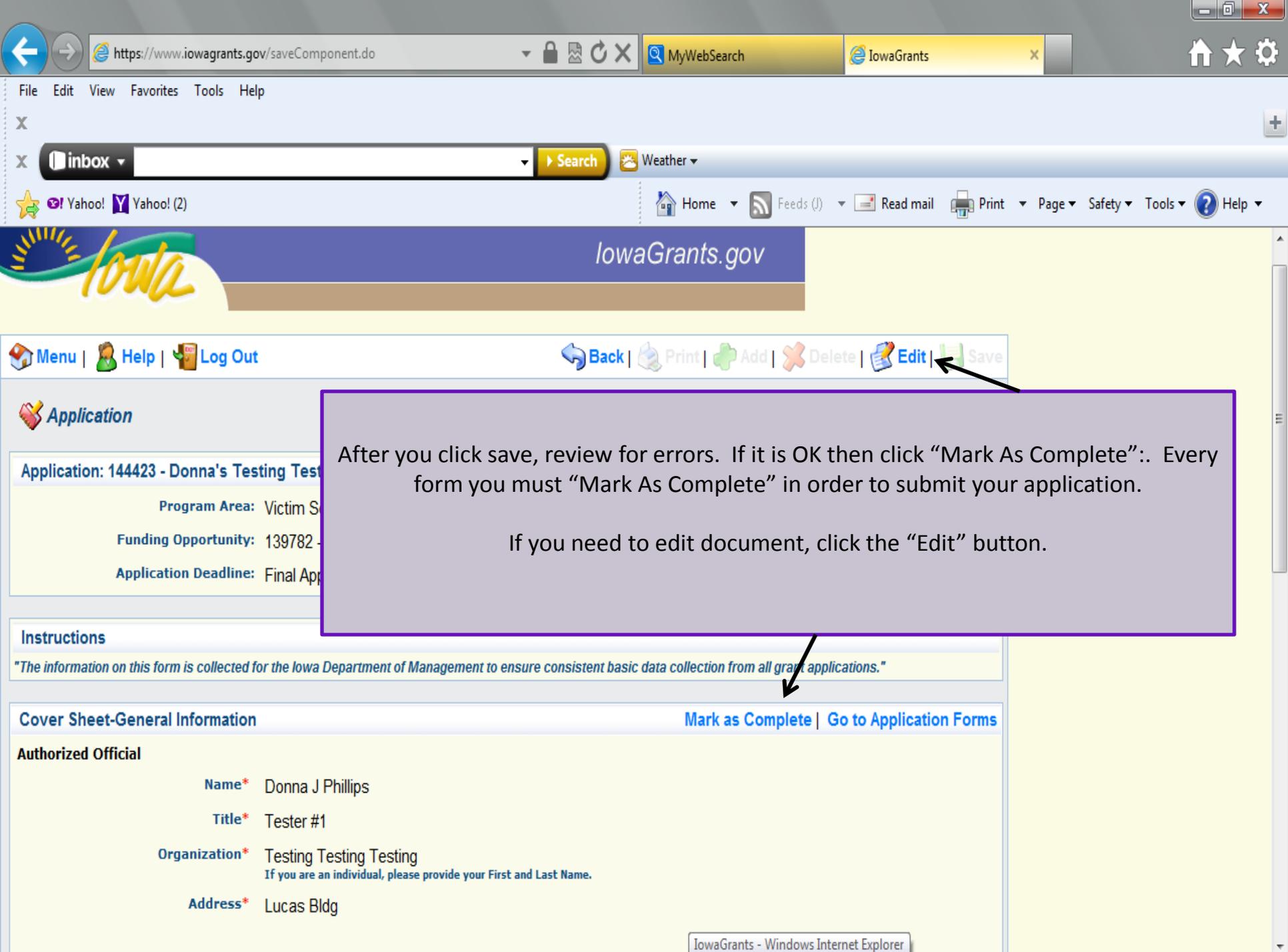


Application: 144423 - Donna's Testing Testing Te  
Program Area: Victim Services  
Funding Opportunity: 139782 - VSS -  
Application Deadline: Final Application

Instructions  
"The information on this form is collected for the Iowa Depart

Cover Sheet-General Information  
Authorized Official  
Name\*   
Title\*   
Organization\*   
If you are an individ  
Address\*

The "Cover Sheet-General Information" you must fill out.  
Any field that has a red asterisk is a required field.  
It will ask you information for your "Authorized Official" and for your "Fiscal Agent".  
Then it will ask for counties affected by this application, congressional district, Iowa Senate and Iowa House Districts. You click all that apply by holding down your control key while you click with your mouse on all your answers.  
Click "Save" at upper right hand corner



After you click save, review for errors. If it is OK then click "Mark As Complete":. Every form you must "Mark As Complete" in order to submit your application.

If you need to edit document, click the "Edit" button.

