



STOP GRANT RENEWAL APPLICATION

INSTRUCTIONS

The STOP Formula Grant is eligible for a program renewal for the period of January 1, 2016 through December 31, 2016. Funds are made available for these programs through the U.S. Department of Justice, Office on Violence Against Women (OVW), Violence Against Women Act (VAWA), CFDA #16.588.

Your application must continue the scope of work from your original application and serve the same target population. Funds are available for a 12 month contract at the same amount as awarded in the original contract.

Applicants will be required to submit the documents and exhibits/attachments being requested as outlined below. The renewal application must include narrative information as well as required forms/documents as outlined in the following sections:

1. **Executive Summary** (one (1) page maximum)
Provide a one-page narrative overview of the project that includes a brief summary of the need, program objectives, and strategies used to achieve program goals.
2. **Goals, Objectives and Performance Measures** (Exhibit F only, no narrative)
State the goal(s) that will address the identified problem/need. The goals and performance measures must be related to the original application, with updates for the second year of implementation.
3. **Implementation Plan** (Exhibit G only, no narrative)
Please provide an updated implementation plan for the new funding year. The implementation plan should be related to the activities to meet objective outcomes. The Implementation Plan must be related to the original application, with updates for the second year of the program.

4. Fiscal Capacity/Budget (Exhibit A, B, C, D and E, no narrative)

These exhibits must be completed for this section. Funds are available for a 12 month contract at the same amount as awarded in the original contract. Additionally, please submit a copy of your most recently completed A-133 Audit Report; if your organization is not subject to an A-133 audit please submit a complete copy of audited financial statements.

A 25% match is required for the STOP Grant. Tribal or victim service applicants applying for STOP funds are not required to provide a match; however they can do so voluntarily. If a tribe or victim service provider chooses to voluntarily include match on their application, those applicants will be held accountable for that match. Match funds are subject to financial and programmatic monitoring by the Governor's Office of Youth, Faith and Family.

Renewal Applications are due **Wednesday, November 18, 2015**. Applications should be submitted via email to John Raeder at JRaeder@az.gov.

EXHIBIT A

Governor's Office of Youth, Faith and Family Standard Data Collection Form for the Grant Management Information System (GIMS)

A. Fiscal Agent Information:

Agency Name _____ Contact Person _____
Address _____ Position _____
_____ Email _____
City, State, Zip _____ Phone _____ x _____
County _____
Employer Identification Number: _____ DUNS Number: _____
Agency Classification: _____ State Agency _____ County Government _____ Local Government _____ Schools _____ Tribal
_____ Faith Based _____ Non-Profit _____ Other

In which Congressional (Federal) District is your agency? Enter District # _____
<http://www.azredistricting.org> (click on Final Maps)

In which Legislative (State) District is your agency? Enter District # _____
<http://www.azredistricting.org> (click on Final Maps)

Have you previously conducted business with the State using this EIN: **Y N**. If **NO**, please go to the following website, download the State of Arizona Substitute W-9 Form and submit with your application. <http://www.gao.state.az.us/onlineforms>

What was the date of your most recent SAM/CCR registration? _____ * Please attach confirmation of registration.

Preferred method for reimbursements (ACH or mailed check)? _____ ACH _____ Agency Fiscal Address (listed above)

Preferred reimbursement cycle: _____ Monthly _____ Quarterly

B. Contract Signer Information:

Contract Signer _____ Position _____
Address _____ Email _____
_____ Phone _____ x _____
City, State, Zip _____ County _____

C. Financial Information:

Approximately how much FEDERAL funding will your organization expend in your current fiscal year? \$ _____

What is your organization's fiscal year-end date? _____

Accounting Method: _____ Cash _____ Accrual _____ Modified

Is your organization subject to the requirements of an annual independent audit in accordance with OMB Circular A-133? **Y N**

Please provide contact information of the audit firm conducting your audit:

Agency _____
Address _____
Phone Number _____

FFATA (Federal Funding Accountability and Transparency Act) Reporting Requirements:

- 1. Is 80% or more of annual gross revenues from Federal Awards? Yes _____ No _____
- 2. Do you receive \$25 Million or more annually from Federal Awards? Yes _____ No _____

If you answered YES to both questions, you MUST provide the names and total compensation of the top five (5) paid executives.

- 1. Name _____ Total Compensation _____
- 2. Name _____ Total Compensation _____
- 3. Name _____ Total Compensation _____
- 4. Name _____ Total Compensation _____
- 5. Name _____ Total Compensation _____

D. Program Agency Information:

Agency Name _____ Contact Person _____

Address _____ Position _____

_____ Email _____

City, State, Zip _____ Phone _____ x _____

County _____

E. Proposed Program Information / Description:

Amount requesting: _____

Service area of proposed program: _____

Target population of proposed program: _____

Number of participants to be served: _____

Authorized Signer **Date**

(TO BE COMPLETED BY GOCYF PERSONNEL)

Contract Number: _____

Required Attachments:

Is the contract FFATA reportable? Yes _____ No _____

- _____ Sub-Grantee Renewal Application
- _____ Line Item Budget
- _____ Budget Narrative
- _____ Sub-Grantee Renewal Checklist
- _____ CCR Certification

