

Statewide Hotlines/Chatting Lines

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 Abuse Hotline
 - Sexual Abuse Hotline
 - Victim Chat Line
 - 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 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 1st

Hotline Recommendations

- Please follow/use the Iowa Domestic Violence and Sexual Assault Hotline Committee Recommendations from June 2014.

Agency Information (1/4 page)

Agency Administration- Describe your agency's structure and include:

- A. Your Agency's mission statement
- B. Type of Programs offered
- C. Number of full-time and part-time employees in full-time equivalents for type of program for which you are applying and for your entire agency.



Volunteer Section (1/2 page)

- Describe volunteer recruitment
 - Agencies/groups targeted for recruitment?
- Project the number of volunteers to be recruited in every year of the 3-year application cycle (SFY2017, SFY2018, SFY2019).
- How have volunteers been utilized?
- How will they be utilized?



Projected Statistics

Provide Projections of Number (#) of Victims for SFY2017, SFY2018 and SFY2019

Table 1: Number of Victims/Survivors	Projected SFY2017	Projected SFY2018	Projected SFY2019
Domestic Abuse Victims/Survivors:			
Domestic Abuse Adults (18+ years old)			
Domestic Abuse Children (0-17 years old)			
Teen Dating Violence (13-17 years old)			
Sexual Abuse/Assault Victims/Survivors:			
Sexual Abuse Adult Females (18+ years old)			
Sexual Abuse Adult Males (18+ years old)			
Sexual Abuse Adolescents (13-17 years old)			
Sexual Abuse Children (0-12 years old)			
Adult Survivor of Sexual Abuse or Incest, Female			
Adult Survivor of Sexual Abuse or Incest, Male			
Human Trafficking Victims/Survivors:			
Human Trafficking, Female (18+ years old)			
Human Trafficking, Male (18+ years old)			
Human Trafficking, Adolescent (13-17 years old)			
Human Trafficking, Child (0-12 years old)			
Other Violent Crime Victims/Survivors:			
TOTALS:			



Crisis Calls/Number of Chats

Provide Projections of Number of Crisis Calls and Chats for SFY2017, SFY2018 and SFY2019 by Region

Table 2: Crisis CALLS/Number of Chats	Projected SFY2017	Projected SFY2018	Projected SFY2019
Region #1			
Region #2			
Region #3			
Region #4			
Region #5			
Region #6			

How did you determine projections?
(1/4 Page)



Staffing (1 page)



- Describe how the crisis/chat line will be staffed on a daily basis
 - Crisis/Chat line shifts
 - Number of staff and volunteers covering each shift
 - Include how staff and program will be supervised
- Describe how the rolling of regional hotlines to statewide hotlines on weekends and evenings will impact staffing patterns.
 - Not applicable to Chat Line, so, instead Chat Lines discuss the time of day for the most volume of chats.

Staffing (1 page)



- Describe how you will hire diverse staff, representatives of all of Iowa's populations.
 - Bi/multilingual,
 - Men,
 - Youth (if applicable),
 - Different races/ethnicities, etc.

Services (overall 2 1/2 pages)

- How will the training of staff support a trauma-informed response to callers?



Services Continued (Overall 2 1/2 pages)

- Crisis call process:
 - Describe the tools utilized to ensure appropriate resources & referrals can be made for clients/victims.
 - How are staff dispatched in the event an in-person, advocate response is needed?
 - How is your agency addressing the needs of clients who are non-English/limited English speaking?
 - What is the process for following-up with a client after the initial crisis call/chat?
 - How are clients able to provide feedback about the services they received?

Coordinating with Regional HL (1/2 page)

- Describe how you will ensure continuity of services when a regional DA and/or SA program rolls their crisis line for nights and weekends.
 - Include how you will ensure emergency on-call response at local level remains in effect on nights & weekends when regional DA and/or SA hotline is rolled to the statewide hotline.

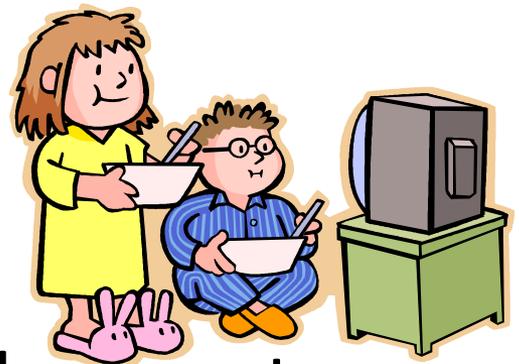


Coordinating with Regional HL (1/2 page)

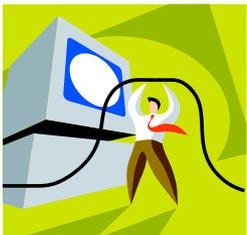
- Chat Lines:
 - Describe how you will ensure continuity of services when emergency on-call response at local level remains is needed.



Branding/Marketing (1 page)



- Describe the plan to educate and promote hotline/chatting services throughout the entire state.
 - Explain how and what marketing tools will be utilized
 - Explain who the marketing will target and how the marketing plan increases awareness and accessibility for a person of any demographic.



Branding/Marketing Continued

(1 page)

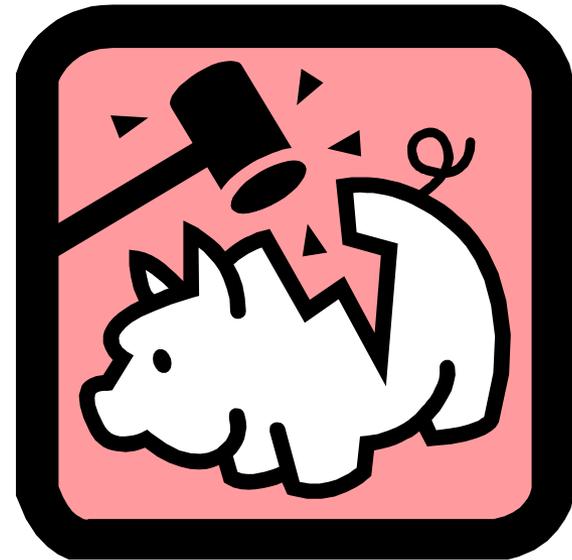
- Provide at least 3 specific examples of how your agency has engaged other community agencies (preferably in separate regions) to create meaningful relationships to enhance the experience of clients/victims referred for services as well as to promote services.