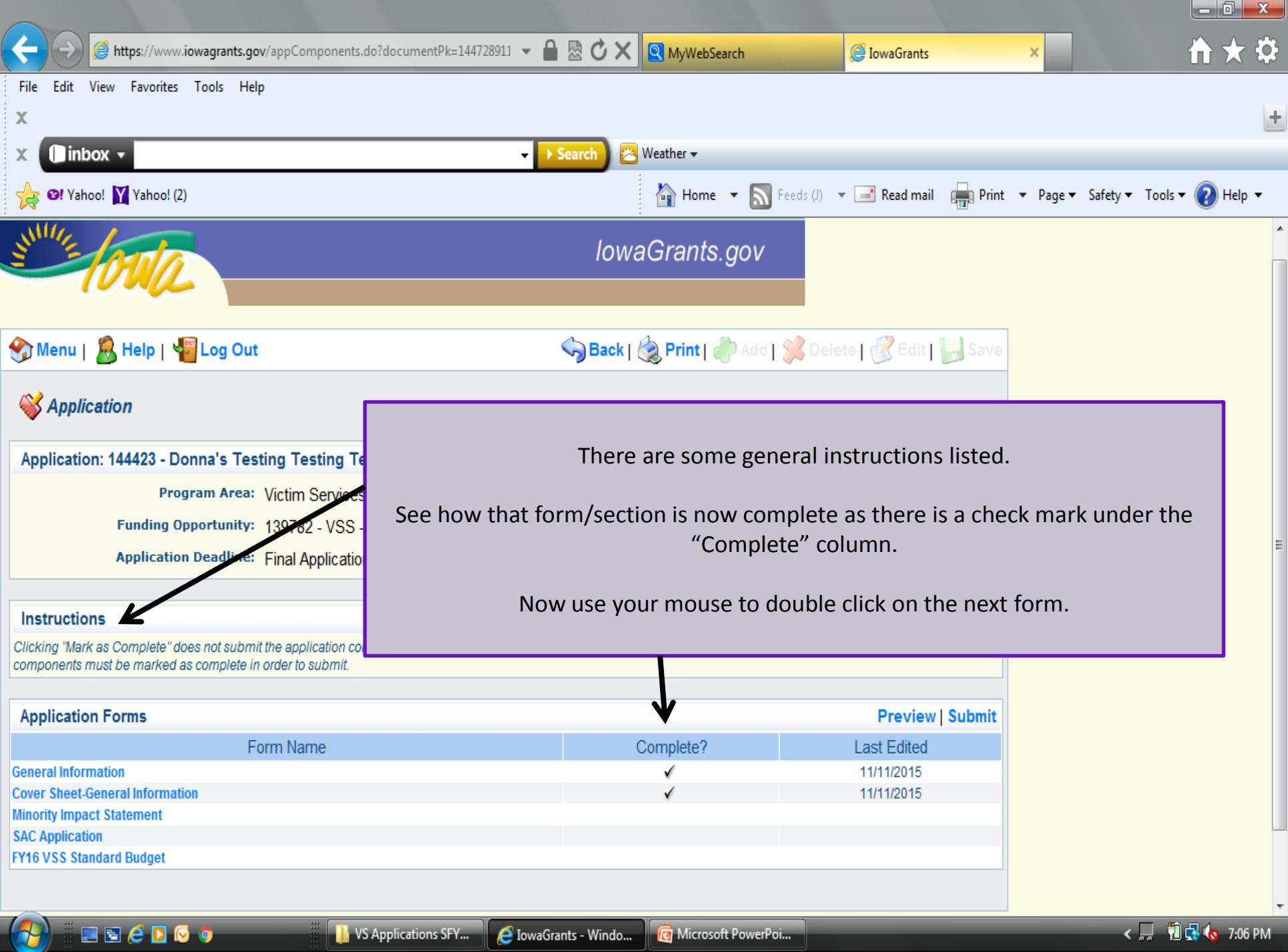
**Application: 144423 - Donna's Testing Test**  
Program Area: Victim S  
Funding Opportunity: 139782  
Application Deadline: Final App

**Instructions**  
"The information on this form is collected for the Iowa Department of Management to ensure consistent basic data collection from all grant applications."

**Cover Sheet-General Information** [Mark as Complete](#) | [Go to Application Forms](#)

**Authorized Official**

Name\* Donna J Phillips  
Title\* Tester #1  
Organization\* Testing Testing Testing  
If you are an individual, please provide your First and Last Name.  
Address\* Lucas Bldg



### Application

**Application: 144423 - Donna's Testing Testing Te**  
**Program Area:** Victim Services  
**Funding Opportunity:** 139782 - VSS -  
**Application Deadline:** Final Application