Is the Sub-Grantee's Audit Current? Yes _____ No _____

Funding Index: _____

Any Special terms and conditions to be included in contract: _____

Program Administrator **Date**

Grant Auditor **Date**

EXHIBIT B

Funds Requested Page

The offeror must state a firm, fixed total guaranteed not-to-exceed amount of funds requested for STOP Violence Against Women Formula Grant Program. **Funds are available for a 12 month contract extension for the same purpose and amount as awarded in the original contract.**

\$ _____ Program Area 1: Law Enforcement

\$ _____ Program Area 2: Prosecution

\$ _____ Program Area 3: Courts

\$ _____ Program Area 4: Victim Services

If you are providing services or addressing sexual assault with the application, what percent of your application/project will meaningfully address sexual assault?

SEXUAL ASSAULT PERCENT OF PROJECT: _____

What is the target population for your proposed program?

TARGET POPULATION: _____

If providing direct services or training, what number of participants will be served through this program?

NUMBER TO BE SERVED: _____

EXHIBIT C

SAMPLE Line Item Budget

This exhibit is provided as an example only. While you must use this format, you may reproduce it with Word Processing or Spreadsheet software. Limit your budget line items to the following categories: Personnel, Fringe Benefits, Contracted/Professional Services, Travel (In-State/Out of State), Pass-Thru, Other Operating Expenses and Administrative/Indirect Costs. **Please round budget category totals to the nearest dollar.**

Budget period: January 1, 2016 – December 31, 2016

Budget Category	Line Item	Requested Funds	** Matching Funds/ Source	Total Cost
Personnel and Fringe Benefits				
Personnel	Project Director, Bob Williams, 75%, 12 months	\$33,000		\$33,000
	Project Director, Bob Williams, 25%, 12 months		\$11,000 (XYZ City)	\$11,000
Fringe Benefits	Agency Rate (18%)- Budget narrative should provide more detailed accounting of how this rate was determined for the agency. (Rounded)	\$5,900		\$5,900
			\$2,000 (XYZ City)	\$2,000
Contracted Services/Professional Services				
Contract services	Program Evaluation – contractual data entry services (GHJ Evaluation, Inc.)	\$1,000		\$1,000
Travel				
	Project staff to attend program related training (300 miles x 44.5 cents per mile x 1 staff person) (Rounded)	\$130		\$130
Pass Through				
Subgrants	Stipends for school personnel 1 person - .10 FTE	\$1,000		\$1,000
Supplies and Other Operating				
	Postage (\$100/month x 12 months for monthly flier)	\$1,200		\$1,200
	Telephone for Bob Williams (\$151/month x 12 months)		\$1,812 (XYZ City)	\$1,080
Administrative/Indirect Costs				
	Please see narrative.			
Total		\$44,430	\$14,812	\$59,242

*As shown, a line item budget justification for each component **MUST** be included in the application that describes the procedure for determining the cost of budget categories. Detail in the line item budget narrative strengthens applications. See the following page for budget narrative format.

EXHIBIT D

SAMPLE Budget Narrative

The purpose of the budget narrative is to provide greater detail on the **budget line items for requested funds and matching funds/source**. The budget narrative should explain the criteria used to compute the budget figures on the budget form. Please verify that the narrative and budget form correspond and the calculations and totals are accurate.

Personnel: Include information such as position title(s), name of employee (if known), annual salary, time to be spent on this program (hours or %), number of months assigned to this program, etc. If you need additional fiscal personnel to manage this grant, include those costs also. Provide the calculation used to determine the requested funding amount for each individual (i.e. Bob Williams \$45,000 Annual Salary x .75 FTE = \$33,750).

All organizations that receive Federal funds are required to maintain appropriate documentation to support salaries and wages per the 2 CFRs (Personal Activity Reports, Time and Effort Reports, Certifications, etc.). All organizations will be monitored to assure compliance with this requirement. Please review the appropriate 2 CFR for your organization.

Fringe Benefits: Provide a list of the fringe benefit costs and their respective percent of salary (See example below). Indicate any special rates for part-time employees, if applicable. Explain how the benefits for each position were determined.

Example list:

Fringe Benefit	Percent of Salary
Payroll Tax	.094
Worker's Comp	.020
Medical and Dental Insurance	.066
Total Fringe Benefit Rate	.18

Contracted Services/Professional Services: If contracted services/professional services are proposed in the budget, define how the costs for these services were determined and provide justification for the services related to the project. This category includes Evaluation Services. Information for Evaluation Professional Services should include who will be performing the evaluation, the type of work to be performed, and a listing of all applicable rates. Provide the units x rate calculation to show how the requested funding amount was determined (i.e. 20 Hours x \$50/hr = \$1,000). Explain how all contracts will be procured. The Grantee will be required to submit a copy of the executed contract before any related costs will be reimbursed.

Travel: Travel costs are according to the Applicant's written policy. Include a detailed breakdown of the travel costs (i.e. lodging, mileage, per diem, etc.) Indicate the location(s) of travel, the justification for travel as it relates to the program, and how many employees will attend.