Measurable Activities/Success (2 pages)

- Provide one short-term (0-1 year) and two long-term (2-3 years), specific and detailed goals for the grant period.
 - State the goal (remember to identify if it is short or long term)
 - State the desired outcome (what does success look like)
 - Provide steps to achieve the outcome and deadlines for completion.

Justification for Funding

Why is your program the “best” program to be funded for this service?



 [Log In](#)

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.

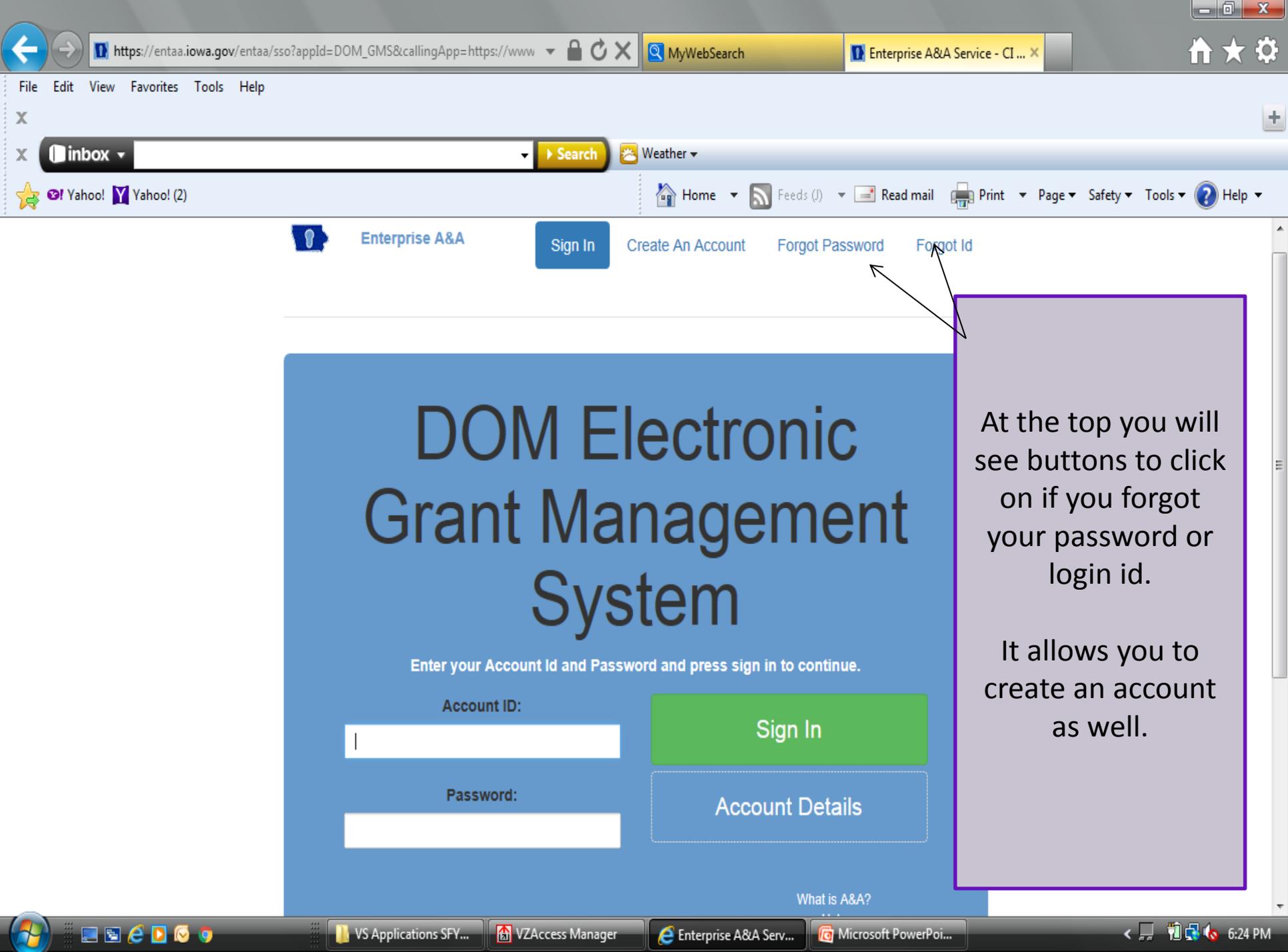
[Returning Users Sign In Here](#)

[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".



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.

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.

