

SD Victims' Services Program SFY 2026 Access & Visitation Grant Application

Application Information

Application Type

Please select the type of application.

Applicant Information

Name:

Visitation Program (if different from above):

Street Address:

City:

State:

Zip Code:

Application Organization Information

Unique Entity Identifier (UEI)*:

**The 12-character code identifies an entity that does business with the U.S. federal government. The UEI replaced the DUNS number in 2022.*

Organization Type

Please select the type of organization that best describes your program.

Primary Contact

Provide the below contact information for the individual responsible for this application.

First Name:

Last Name:

Phone #:

Email:

Grant Use Information

Geographic Area Served.

Please describe the geographic area that best describes the program's service area and counties served.

Urban

Rural

Both

Please select all services below and if they are mandatory, voluntary or both.

	Mandatory	Voluntary	Both
Mediation			
Development of Parenting Plans			
Counseling			
Parent Education			
Neutral Drop-Off/ Pick-Up			
Supervised Visitation			
Visitation Enforcement			

How long has the organization been operating?

Years

How long as the organization been providing visitation services?

Same as above

Years

Is access and visitation a stand-alone program or part of a larger umbrella of services at the organization? If part of a larger set of services, describe how access and visitation are part of the organization.

A description of how your organization incorporates a domestic violence-informed approach to parenting time services. Incorporate a description of current and planned collaborations with domestic violence experts.

Visitation Center Rates Per Hour <i>Please provide the rates for the Visitation Center for costs of service.</i>		
Activity	Prior Year Rate	Rate for Application Year
Exchanges		
Visitation		

How many of your organization's unduplicated visitation clients received full scholarships during the previous grant period?

Clients

How many of your organization's unduplicated visitation clients were billed for any/all of the services they received during the previous grant period?		
Activity	# Clients Billed 100% of Services	# Clients Partially Billed for Services
Exchanges		
Visitation		
TOTAL		

Provide a budget for your visitation program that includes total expenditures and total revenues for the previous grant period in the chart below.

If your visitation services are part of a larger set of organization services, provide a separate organization budget in the field below.

Budget Category	Visitation Program Only Budget	Overall Organization Budget
Total Expenditures		
Total Revenues		

Provide a breakdown of only clients served with Access & Visitation grant funds for the previous grant period. This is for current grantees only.

Services	# of Clients Served	# of Hours of Service Provided
Mediation		
Develop Parenting Plans		
Counseling		
Parenting Education		
Visitation Compliance Monitoring		
Supervised Visitation		
Neutral Drop-Off/ Pick-Up		
TOTAL		

New Funding Request Information

Indicate the total dollar amount you are requesting for this grant application.

Provide a description of anticipated needs for your visitation services for the next grant period.

Provide the number of additional unduplicated clients you expect to serve.

Anticipated Unduplicated Clients to be Served

Describe how your organization will use the grant funds you are requesting. Include what services will be offered, a description of each service, referral sources, etc.

Describe the source and amount of match your organization will use to meet the 10% match requirement of the grant program.

Reminder: match can be achieved with either cash or in-kind resources, or both.

Anticipated Breakdown for Providing Match	
Cash	
In-Kind	

Describe how your organization will meet the goal of the visitation grant - which is to support and facilitate noncustodial parent access to and visitation of their children – and how you will measure your success in meeting the goal.

Required Documentation Provided Separately

The following items will need to be provided additionally with this application form as part of your application submission. If you have questions on what the attachment/ requirement is, please refer to the Application Instructions/ Solicitation.

- Descriptions of Safety Screening Procedures/ Tools
- Fee Schedule/ Income Eligibility Guidelines
- Approval document from Governing Body
- Proof of **active** SAM.gov Registration
- Three (3) Current Letters of Support
- List of Board of Directors' Contacts
- ACORD/ Applicable Insurance Documentation

Certification

To the best of my knowledge and belief, the information in this application request for grant funding from the South Dakota Victims' Services Program is true and correct. This document has been duly authorized by the governing body of the applicant organization.

By selecting this, you are agreeing the Name shown above fully, accurately, and uniquely identifies you. You furthermore agree that your submission of this form shall constitute your electronic signature, and the execution of this document in exactly the same manner if you had signed, by hand, an original, paper version of this agreement.

For final submission of application package, please refer to the Application Instructions.