### Instructions

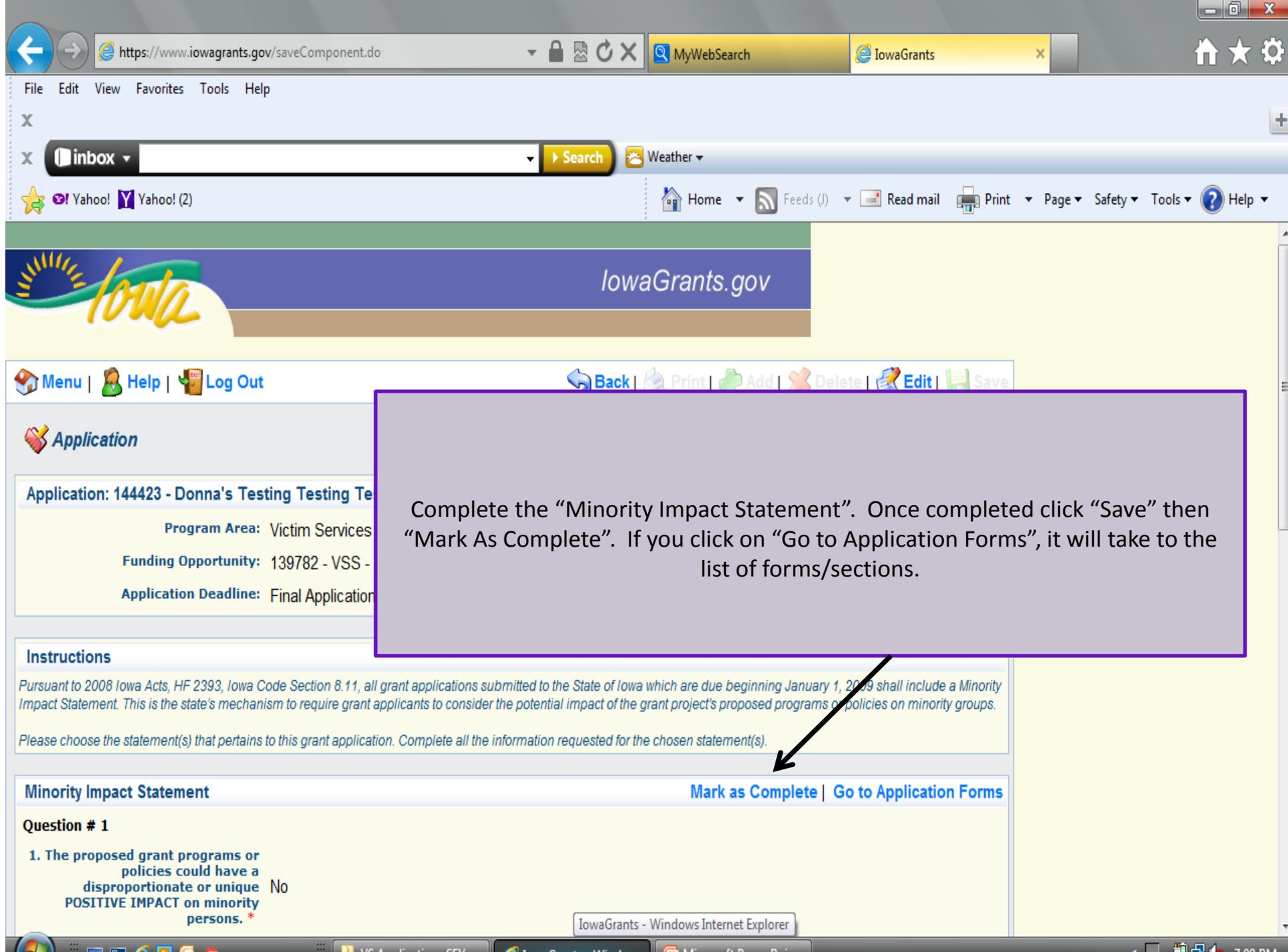
Clicking "Mark as Complete" does not submit the application components must be marked as complete in order to submit.

There are some general instructions listed.  
See how that form/section is now complete as there is a check mark under the "Complete" column.  
Now use your mouse to double click on the next form.

### Application Forms

[Preview](#) | [Submit](#)

Form Name	Complete?	Last Edited
<a href="#">General Information</a>	✓	11/11/2015
<a href="#">Cover Sheet-General Information</a>	✓	11/11/2015
<a href="#">Minority Impact Statement</a>		
<a href="#">SAC Application</a>		
<a href="#">FY16 VSS Standard Budget</a>		



Complete the "Minority Impact Statement". Once completed click "Save" then "Mark As Complete". If you click on "Go to Application Forms", it will take to the list of forms/sections.

**Application: 144423 - Donna's Testing Testing Te**  
Program Area: Victim Services  
Funding Opportunity: 139782 - VSS -  
Application Deadline: Final Application

**Instructions**  
*Pursuant to 2008 Iowa Acts, HF 2393, Iowa Code Section 8.11, all grant applications submitted to the State of Iowa which are due beginning January 1, 2009 shall include a Minority Impact Statement. This is the state's mechanism to require grant applicants to consider the potential impact of the grant project's proposed programs or policies on minority groups.*  
*Please choose the statement(s) that pertains to this grant application. Complete all the information requested for the chosen statement(s).*

**Minority Impact Statement** [Mark as Complete](#) | [Go to Application Forms](#)

**Question # 1**  
1. The proposed grant programs or policies could have a disproportionate or unique POSITIVE IMPACT on minority persons.\* No

### Application

**Application: 144423 - Donna's Testing Testing Testing**

**Program Area:** Victim Services Support Program

**Funding Opportunity:** 139782 - VSS - Sexual Abuse Comprehensive (SAC)

**Application Deadline:** Final Application Deadline not Applicable

Click on the "Hotline/Chat Line Application" for the narrative section.

### Instructions

Clicking "Mark as Complete" does not submit the application component or prevent further editing. To submit the application click the Submit button. Note: All application components must be marked as complete in order to submit.