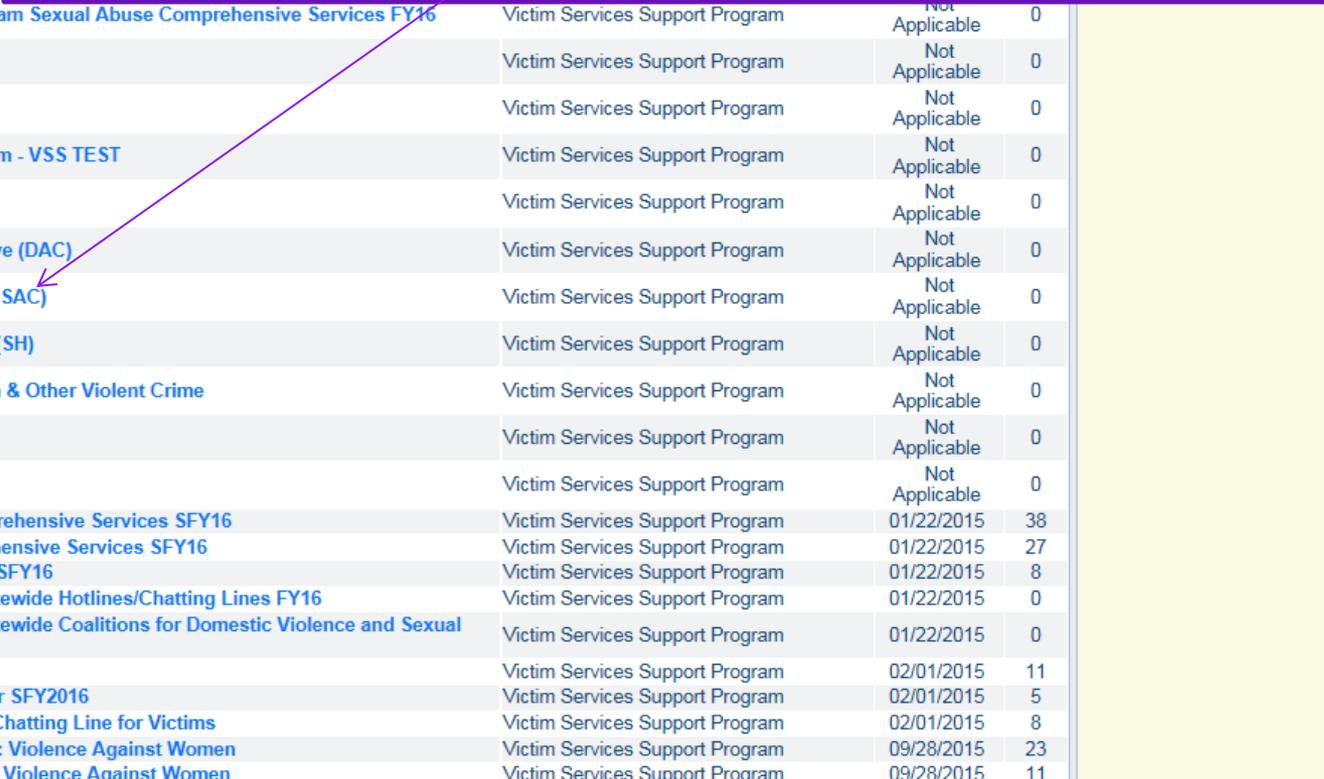
57981	Closed	SFY 2014 Byrne JAG/RSAT - Continua
57983	Closed	SFY 2014 Byrne JAG/RSAT - New App
14037	Closed	Byrne-JAG Administration
74202	Closed	2013 SORNA Formula
74596	Closed	SFY 2015 Byrne JAG/RSAT - Continua
74718	Closed	SFY 2015 Byrne JAG/RSAT - New App
110303	Closed	SFY 2016 Byrne JAG/RSAT - Continua
110318	Closed	SFY 2016 Byrne JAG/RSAT - New App
133388	Closed	2014 PREA Formula
96233	Closed	2014 SORNA Formula

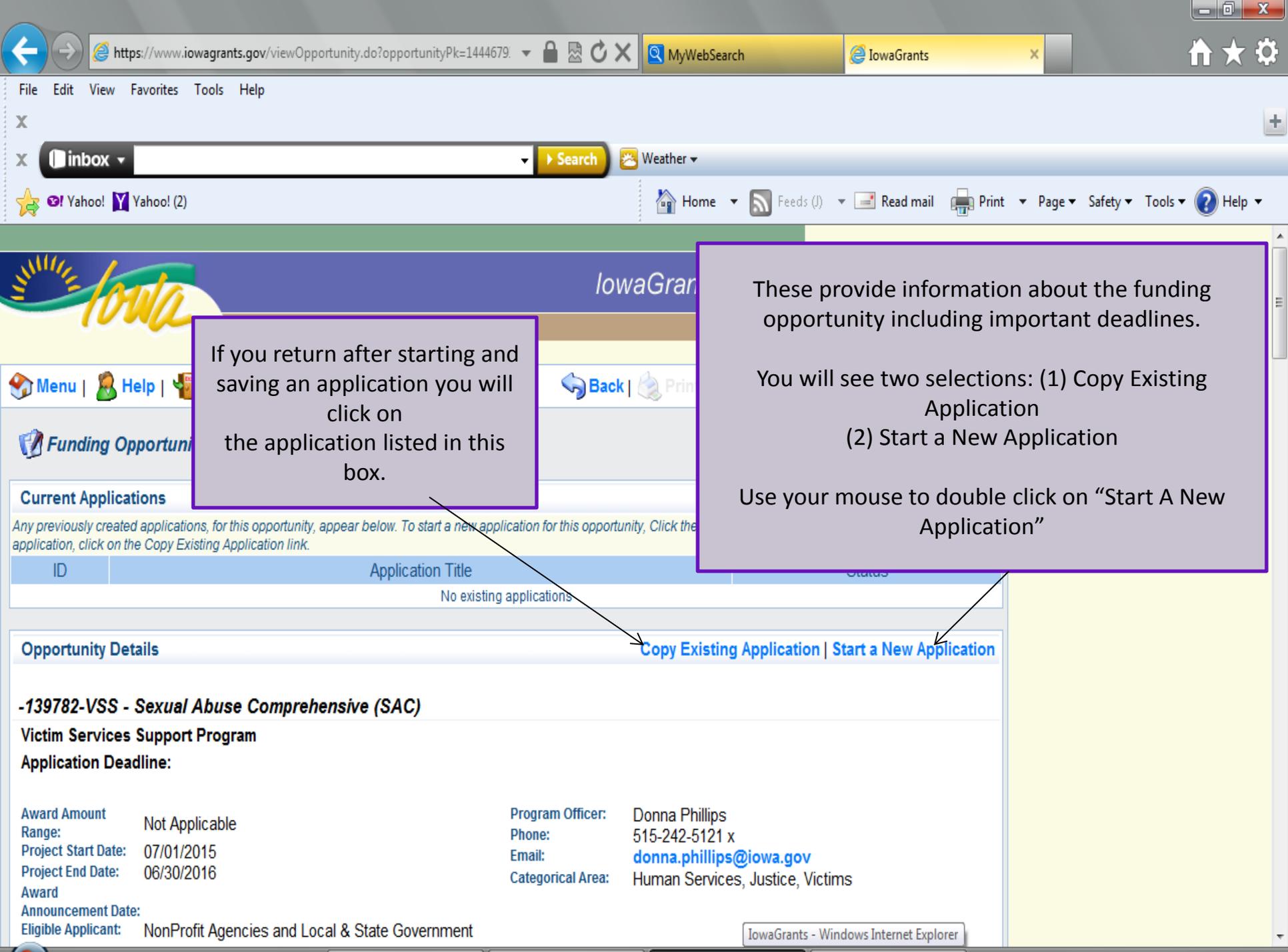
You are going to look for “Funding Opportunities” listed under “Justice, Iowa Department of” with “Victim Services Support Program” listed.

