

SD Victims' Services Program SFY 2026 Combined Grant Application

Application Information

Application Type

Please select the type of application.

Applicant Organization Name:

Street Address:

City:

State:

Zip Code:

Applicant Unique Entity Identifier (UEI):

Organization Type

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

If the program is a tribal entity, does the program have a current and signed Tribal Resolution?

Primary Contact

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

First Name:

Last Name:

Phone #:

Email:

Grant Use Information

Service Area

Describe the service area and the counties served. If the defined service area includes all counties, please answer "Statewide", if not, select "Other" and list the counties within the service area.

Counties in service area:

Indicate how the defined service area stated above was determined. Select all that apply.

If "Other" is selected, please explain in the area provided.

Marriage/Divorce Fees received from these counties

Actual victims/survivors served from this area

Both of the above

Other

Purpose of Funding

Explain why funding is crucial to the operations of the organization to support services to victims and survivors. Detail what the funds are proposed to be used for. If this is for specific programming, please detail what type of programming that is and why the funding is necessary.

Underserved Populations

Select all types of underserved populations intending to be served under the proposed funding from the list below.

- Victims of sexual abuse/assault
- At-risk or homeless youth
- Victims of elder abuse/neglect

Detail the services and programming that will be utilized to reach the underserved populations stated above and which populations will be reached with that programming.

Types of Crime Victims/Survivors Served

Select the type of crime proposed to be served/supported under this application. Provide the percentage of funding anticipated to be utilized if a crime type is selected. If "Other" is selected, detail the crime type.

***You will need to enter the percentage below in decimal format. (e.g., 0.1 is 10%)**

- Domestic/dating violence
- Sexual assault
- Physical child abuse
- Sexual child abuse
- Stalking
- Human Trafficking
- Other

**TOTAL OF ALL CRIME TYPE CATEGORIES
(this will auto-calculate)**

This needs to total 100%

Challenges

Please discuss some of the challenges your victim assistance program faced during the course of the previous year. This would include some of the services that victims/survivors requested but the organization was unable to provide. Please detail what challenges prevented the organization from providing those services or any other information to describe challenges.

Detailed Budget & Narrative

Fiscal Year Budget

In the section below, enter the board-approved budget. For SDVS funding sources, input the total amount you will anticipate requesting from that funding source. If not requested, enter \$0.

Funding Source	Amount
VOCA	
FVPSA	
STOP	
SASP	
DASA	
SDVS Total Budget <i>(this will auto-calculate)</i>	
Emergency Shelter Grant (ESG)	
Fundraising Events/ Individual Gifts	
United Way	
Marriage License/Divorce Fees	
Other Funds	
Other Local Funds	
Other Federal Funds	
TOTAL <i>(this will auto-calculate)</i>	

If the applicant is a non-federal entity, did your program expend more than \$1,000,000 or more in federal funds (from all sources including pass-through subawards) in the organization's prior fiscal year?

Grant Programs Requested

Please complete the following sections for the funding sources you are applying for. If you are not applying for that funding, you may skip that section and leave it blank or enter "N/A".

- *Victims of Crime Act Victim Assistance Program (VOCA) is federally-funded by the U.S. Department of Justice Office for Victims of Crime*
- *Family Violence Prevention and Services Act (FVPSA) is federally-funded by the U.S. Department of Health and Human Services Administration for Children & Families*
- *Services Training Officers Prosecutors/Violence Against Women Act (STOP/VAWA) is federally-funded by the U.S. Department of Justice Office on Violence Against Women*
- *Sexual Assault Services Program (SASP) is federally-funded by the U.S. Department of Justice Office on Violence Against Women.*
- *Domestic and Sexual Abuse Program is funded through state general dollars.*

VOCA Specific Information

Will you need to request a waiver of the VOCA Volunteer Requirement?

VOCA requires subrecipient organizations to use volunteers unless the state grantee determines there is a compelling reason to waive this requirement. A "compelling reason" may be a statutory or contractual provision concerning liability or confidentiality of counselors/victims' information, which bars using volunteers for certain positions, or the inability to recruit and maintain volunteers after a sustained effort.