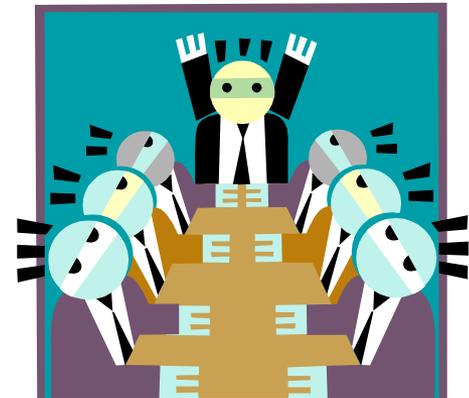
### Application Forms

[Preview](#) | [Submit](#)

Form Name	Complete?	Last Edited
General Information	✓	11/11/2015
Cover Sheet-General Information	✓	11/11/2015
Minority Impact Statement	✓	11/11/2015
SAC Application		
FY16 VSS Standard Budget		

# Coalition Narrative Questions

Provide a description of your targeted population. (1/2 page)



# Coalition Narrative Questions

Describe each staff position to be funded under this grant. Explain the title, role, duties and services to be provided by each position.

- Bullet the different positions
- 2 pages



# Crime Victim Percentages Projections

- Crime Victim Percentages Projections
  - Type of Crime victim from drop down menu
  - Percentage (%) Projected to Focus on with the VSS Funds (this application)
  - Must Add up to 100%
  - Projected Number of Victims to be Served by Crime Type



# Technical Assistance Section

## Technical Assistance (TA) (overall 3 pages)

Provide three specific & detailed, intensive TA initiatives (topics) involving VSS-funded victim service programs to be accomplished during the first year of the grant period. (2pages)

- State the specific TA initiative or topic. Examples:
  - Developing new housing alternatives
  - Developing/Creating SA campus advocates
  - Legal remedies for immigration/refugee victims
  - Diversification of funding sources
  - Recruiting & retaining diversity
- State the goal of each TA initiative/topic
- State the programs and regions you would like to include in each TA initiative
- Explain how success will be measured.
- Provide the steps/plan to achieve the outcome & timeline for completion
  - What staff will be utilized to provide the TA initiative

## Technical Assistance (TA) (overall 3 pages)

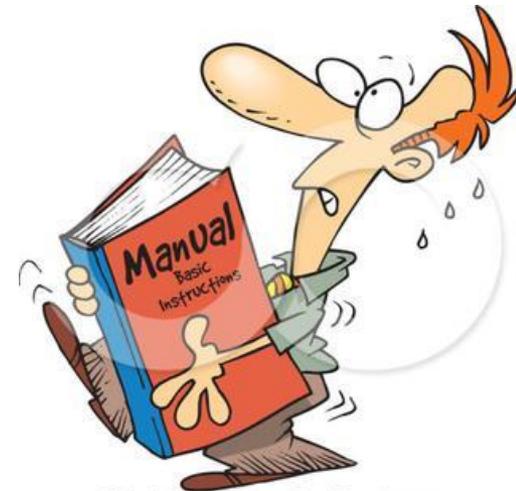
Outline three potential TA initiatives (topics) to be addressed in each of years two and three of the grant period. (1/2 page)



# Certification Section

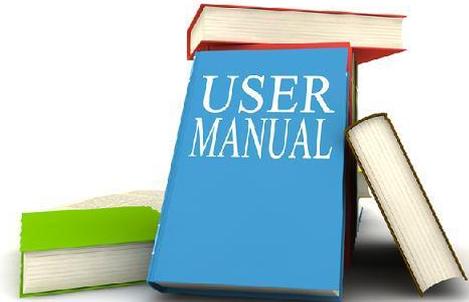
# Certification Manual

- Upload your certification manual & note what page each component is found below.
  - Certification level(s)
  - Certification process for new advocates
  - Certification renewal including timeline
  - Number of continuing education hours needed by each category
  - Requirements:
    - Supervision requirements
    - Direct service hour requirements
    - Other requirements
  - Evaluation of participant's competency



# Explanation if not in Certification Manual

- If not addressed in certification manual please provide an explanation (2 pages).
  - Certification level(s)
  - Certification process for new advocates
  - Certification renewal including timeline
  - Number of continuing education hours needed by each category
  - Requirements:
    - Supervision requirements
    - Direct service hour requirements
    - Other requirements
  - Evaluation of participant's competency



# Certification Continued

- How is the online training integrated into the certification process? (1/2 page)



# Table 1: Certification Training

## Outline:

- Who is training each component of your certification process.
- Provide their qualifications & expertise
- Reasoning on why he/she is qualified to provide the instruction of this component.

Component

Instructor

Qualifications

Justification

# Training Section

## Table 2: Training Section

Outline Training plan (outside of standard certification courses)

- For year one of the grant period in the table below.
- Please provide a short justification in the column indicated.

Component

Instructor

Qualifications

Location of Training

Justification

Outcome Measures (5 pages)

# Certification & Training Measures/Evaluations (1 page)

- Describe how the advocate training and certification process will be measured and evaluated by the coalitions.
  - Include the tools to be utilized.