Find the Funding Opportunity you wish to apply for you will choose “SFY2017-2019 Hotline/Chat Line”

For this example, we will choose Sexual Abuse Comprehensive (SAC)

102732	Test	Copy - Testing System for VSS Program Sexual Abuse Comprehensive Services FY16	Victim Services Support Program	Not Applicable	0
107770	Test	Test_VSS_NEW BUDGET_2015	Victim Services Support Program	Not Applicable	0
107911	Editing	Test FO VSS	Victim Services Support Program	Not Applicable	0
133659	Test	FY16 Other and Discretionary Program - VSS TEST	Victim Services Support Program	Not Applicable	0
139779	Test	VSS - Statewide Coalitions	Victim Services Support Program	Not Applicable	0
139780	Test	VSS - Domestic Abuse Comprehensive (DAC)	Victim Services Support Program	Not Applicable	0
139782	Test	VSS - Sexual Abuse Comprehensive (SAC)	Victim Services Support Program	Not Applicable	0
139783	Test	VSS - Shelter-Based Victim Services (SH)	Victim Services Support Program	Not Applicable	0
139784	Test	VSS - Survivors of Homicide Program & Other Violent Crime	Victim Services Support Program	Not Applicable	0
139785	Test	VSS - Advocate Certification	Victim Services Support Program	Not Applicable	0
144931	Test	SFY2017 New Initiatives	Victim Services Support Program	Not Applicable	0
49856	Closed	VSS Program Domestic Abuse Comprehensive Services SFY16	Victim Services Support Program	01/22/2015	38
104006	Closed	VSS Program Sexual Abuse Comprehensive Services SFY16	Victim Services Support Program	01/22/2015	27
104017	Closed	VSS Survivors of Homicide Services SFY16	Victim Services Support Program	01/22/2015	8
104018	Test	Testing System for VSS Program Statewide Hotlines/Chatting Lines FY16	Victim Services Support Program	01/22/2015	0
104020	Test	Testing System for VSS Program Statewide Coalitions for Domestic Violence and Sexual Assault FY16	Victim Services Support Program	01/22/2015	0
104016	Closed	VSS Program Shelter Services SFY16	Victim Services Support Program	02/01/2015	11
104428	Closed	VSS Program Statewide Coalitions for SFY2016	Victim Services Support Program	02/01/2015	5
104429	Closed	VSS Program Statewide Hotline and Chatting Line for Victims	Victim Services Support Program	02/01/2015	8
133663	Closed	SFY 2017 Law Enforcement Grant RE: Violence Against Women	Victim Services Support Program	09/28/2015	23
133686	Closed	SFY 2017 Prosecutor Application RE: Violence Against Women	Victim Services Support Program	09/28/2015	11





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)