Food costs related to per diem amounts designated in your organization's travel policy are allowable. If awarded, throughout the entire contract term, prior approval from the GOCYF must be obtained for any and all potential food costs related to workshops and meetings.

Pass Through/Subgrants: In the event that this application represents a collaboration and the Applicant will be utilizing other Grantees to perform various components of the program, include the Grantee name, the work the Grantee will perform, the dollar limit of the sub grant and how it was determined, and the term of the sub grant). Also include monitoring policies that will be utilized to assure compliance.

Supplies and Operating Expenses: List the supplies and other operating expenses and justify the need for the items. Identify the monthly cost for re-occurring expenses (i.e. rent, utilities, general office supplies, printing, etc.) If building rent is requested, please indicate the method used to allocate the appropriate amount of rent to the program. Provide the item cost for infrequent purchases (i.e. telephone unit, registration fee, training cost, etc.). All purchases should be made according to the Applicant's written procurement policy, which at a minimum must contain the federal procurement guidelines for federal grants.

Administrative/Indirect Costs: Administrative costs are the general or centralized expenses necessary for the overall administration of an organization. Administrative costs do not include particular project costs. For organizations that have an established federally approved indirect cost rate for Federal awards, indirect costs mean those costs that are included in the organization's indirect cost rate. Such costs are generally identified with the organization's overall operation and are further described in the Office of Management and Budget Circulars 2 CFR 220.

For the purposes of this grant, Grantees may be permitted an allocation for administrative costs under one of the following:

Scenario A: Administrative Costs: If the Applicant does not have a federally approved indirect cost rate, the Applicant may include an allocation for administrative costs for up to 10% of the total direct funds requested. If using this method, the Applicant shall provide a description of the types of expenses that this allocation will pay for.

Scenario B: Federally Approved Indirect Costs: If the Applicant has a federally approved indirect cost rate agreement in place, the Applicant may include an allocation for indirect costs for the rate approved by their federal cognizant agency. Applicants must provide a copy of their federally approved indirect cost rate agreement.

Indirect costs are costs of an organization that are not readily assignable to a particular project, but are necessary to the operation of the organization and the performance of the project. The cost of operating and maintaining facilities, depreciation, and administrative salaries are examples of the types of costs that are usually treated as indirect.

EXHIBIT E

Staff Overview

In addition to this overview, please attach a resume (for current personnel) or a job description (for positions to be hired) for the key individuals involved in the project.

STAFF MEMBER	BACKGROUND AND EXPERTISE OF PERSONNEL
Name: Title: What percent of time will be spent on this project:	
Name: Title: What percent of time will be spent on this project:	
Name: Title: What percent of time will be spent on this project:	
Name: Title: What percent of time will be spent on this project:	
Name: Title: What percent of time will be spent on this project:	
Name: Title: What percent of time will be spent on this project:	

EXHIBIT F

Goals, Objectives and Performance Measures (samples provided)

In the table below, state the goal(s) that will address the identified problem/need. Modify the number of goals as needed.

Goal 1	Improve law enforcement response to stalking.
Goal 2	Increase awareness about stalking in the community.
Goal 3	Provide support and information to stalking victims.

The selected performance measures must demonstrate results of the STOP project.

ACTIVITY/ STRATEGY	GOAL # (Goal must be listed in above table)	PERFORMANCE MEASURE/TASKS AND QUANTITY	OBJECTIVE	TIME FRAME	AS MEASURED BY
<i>Example:</i> Activity 1: Training about Stalking in Arizona	1	<i>8 training events (number of trainings and/or hours) provided to law enforcement</i>	<i>Increase knowledge about stalking laws and policies</i>	<i>March 1 2016 – December 15, 2016</i>	<i>Sign-in Sheets Completed Evaluations Pre and Post Tests</i>
	2	<i>12 trainings (number of trainings and/or hours) provided to community stakeholders</i>	<i>Increase knowledge about stalking laws, policies and resources</i>	<i>June 1 2016– December 15, 2016</i>	<i>Sign-in Sheets Completed Evaluations Pre and Post Tests</i>
Activity 2: Provide advocacy to stalking victims	3	<i>45 or 75% (number and percent) of victims that know how to plan for their continued safety.</i>	<i>Increase knowledge about how to safety plan and resources available</i>	<i>January 1, 2016– December 31, 2016</i>	<i>Victim contact entries in database Or Completed survey from Victim</i>

EXHIBIT G

Implementation Plan

The following form may be reproduced with word processing software or another form may be created that contains all the information requested. Sequentially list the key tasks and activities needed to implement the strategies/approaches including timelines and responsibilities as they relate to the achievement of the task. In the final column, list how the effectiveness of the implementation will be measured (e.g. number of staff attending/completing, participant satisfaction attendance at CCRT meeting, adequacy of resources, timely completion of activities, etc.)

Note: In addition to listing activities necessary to implementing the strategies/approaches or proven program, include the activities necessary to implementing the sustainability plan as outlined in the *Sustainability* section.

ACTIVITY/STRATEGY	KEY TASK	ACTIVITIES	PERSON RESPONSIBLE	BY WHEN	AS MEASURED BY	