# Certification & Training Continued

## (1 page)

- Describe how the participants are evaluating the training, instructor and the process.
- How are you improving or strengthening the certification process based on this information?



# Collaborating and Best Practices (1 page)

- With whom are you collaborating to make sure you are incorporating best practices for each training component.
  - Mental health
  - Diversity and inclusion
  - Substance abuse
  - Other statewide coalitions



# Short & Long Term Goals

- Provide one short-term (0-1 year) and two long-term (2-3 years), specific & detailed goals for the grant period respective to your agency for the grant period.
  - State the goal
  - State if it is short-term or long-term goal
  - State the desired outcome
  - Provide the steps to achieve the outcome and deadline for completion.



# Example #1

## State the goal

### Short term

**Example 1:** ABC Coalition wants to provide an training on “enhancing collaborations with local substance abuse programs to improve response to shelter victims with substance abuse issues” in the first year of the grant in 3 different locations in the state.

### State the desired outcome (what does success look like?)

**Example 1:** By June 30, 2017, ABC Coalition will have trained 60 advocates in the state. By June 30, 2017, all of Iowa’s victim shelters will have memorandum of understanding with local substance abuse programs on cross-referrals, annual training and co-facilitation of groups.

### Provide steps to achieve the outcome and deadlines for completion.

#### Example 1:

Step 1-The coalition trainer will work with a local substance abuse program to create a questionnaire for local victim shelter programs & substance abuse programs and create a training on enhancing the collaborative relationships with shelters. This will take place through 6 meetings over the first six months of the first grant year.

Step 2-The coalition trainer will send out a questionnaire to substance abuse programs and victim shelters on their needs surrounding serving victims with substance abuse issues in first quarter of first grant year.

Step 3-The coalition trainer and their substance abuse programs partner will review the questionnaire to assist them in creating the training at the end of second quarter of the first grant year.

Step 4-The coalition trainer will notify programs of the upcoming training, location, etc. by end of second quarter.

Step 5- The coalition trainer and substance abuse partner will create tools to assist victim shelters and substance abuse program in creating a collaborative relationships or enhancing said relationships in the first nine months of the first year of the grant period. The tools will include an example memorandum of understanding between victim shelters and substance abuse programs; example of cross-training topics and outlines for both victim service shelters and solutions for handling problems at shelter.

Step 6- The coalition trainer will conduct three trainings in the fourth quarter of the first year of the grant period with each training being located in the eastern, central and western part of the state.

# Example #2

## State the goal

### Long Term

**Example 2:** ABC Coalition wants to provide intensive technical assistance regarding “Rights of Sexual Assault Victims on College Campuses” in the three years of the grant to sexual assault programs and advocates in all six regions.

### State the desired outcome (what does success look like?)

**Example 2:** By June 30, 2017, ABC Coalition will have provided intensive technical assistance to sexual assault programs in three separate regions outlining a plan of action for each program to assist them in improving their response to sexual assault victims on college campuses. By June 30, 2018, ABC Coalition will have provided intensive technical assistance to sexual assault programs in three additional regions outlining a plan of action for each program to assist them in improving their response to sexual assault victims on college campuses. By June 30, 2019, ABC Coalition will have provided intensive technical assistance to culturally-specific sexual assault programs outlining a plan of action for each program to assist them in improving their response to sexual assault victims on college campuses. Included in the plan of action are.....

### Provide steps to achieve the outcome and deadlines for completion.

#### Example 2:

Step 1-Target three regions that do not have one of the major universities by August 1, 2016 for first year of funding.

Step 2-Meet with the programs and advocates in their region discussing colleges/universities in their area, current relationship, etc. in the first quarter of the first year.

Step 3- Research ways to assist SA advocates with their work on campuses using toolkits already established by Resource Sharing Project and other federal providers first and second quarter.

Step 4-Provide a training on “Rights of SA Victims on College Campuses” at end of second quarter utilizing other toolkits.

Step 5-Create a TA plan with steps and timelines specific to each sexual assault program in conjunction with the advocates by end of third quarter through meetings and webinars. TA plan will include steps and timeline for completion.

Step 6-Provide TA to advocate on implementing the steps in fourth quarter.

Step 6- Create a written plan on tracking the outcomes based on the TA plan over the next two years by doing an bi-annual (every 6 month) update.

Step 8-Replicate the steps above for year two and three with the remaining SA programs.

# Attachments

- Job Descriptions
- Table of Organization
- Certified Assurances
- Total Program Budget
- Certification Manual
- Any Insurance Coverage the applicant carries for liability or property.

## **On File with CVAD:**

- Articles of Incorporation (if applicable)

# New Budget Request Section

- Updated Categories
  - Payroll #1
  - Payroll #2
  - Benefits for Payroll #1
  - Benefits for Payroll #2
  - Training
  - Travel
  - Contractual Services
  - Equipment
  - Repairs & Maintenance
  - Rent
  - Utilities
  - Communications
  - Advertising
  - Supplies
  - Insurance
  - Other Direct
  - Client Assistance
  - Indirect Costs Percentage

**Detailed Budget!!!**

**Applying for 1 Contract**

# Applying for 1 Contract

- ▶ We will Provide a Breakdown of Funding by Region
  - Based on Current Awards/Contracts
- ▶ We will determine how much of your funds are from each funding source.
- ▶ Match –
  - 20% of Complete Program Budget or 25% of Request
  - Victims of Crime Act (VA)
  - Family Violence Prevention & Services Act (FV)
- ▶ In Budget Justification – Explain Source of Match and how you are matching on the funds by expense.