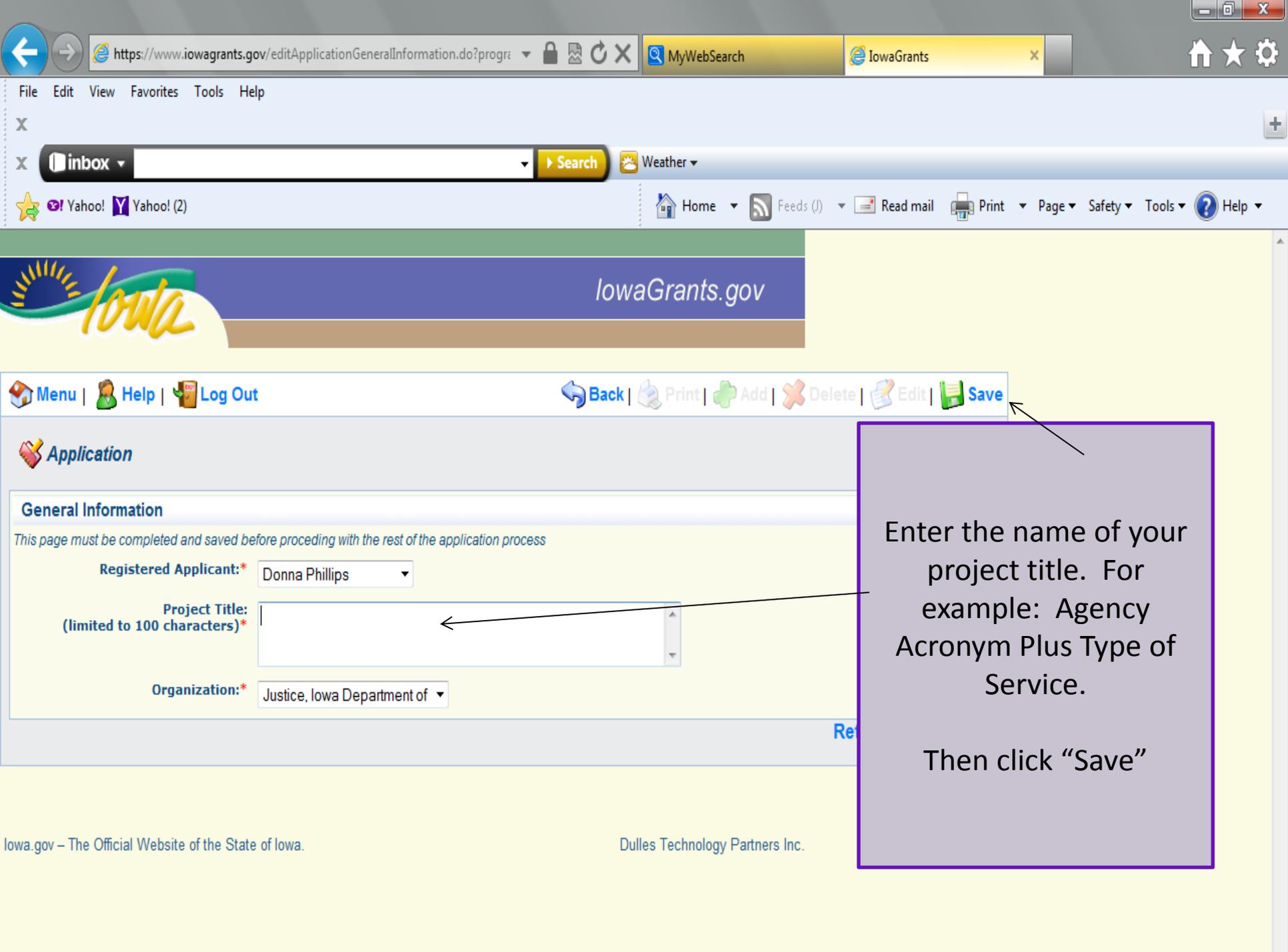
Victim Services Support Program

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
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: 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

Instructions

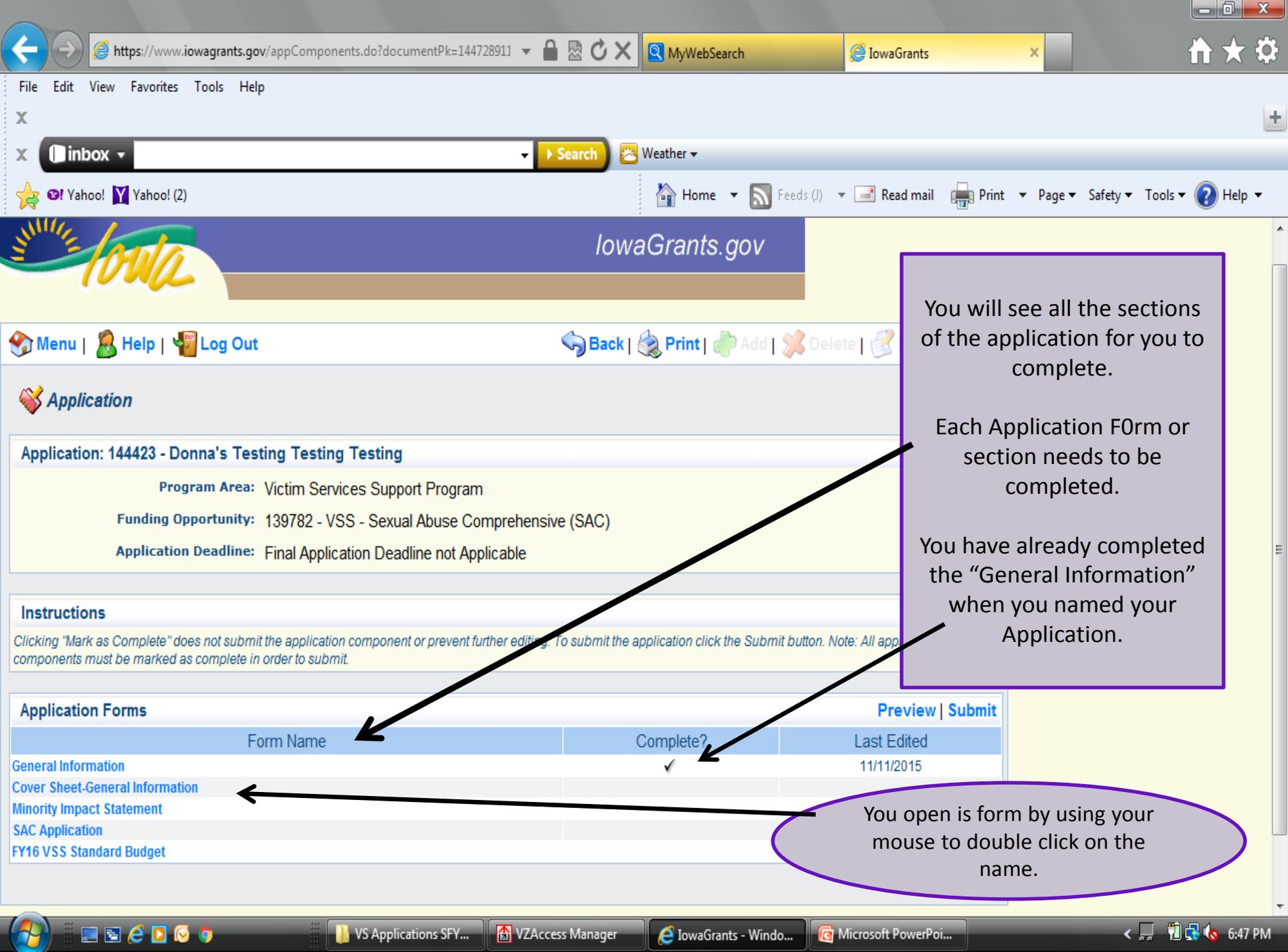
To continue with the remaining parts of the application, click on the "Go to Applications Forms" link below.