If a waiver of the VOCA volunteer requirement is requested, please explain the reasons a waiver is necessary.

Will you need to request a waiver of the VOCA Match Requirement?

The policy of SDVS is to require VOCA subrecipients to meet their match requirements. If a subrecipient anticipates difficulty meeting the match requirement on a VOCA award, a request for a match waiver may be submitted to SDVS. Generally, match waiver requests will be considered at the start of an award period. A partial, or full match waiver may be requested for consideration. Match waivers are considered by SDVS and DPS staff on a case-by-case basis and approval will be determined based on a well-justified hardship.

To request a match waiver, subrecipients should provide a match waiver justification request with this application. The justification must be on agency letterhead containing the following:

- *Legal name of the agency requesting a match waiver;*
- *A **brief** description of the agency, project, and services to be provided;*
- *A justification explaining the hardship reason for the match waiver request;*
- *Total amount of match that would be required based on the amount requested within the application;*
- *Total amount of match the agency is able to provide that is broken out by in-kind and cash match;*
- *Amount of match the agency is requesting to be waived;*
- *Amount of match provided in the prior grant year for the same project (if applicable);*
- *Time period for which the match waiver request is being made;*
- *Signatures from both the agency's Executive Director and Board Chairperson.*

Optional: Additional Information

Please provide any additional information you would like us to know about how you would utilize VOCA funding if awarded.

FVPSA Specific Information

Explain how you would ensure SDVS meets the priorities of FVPSA funding.

FVPSA requires that not less than 70% of total FVPSA funds awarded must be distributed for immediate shelter and related assistance to victims of family violence and their dependents, dating violence, and domestic violence. Not less than 25% of total FVPSA funds awarded must be distributed for the primary purpose of providing supportive and prevention services.

Please detail how FVPSA-specific requirements would be fulfilled.

Optional: Additional Information

Please provide any additional information you would like us to know about how you would utilize FVPSA funding if awarded.

STOP Specific Information

STOP Allocation Category

If applying for STOP funding, please select the most appropriate category from the list below that describes your program/ the services that would be provided with STOP.

Courts (C)

Law Enforcement (LET)

Prosecution (P)

Victim Services (VS)

Briefly describe the training your agency plans to provide using STOP-LET funds during the project period.

Please include the number of trainings, training topics, and the audience you anticipate providing training to. If you plan to work on any innovative or new projects, please describe here.

Results of prosecutions of violent crimes against individuals in the previous calendar year.

Please provide the number of arrests, convictions and cases pending.

Arrests

Convictions

Cases Pending

Estimate the increased number of successful prosecutions of violent crimes if a STOP-P grant is received.

NEW: What is your policy for training staff on domestic violence, sexual assault, and stalking-related crimes to meet the STOP Prosecution Certification Requirement?

A requirement of supporting STOP-funded prosecutors to meet the STOP prosecution certification includes identifying effective training programs and other strategies to ensure implementation of practices that are victim-centered and trauma-informed, and engaging in meaningful monitoring of prosecution programs using appropriate practice guidelines.

The Office on Violence Against Women, in consultation with more than 120 prosecutors, advocates, academics, and other subject matter experts, has developed a resource published by the U.S. Department of Justice, the "Framework for Prosecutors to Strengthen Our National Response to Sexual Assault and Domestic Violence Involving Adult Victims". This resource describes a set of principles that is intended to lead to "better outcomes for victims, safer communities, and great accountability for perpetrators" and can be found here: <https://www.justice.gov/ovw/media/1352371/dl?inline>

It is a requirement that any subgrantee that is a prosecutor's office meet the certification requirements

within three (3) years. The Certification will be made by the head of the prosecuting office and certifies to SDVS that the prosecuting office is compliant.

Additional Information

Please provide any additional information you would like us to know about how you would utilize STOP funding if awarded.

SASP Specific Information

Explain how you would ensure SDVS meets the priorities of SASP funding.