**Contract – Only 1 for each Type of Service**

# Payroll Section

## Payroll #1

- ▶ See Services Table for a List by Funding Stream

## Overview:

- ▶ Services to crime victims and their loved ones.
- ▶ Outreach and presentations to the community.
- ▶ Training to professionals.
- ▶ Participating in CCR
- ▶ Basically almost all of what an Advocate does

## Payroll #2

- Administrative work not specific to a funding stream.
- Prevention Activities (Prevention is allowed under FV funding).
- Fundraising

**Task #1:** Review Services Table

**Task #2:** Update staff job descriptions based on Services Table.

**Reason #1:** Can Fund Staff almost a 100% from 1 Funding Source and List under Payroll #1.

**Reason #2:** Can Fund Staff listed under Payroll #2 with funding for those activities.

Be sure to 'Mark as Complete' when you have finished this budget form.

**Payroll #1 (PS#1)** [Mark as Complete](#) | [Go to Application Forms](#) | [Add](#)

Name	Title	New Position	Work Hours Per Week	Work Hours Per Week On Grant Activities	% of Grant Activity	Total Annual Salary	Total Payroll #1 (PS#1) Amount	Total Payroll #1 (PS #1) Requested	Match Amount
								\$0.00	\$0.00

**Justification Payroll #1**

Justification Payroll #1\*

**Payroll #2 (PS#2)**

Name	Title	New Position	Work Hours Per Week	Work Hours Per Week On Grant Activities	% of Grant Activity	Total Annual Salary	Total Payroll #2 (PS#2) Amount

**Justification Payroll #2**

Justification Payroll #2\*

**Benefits for Payroll #1**

Name	Title	Benefit Type	Work Hours Per Week	Work Hours Per Week On Grant Activities	% of Grant Activity	Total Benefit Amount for Payroll #1	Payroll #1	Amount
								\$0.00

**Justification for Benefits - Payroll #1**

Justification for Benefits - Payroll #1\*

**Benefits for Payroll #2**

Click "Add" button for each budget/expense section.

Right below each section is a Justification and more detailed description section. Click "Edit" to type in the Justification section.

**Instructions**

*This is a multi-part form. please follow the instructions carefully*

*Click on the blue 'Add' button next to each budget section to add the line item requested, then click 'Save'. Do this for each line item on each section until you have finished adding all line items.*

*Click 'Edit' at the top of the screen to enter data into each Justification and Indirect sections. When you are finished with each section, then click 'Save'.*

*Be sure to 'Mark as Complete' when you have finished this budget form.*

**Payroll #1 (PS#1)**

Name*	<input type="text"/>
Title	<input type="text"/>
New Position	<input type="text"/>
Work Hours Per Week	<input type="text"/>
Work Hours Per Week On Grant Activities	<input type="text"/>
Total Annual Salary	<input type="text" value="\$0.00"/>
Total Payroll #1 (PS#1) Amount	<input type="text" value="\$0.00"/>
Total Payroll #1 (PS #1) Requested	<input type="text" value="\$0.00"/>
Match Amount	<input type="text" value="\$0.00"/>

For example, I clicked “Add” for the Payroll #1 section.

Each of the columns appears down the left hand side with space for you to enter the needed information.

Enter the information then scroll to the top and click “Save”. It will take you back to the previous page with the information added.

[Return to Top](#)

Click 'Edit' at the top of the screen to enter data into each Justification and Indirect sections. When you are finished with all Justifications continue to the Indirect Costs Percentage section, then click 'Save'.  
 Be sure to 'Mark as Complete' when you have finished this budget form.

**Payroll #1 (PS#1)** [Mark as Complete](#) | [Go to Application Forms](#) | [Add](#)

Name	Title	New Position	Work Hours Per Week	Work Hours Per Week On Grant Activities	% of Grant Activity	Total Annual Salary	Total Payroll #1 (PS#1) Amount	Total Payroll #1 (PS #1) Requested	Match Amount
Donna Phillips	Director	No	40.0	20.0	50.0	\$55,000.00	\$27,500.00	\$27,500.00	\$0.00
Keith Grant	Sexual Assault Advocate	No	40.0	40.0	100.0	\$40,000.00	\$40,000.00	\$0.00	\$0.00
								<b>\$27,500.00</b>	<b>\$0.00</b>

**Justification Payroll #1**

Justification Payroll #1\*

**Payroll #2 (PS#2)** [Add](#)

Name	Title	New Position	Work Hours Per Week	Work Hours Per Week On Grant Activities	% of Grant Activity	Total Annual Salary	Total Payroll #2 (PS#2) Amount	Total Payroll #2 (PS #2) Requested	Match Amount
Donna Phillips	Director	No	40.0	40.0	100.0	\$55,000.00	\$27,500.00	\$27,500.00	\$0.00
								<b>\$27,500.00</b>	<b>\$0.00</b>

**Justification Payroll #2**

Justification Payroll #2\*

**Benefits for Payroll #1** [Add](#)

See I listed a couple of staff in Payroll Section #1 and Payroll Section #2

You will notice that I listed same staff person twice as we were requesting funds from both sections.