General Information

System ID: 144423
Project Title: Donna's Testing Testing Testing
Registered Applicant: Donna Phillips
Additional Contacts:
Organization: Justice, Iowa Department of

[Go to Application Forms](#)





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

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

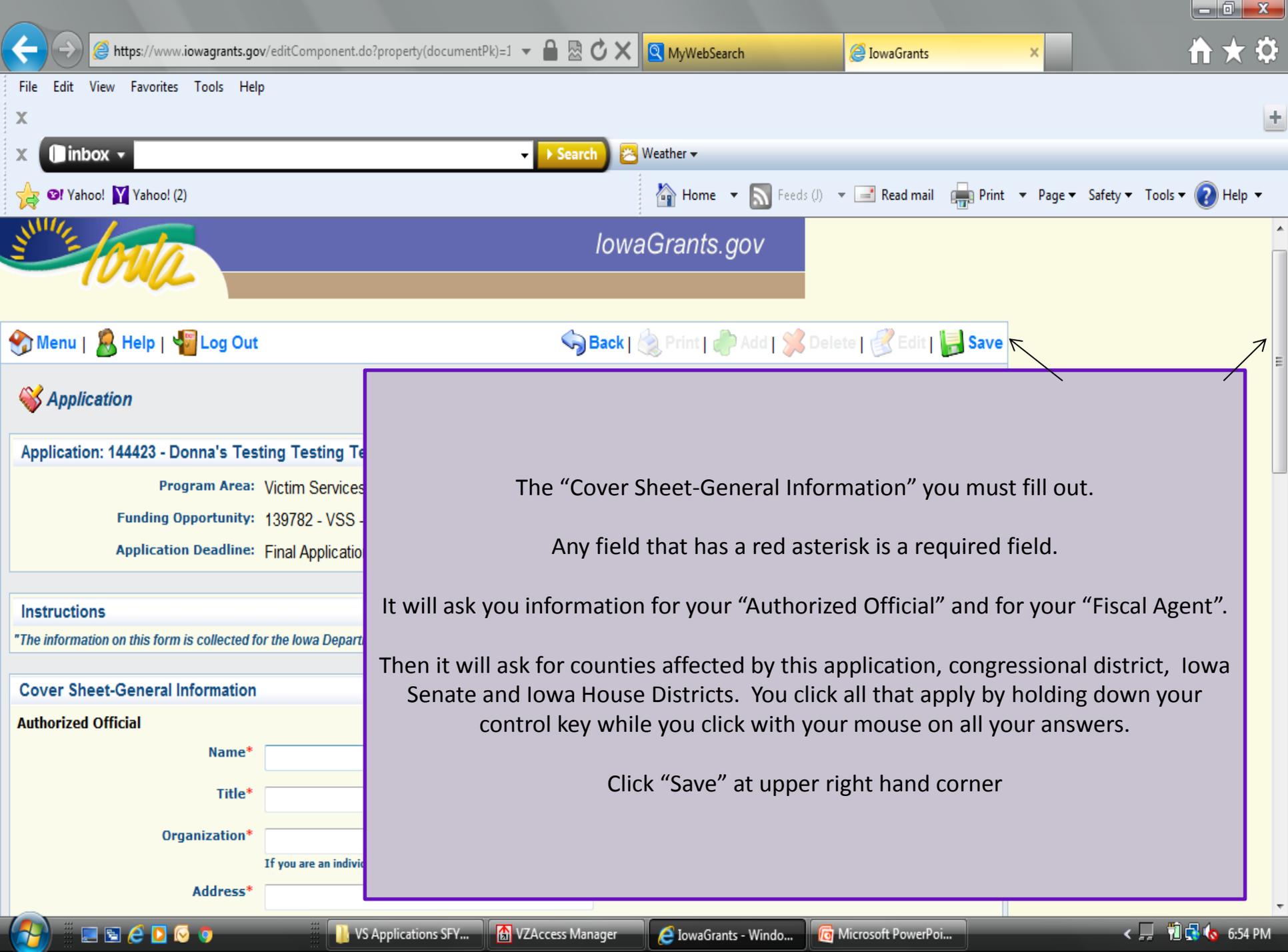
Form Name	Complete?	Last Edited
General Information	✓	11/11/2015
Cover Sheet-General Information		
Minority Impact Statement		
SAC Application		
FY16 VSS Standard Budget		

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.



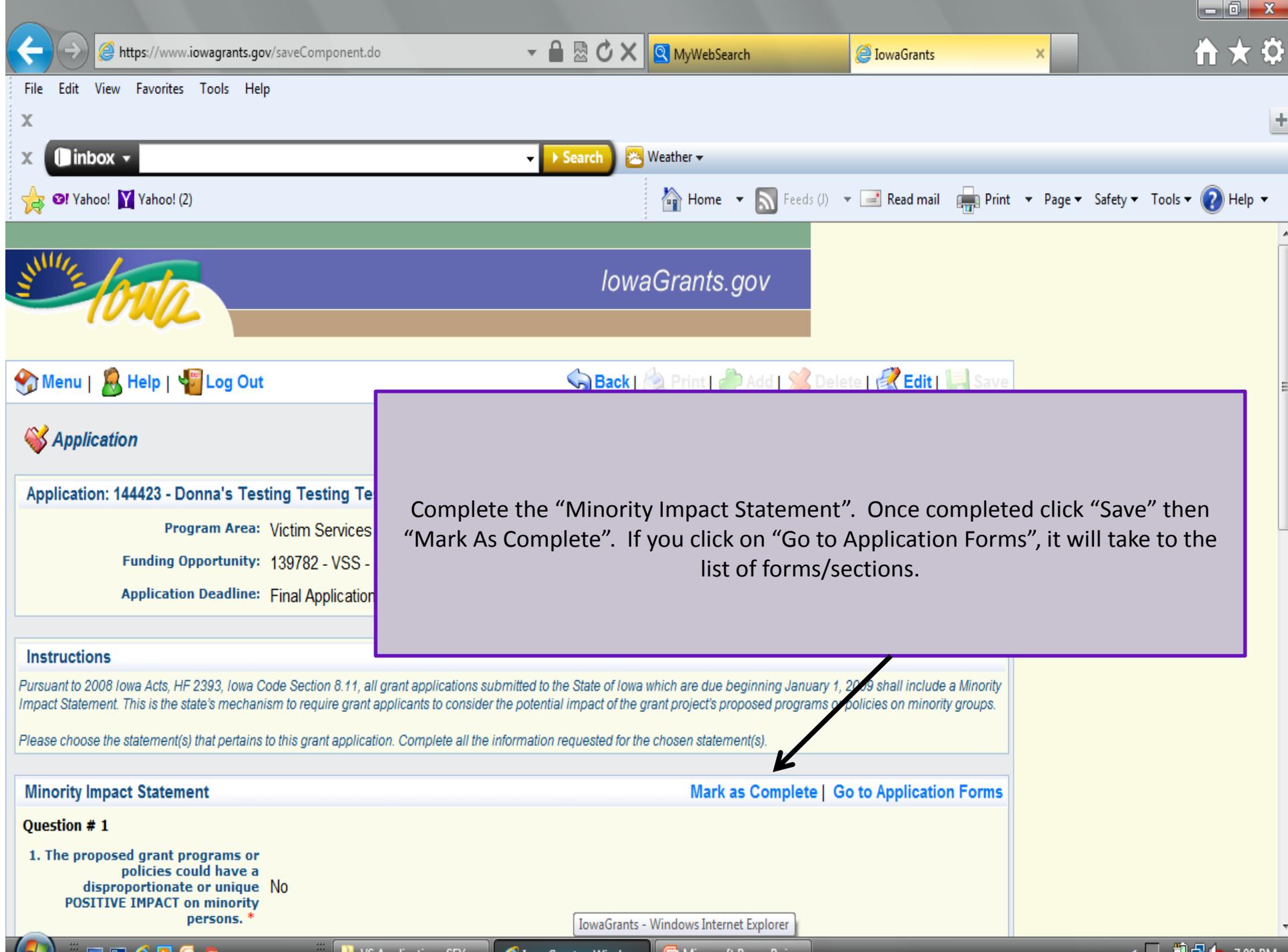
The "Cover Sheet-General Information" you must fill out.