SASP is intended to support rape crisis centers in providing direct intervention and related assistance services as well as support dual programs. Dual programs provide sexual assault and domestic violence services to enhance the provision of sexual assault-related direct intervention and related assistance services.

Please detail how SASP-specific requirements would be fulfilled.

Optional: Additional Information

Please provide any additional information you would like us to know about how you would utilize SASP funding if awarded.

DASA Specific Information

Explain how you would ensure SDVS meets the primary purpose of DASA funding.

DASA's primary purposes are to provide assistance to shelter programs that serve victims of domestic violence and sexual assault, provide training programs for the staff and volunteers of these programs, and to provide prevention and education programming by these programs.

Optional: Additional Information

Please provide any additional information you would like us to know about how you would utilize DASA funding if awarded.

Funding Categories Requested

The below contain categories funds can be allocated to. Please rank the categories requested below in the order from highest priority to lowest priority. The top of the list signifies the most important and bottom of the list signifies the least important.

Most Important

Categories available:

- Personnel/ Fringe Benefits
- Rent & Operating
- Community Education
- Emergency Services
- Furniture & Equipment
- Travel/ Mileage
- Development/ Training
- Repair/ Replace/ Renovate
- Telephone
- Other Expenses

Least Important

Personnel/ Fringe Benefits

Provide the dollar amount requested for Personnel/Benefits.

In the box below, enter the dollar amount requested from SDVS whether it is VOCA, FVPSA, STOP, SASP or DASA that is necessary for Personnel/ Fringe Benefits. If this category is not being requested, enter \$0.

Please provide the below information for Personnel/ Fringe Benefits requested from SDVS.

Number of Full-Time positions (2,080 hours per year)

Number of Part-Time positions

Total positions (this will auto-calculate)

Total annual salaries and wages only.

This is the total budget amount including SDVS funding.

**Requested % of salary/ wage amount requested in application
(this will auto-calculate)**

Fringe Benefits

Explain the benefits that would be included in this request and the formula for calculating. Be specific in exactly which benefits and/or taxes might be included in this request.

Job Descriptions

Please provide an abbreviated explanation of the necessity of the positions listed and how they are integral to success of the project. This includes position activities detailed to demonstrate the need to implement/ continue this project.

Rent & Operating Expenses

Provide the dollar amount requested for Rent & Operating Expenses.

In the box below, enter the dollar amount requested from SDVS whether it is VOCA, FVPSA, STOP, SASP or DASA. If this category is not being requested, enter \$0.

Rent & Operating Expenses are organizational expenses that are necessary and essential to providing direct services and allowable other victim services. These must be prorated when an item is not used exclusively for victim-related services or activities.

Rent & Operating Narrative

Provide an explanation for the expenses to be paid and provide the annual budget amount and why they are necessary. Provide a description and the amount that is being requested (e.g., Office Supplies \$250.00).

Community Education Expenses

Provide the dollar amount requested for Community Education Expenses.

In the box below, enter the dollar amount requested from SDVS whether it is VOCA, FVPSA, or DASA. If this category is not being requested, enter \$0.

Community Education is promotion of community efforts to aid crime victims and survivors. This may be through awareness presentations or other activities.

Community Education Expenses Narrative

Provide an explanation for the expenses to be paid and provide the annual budget amount and why they are necessary.

Provide a description and the amount that is being requested (e.g., Outreach & Education Supplies \$250.00).

Emergency Services

Provide the dollar amount requested for Emergency Services.

In the box below, enter the dollar amount requested from SDVS whether it is VOCA, FVPSA, STOP, SASP or DASA. If this category is not being requested, enter \$0.

Emergency Services are expenses that may be used for but are not limited to responding to immediate emotional, psychological, and physical health and safety.

Emergency Services Narrative

Provide an explanation for the expenses to be paid and provide the annual budget amount and why they are necessary. Provide a description and the amount that is being requested (e.g., Hotels/Motels for Victims/ Survivors \$2,500.00).

Furniture & Equipment

Provide the dollar amount requested for Furniture & Equipment.