# Benefits Section

Browser address bar: [https://www.iowagrants.gov/viewComponent.do?property\(documentPk\)=](https://www.iowagrants.gov/viewComponent.do?property(documentPk)=)

Search: MyWebSearch

Tab: IowaGrants

File Edit View Favorites Tools Help

inbox Search Weather

Yahoo! Yahoo! (2)

Home Feeds (J) Read mail Print Page Safety Tools Help

**Benefits for Payroll #1** [Add](#)

Name	Title	Benefit Type	Work Hours Per Week	Work Hours Per Week On Grant Activities	% of Grant Activity	Total Benefit Amount for Payroll #1	Total Benefit Requested for Payroll #1	Match Amount
							\$0.00	\$0.00

**Justification for Benefits - Payroll #1**

Justification for Benefits - Payroll #1\*

**Benefits for Payroll #2** [Add](#)

Name	Title	Benefit Type	Work Hours Per Week	Work Hours Per Week On Grant Activities	% of Grant Activity	Total Benefit Amount for Payroll #2	Total Benefit Requested for Payroll #2	Match Amount
							\$0.00	\$0.00

**Justification for Benefits - Payroll #2**

Justification for Benefits - Payroll #2\*

**Training** [Add](#)

Name	Title	% of Grant Activity for Payroll #1 (PS#1)	% of Grant Activity for Payroll #2 (PS#2)	Conference Name	Conference Location (City, State)	Registration	Airfare	Meal Costs (Based on State Rate)	Other Travel Expenses (Parking, Luggage Fees, etc.)	Total Training Costs	Training Amount Requested for PS#1	Training Amount Requested for PS#2	Match Amount
											\$0.00	\$0.00	\$0.00

**Justification for Training**

Justification for Training \*

Requested Total: \$55,000.00

### Instructions

*This is a multi-part form, please follow the instructions carefully*

*Click on the blue 'Add' button next to each budget section to add the line item requested, then click 'Save'. Do this for each line item on each section until you have finished adding all line items.*

*Click 'Edit' at the top of the screen to enter data into each Justification and Indirect sections. When you are finished with all Justifications continue to the Indirect Costs Percentage section, then click 'Save'.*

*Be sure to 'Mark as Complete' when you have finished this budget form.*

### Benefits for Payroll #1

Name\*

Title

Benefit Type

Work Hours Per Week

Work Hours Per Week On Grant Activities

Total Benefit Amount for Payroll #1

Total Benefit Requested for Payroll #1

Match Amount

Here is Benefits for Payroll #1 when I click add.

Again, all the columns listed under Benefits will be listed here.

You go through every section adding the different information requested.

# Training, Travel & Contractual Services Sections

Justification for Benefits - Payroll #2\*

**Training** [Add](#)

Name	Title	% of Grant Activity for Payroll #1 (PS#1)	% of Grant Activity for Payroll #2 (PS#2)	Conference Name	Conference Location (City, State)	Registration	Airfare	Meal Costs (Based on State Rate)	Other Travel Expenses (Parking, Luggage Fees, etc.)	Total Training Costs	Training Amount Requested for PS#1	Training Amount Requested for PS#2	Match Amount
											\$0.00	\$0.00	\$0.00

**Justification for Training**

Justification for Training \*

**Travel To Provide Services** [Add](#)

Name	Title	% of Grant Activity for PS#1	% of Grant Activity for PS#2	Vehicle	Total Miles	Mileage Costs	Total Travel Costs	Travel Amount Requested for PS#1	Travel Amount Requested for PS#2	Match Amount	
									\$0.00	\$0.00	\$0.00

**Justification for Travel**

Justification for Travel\*

**Contractual Services** [Add](#)

Name of Agency or Person	Type of Consultant Services	Total Hours	Hourly Rate	Total Contractual Services	Contractual Services Requested	Match Amount
					\$0.00	\$0.00

**Justification for Contractual Services**

I'm going to briefly go through these sections. You click the "Add" button by each section.

We created a detailed instructions and example that are an attachment to the funding opportunity.

# Equipment, Repairs & Maintenance, Rent, Utilities Sections

The screenshot displays the IowaGrants website interface. The browser address bar shows the URL: [https://www.iowagrants.gov/viewComponent.do?property\(documentPk\)=](https://www.iowagrants.gov/viewComponent.do?property(documentPk)=). The page features a navigation menu with options like File, Edit, View, Favorites, Tools, and Help. Below the navigation, there are search and weather widgets. The main content area is divided into four sections: Equipment, Repairs & Maintenance, Rent, and Utilities. Each section contains a table with columns for item details and match amounts, and a justification text area. An 'Add' button is located at the top right of each section. A callout box on the right side of the page provides instructions on how to use the 'Add' button.