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

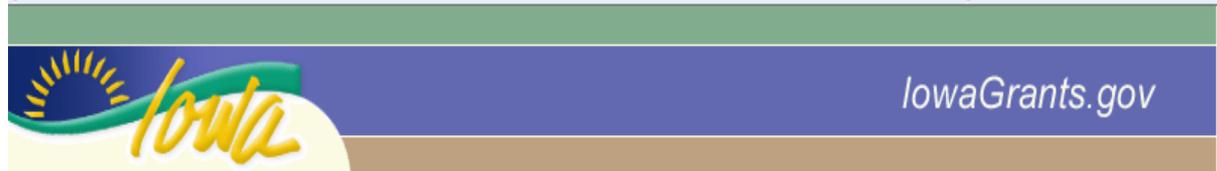


X

inbox Search Weather

Yahoo! Yahoo! (2)

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



Menu Help Log Out

Back Print Add Delete Edit Save

Application

Application: 144423 - Donna's Testing Testing Te

Program Area: Victim Services

Funding Opportunity: 139782 - VSS -

Application Deadline: Final Application

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.

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.

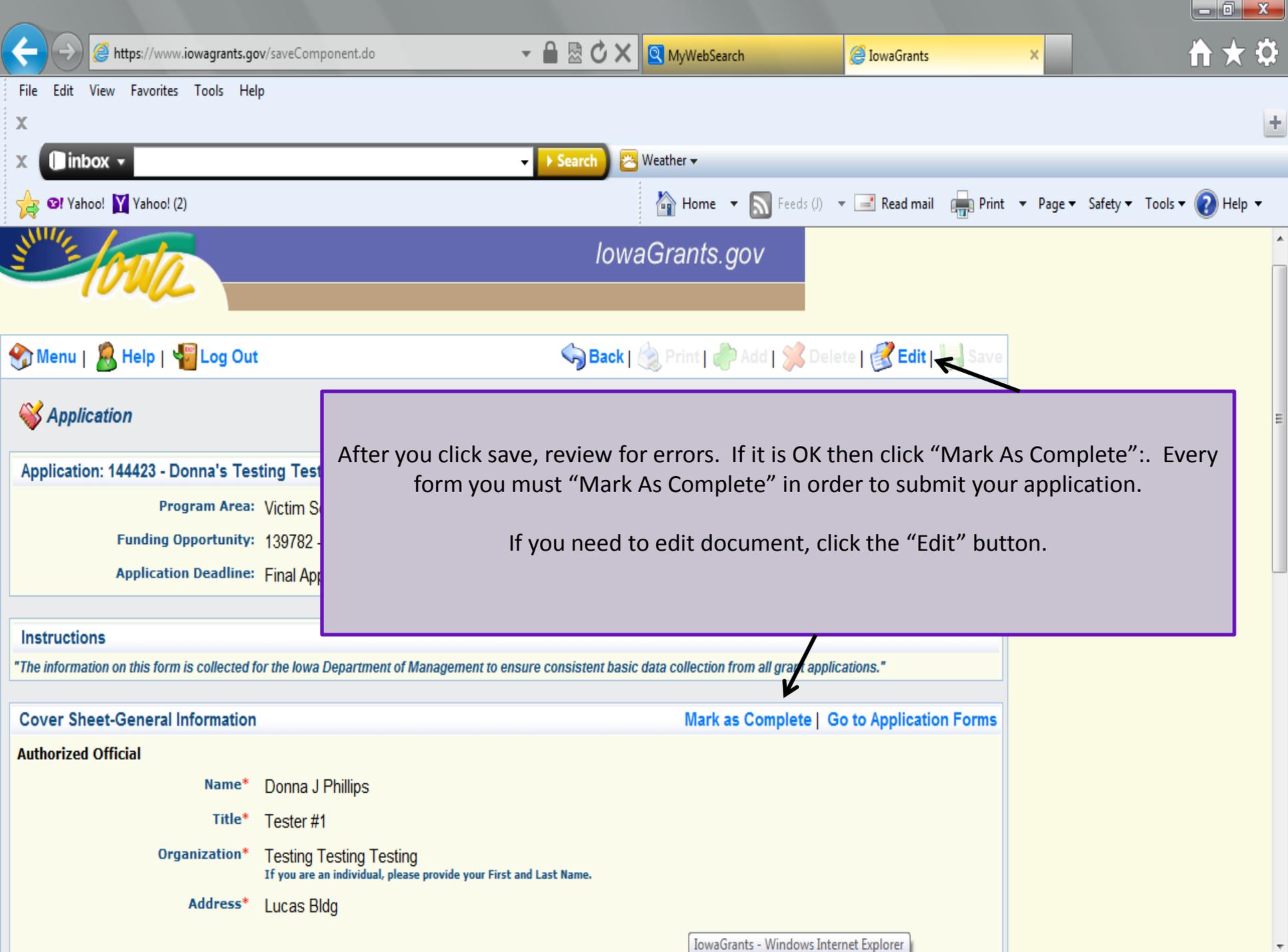
Instructions

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		



Application

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

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.