In the box below, enter the dollar amount requested from SDVS whether it is VOCA, FVPSA, STOP, or SASP. If this category is not being requested, enter \$0.

Furniture & Equipment Narrative

Provide an explanation for the expenses to be paid and provide the annual budget amount and why they are necessary. Provide a description and the amount that is being requested (e.g., Replacement beds for victim/survivor rooms \$2,500.00).

Travel/ Mileage

Provide the dollar amount requested for Travel/ Mileage.

In the box below, enter the dollar amount requested from SDVS whether it is VOCA, FVPSA, STOP, SASP or DASA. If this category is not being requested, enter \$0.

Travel/Mileage is for transporting victims and survivors to office appointments, court, participate in a court proceeding where they are not a witness, local travel expenses.

Travel/ Mileage Narrative

Provide an explanation for the expenses to be paid and provide the annual budget amount and why they are necessary. Provide a description and the amount that is being requested (e.g., Transportation/ mileage for victims/ survivors \$2,500.00).

Development/ Training

Provide the dollar amount requested for Development/ Training.

In the box below, enter the dollar amount requested from SDVS whether it is VOCA, FVPSA, STOP, SASP, or DASA. If this category is not being requested, enter \$0.

Development/Training expenses are for skills training for staff/volunteers, training materials, and training-related travel expenses.

Development/ Training Narrative

Provide an explanation for the expenses to be paid and provide the annual budget amount and why they are necessary. Provide a description and the amount that is being requested (e.g., Conference Registrations \$2,500.00).

Repair/ Replace/ Renovate

Provide the dollar amount requested for Repair/ Replace/ Renovate. This category is only allowable under VOCA. If this category is not being requested, enter \$0.

Repair/ Replace/ Renovate Narrative

Provide an explanation for the expenses to be paid and provide the annual budget amount and why they are necessary. Provide a description and the amount that is being requested (e.g., Replace flooring in shelter \$5,000).

Telephone Expenses

Provide the dollar amount requested for Telephone Expenses.

In the box below, enter the dollar amount requested from SDVS whether it is VOCA, FVPSA, STOP, SASP or DASA. If this category is not being requested, enter \$0.

Telephone Expenses Narrative

Provide an explanation for the expenses to be paid and provide the annual budget amount and why they are necessary. Provide a description and the amount that is being requested (e.g., Crisis Phone Line \$500).

Other Expenses

Provide the dollar amount requested for Other Expenses.

In the box below, enter the dollar amount requested from SDVS whether it is VOCA, FVPSA, STOP, SASP or DASA. If this category is not being requested, enter \$0.

This category is to be utilized for expenses/requests that do not fit into other categories provided.

Other Expenses Narrative

Provide an explanation for the expenses to be paid and provide the annual budget amount and why they are necessary. Provide a description and the amount that is being requested (e.g., Licensed Counseling Sessions (performed by counselor) \$5,000).

Contracts/ Subcontractors

Will funding be used to pay contractors/subcontractors?

If the above is answered yes for funding requested to be utilized to support contracts, have all contractors and vendors been screened for suspension or debarment from receiving federal funds?

Review of Funding Request

The below information will auto-calculated based on previous information input into the application.

Personnel/ Fringe Benefits	VOCA
Rent & Operating Expenses	FVPSA
Community Education Expenses	STOP
Emergency Services	SASP
Furniture & Equipment	DASA
Travel/ Mileage	TOTAL SDVS
Development/ Training Repair/ Replace/ Renovate	
Telephone	
Other Expenses	
TOTAL REQUESTED	

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.

- Applicable programmatic/ shelter policies
- Financial policies
- Proof of active SAM registration
- Three (3) current letters of support
- List of current board of directors members/ governing body including names, phone numbers, and email addresses
- ACORD/ applicable insurance document detailing coverage requirements
- Articles of Incorporation
- Bylaws and/or Constitution
- Documentation of 501(c)3 status
- Approval Document from Governing Body

Certification

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812." Each such certification must be maintained pursuant to the requirements of 2 C.F.R. § 200.334.

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.