**Equipment** [Add](#)

Equipment Item	Name	Title	% of Grant Activity for PS#1	% of Grant Activity for PS#2	Total Equipment	Total Equipment Requested	Match Amount
						\$0.00	\$0.00

**Justification for Equipment**

Justification for Equipment\*

**Repairs & Maintenance** [Add](#)

Item Name	Description	City	Unit Price	Total Repairs & Maintenance Costs	Total Repairs & Maintenance Requested	Match Amount
					\$0.00	\$0.00

**Justification for Repairs & Maintenance**

Justification for Repairs & Maintenance\*

**Rent** [Add](#)

Item Name	Description	City	Own	Monthly Rent	Number of Months	Total Rent or Mortgage	Total Requested Amount	Match Amount
							\$0.00	\$0.00

**Justification for Rent**

Justification for Rent\*

**Utilities** [Add](#)

Item Name	Location	City	Monthly Average Utilities	Number of Months	Total Utilities	Total Requested Amount	Match Amount
						\$0.00	\$0.00

Remember:  
Click "Add" to  
add to that  
section.

Click "Edit" at  
top right hand  
corner to write  
a narrative  
description in  
the justification

# Communications, Advertising, Supplies Sections

Browser: https://www.iowagrants.gov/viewComponent.do?property(documentPk)= MyWebSearch IowaGrants

File Edit View Favorites Tools Help

inbox Search Weather

Home Feeds (J) Read mail Print Page Safety Tools Help

---

### Communications [Add](#)

Communication Item	Location	City	Name	Title	% of Grant Activity for PS #1	% of Grant Activity for PS #2	Monthly Average	Number of Months	Total Communications	Total Communications Requested for PS#1	Total Communications Requested for PS#2	Match Amount
										\$0.00	\$0.00	\$0.00

**Justification for Communications**

Justification for Communications\*

---

### Advertising [Add](#)

Item Description	Source of Advertising	Length of Ad Time	Total Ad Costs	Total Requested Amount	Match Amount
				\$0.00	\$0.00

**Justification for Advertising**

Justification for Advertising\*

---

### Supplies [Add](#)

Item Description	Location	Unit Price	Quantity	Total Supplies Costs	Total Requested Amount	Match Amount
					\$0.00	\$0.00

**Justification for Supplies**

Justification for Supplies\*

---

### Insurance [Add](#)

Insurance Agency Name	Type of Insurance	Description	Location	How often is this paid?	Total Insurance Costs	Total Requested Amount	Match Amount

Taskbar: Microsoft PowerPoi... IowaGrants - Windo... VS Applications SFY... 8:32 PM

# Insurance, Other Direct, Client Assistance Sections

Browser address bar: [https://www.iowagrants.gov/viewComponent.do?property\(documentPk\)=](https://www.iowagrants.gov/viewComponent.do?property(documentPk)=)

Browser tabs: MyWebSearch, IowaGrants

Navigation: File Edit View Favorites Tools Help

Search:  Search

Weather:

Navigation: Home Feeds (0) Read mail Print Page Safety Tools Help

---

**Insurance** [Add](#)

Insurance Agency Name	Type of Insurance	Description	Location	How often is this paid?	Total Insurance Costs	Total Requested Amount	Match Amount
						\$0.00	\$0.00

**Justification for Insurance**

Justification for Insurance\*

---

**Other Direct** [Add](#)

Item Description	Unit Price	Total Other Direct Costs	Total Requested Amount	Match Amount
			\$0.00	\$0.00

**Justification for Other Direct**

Justification for Other Direct\*

---

**Client Assistance** [Add](#)

Item Description	County	Total Client Assistance Costs	Total Requested Amount	Match Amount
			\$0.00	\$0.00

**Justification for Client Assistance**

Justification for Client Assistance\*

---

**Indirect Costs Percentage**

Indirect Costs Percentage Requesting\* 0%

Total Amount/Award Requested \$55,000.00

# Indirect Costs Section

https://www.iowagrants.gov/viewComponent.do?property(documentPk)= MyWebSearch IowaGrants

File Edit View Favorites Tools Help

inbox Search Weather

Yahoo! Yahoo! (2) Home Feeds (1) Read mail Print Page Safety Tools Help

### Justification for Other Direct

Justification for Other Direct\*

### Client Assistance [Add](#)

Item Description	County	Total Client Assistance Costs	Total Requested Amount	Match Amount
			\$0.00	\$0.00

### Justification for Client Assistance

Justification for Client Assistance\*

### Indirect Costs Percentage

Indirect Costs Percentage Requesting\* 0%

Total Amount/Award Requested \$55,000.00

Date Established by Federal Government\*

Total Amount Requesting Based on Indirect Cost Percentage \$0.00

### Description for Indirect Costs

*Describe how your agency will be using this indirect cost funds.*

Description for Indirect Costs\*

Last Edited By: Donna Phillips, 11/11/2015

Iowa.gov - The Official Website of the State of Iowa. Dulles Technology Partners Inc.

Microsoft PowerPoi... IowaGrants - Windo... VS Applications SFY... 8:34 PM

# Budget Section & Application Done

- Double Check Figures
- Click Mark As Complete
- When All Sections are Complete Click “Submit”
- Once you hit submit, you no longer will be able to edit the information.
- You will get a message on your screen that you have submitted your application.

# Questions?

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**Victim Services Support Staff Contact**