Instructions

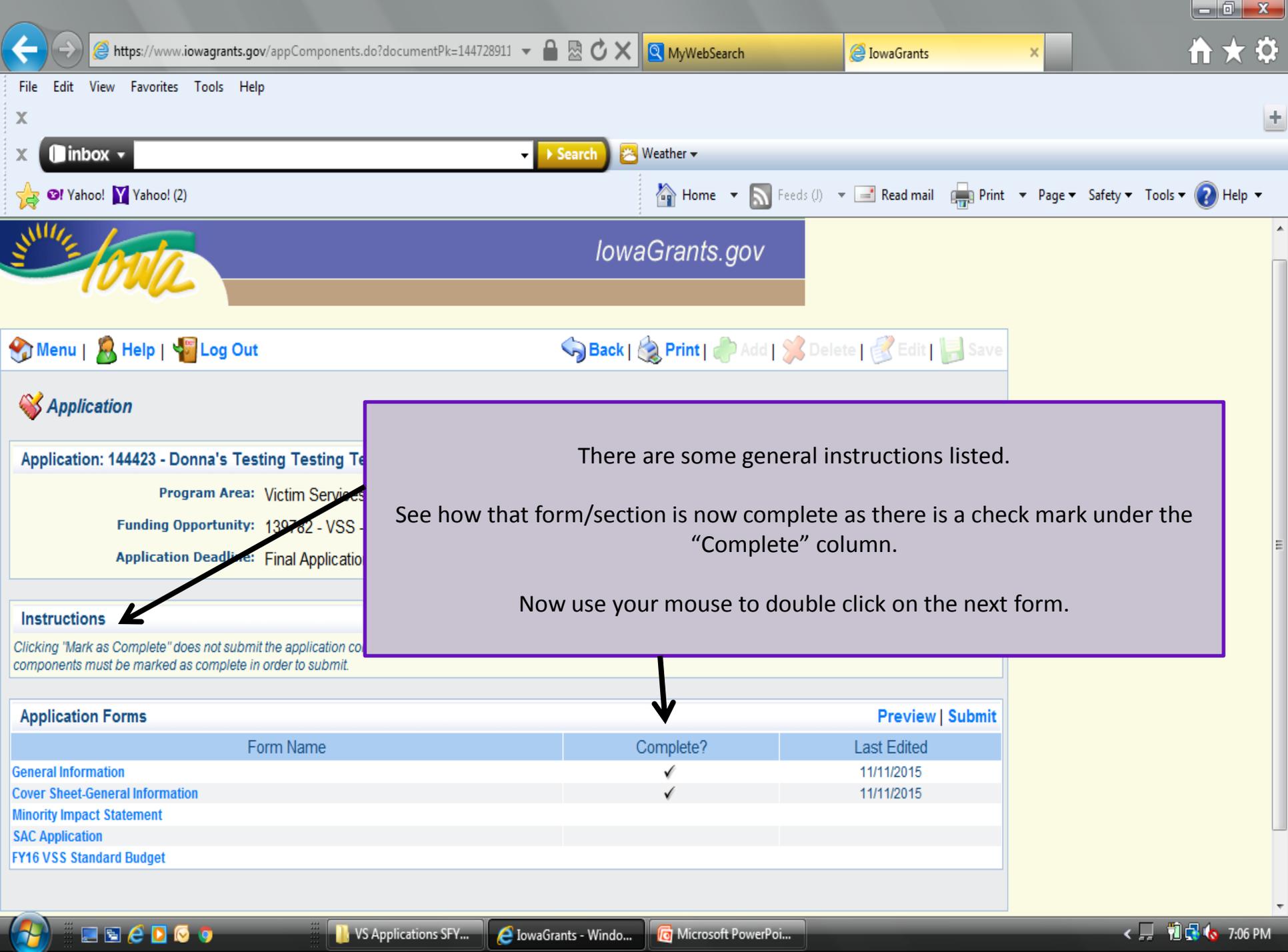
"The information on this form is collected for the Iowa Department of Management to ensure consistent basic data collection from all grant applications."

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
General Information	✓	11/11/2015
Cover Sheet-General Information	✓	11/11/2015
Minority Impact Statement		
SAC Application		
FY16 VSS Standard Budget		

Narrative Section

- Volunteer Table
 - Provide the number of volunteers
 - County of the volunteers
 - Brief description of the use of the volunteers

Narrative Section

- Support Group Table – Current
 - County
 - How many attendees
 - Duration/Length of Group
 - Demographics of Your Support Group
 - (Brief description)

Narrative Section

- Support Group Table – Projected
 - County
 - How many attendees
 - Duration/Length of Group
 - Demographics of Your Support Group
 - (Brief description)

Narrative Section

- Crime Victim Percentages Projections
 - Type of Crime
 - Percentage (%) Projected to Focus on with the VSS Funds
 - Must Add up to 100%
 - Projected Number of Victims to be Served by these Categories
- Area to be Served
 - Check Box of the Region or Zone to be served
 - Check Box if a Culturally-Specific Program Application

Narrative Section - Janelle

Narrative Answers

To the Point

Be Brief

No Fluff

Attachments

- Job Descriptions
- Table of Organization
- Certified Assurances
- Total Program Budget

On File with CVAD:

- Articles of Incorporation (if applicable)
- Any Insurance Coverage the applicant carries for liability or property.
-
-

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
								\$27,500.00	\$0.00

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
								\$27,500.00	\$0.00

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 *

Taskbar: Microsoft PowerPoint, Documents, Documents, IowaGrants - Window, 7:58 PM

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 is divided into several sections, each with a table and a justification area.

Equipment Section:

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 Section:

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 Section:

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 Section:

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