



2021 NCAI Fund Victim Services Micro-grant Program Application Questions

Below is a copy of the 2021 NCAI Fund Victim Assistance Micro-grant Program application questions, so that you can collect all the required information and documentation prior to completing the online application. When you are ready to apply, please complete the application at <https://tribalvictimservices.org/request-funding/>.

Applicant Information

1. Applicant Tribal Nation/Organization Information
 - a. Entity Name
 - b. Entity DUNS Number
 - c. Applicant Org Type: Tribal Nation, Consortium, Designee
 - d. Address, City, State, Zip

2. Applicant Tribal Nation/Organization Point of Contact
 - a. Point of Contact First Name
 - b. Point of Contact Last Name
 - c. Point of Contact Email
 - d. Point of Contact Phone Number

3. Is the Point of Contact listed above the appropriate individual to receive communication from the technical assistance team?
 - Yes
 - No

4. If it is not, you must provide an alternate point of contact for technical assistance.
 - a. First Name
 - b. Last Name
 - c. Email
 - d. Phone Number

5. Do you have the authority to apply for grants on behalf of your tribal nation?
 - Yes
 - No

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6a. If you are submitting as a Consortium or Designee, which tribal nation(s) do you represent?

6b. You will be required to submit documentation showing that your organization has the authority to apply for this federal funding opportunity on the tribal nation's behalf. If you have this authorization, please email it to microgrants@ncai.org. If you do not have the required documentation, you will be required to submit it before receiving your Letter of Agreement.

7. Have you previously received funding from the Department of Justice for any purpose?

- Yes
- No
- Not sure

8. Have you applied or do you plan to apply for a federal grant award to support the same project or program described in this application?

- Yes
 - If yes, please explain.
- No

Proposed Use of Funds

9a. Are you seeking funding for a new or existing victim services program?

- New
- Existing

9b. If your proposed use of funding will support an existing victim services program, please describe your current victim services program. If this funding will be used to create a new victim services program, or if you are expanding your current victim services, please describe any planning or needs assessments you have already completed.

10. Briefly describe the issue that will be addressed through the grant funded program. Identify if there is a specific population being served (*i.e.* women, youth, elderly) and any current activities being conducted to support this population as crime victims.

11. Please describe in detail how you would like to use the requested funding, including specific activities that will be conducted under this grant.

12. This funding opportunity can be used to support a wide variety of programming and services for victims of crime in your community. Please select which activities your grant will include:

- **Needs Assessment** [if selected, the following will become editable]
 - Have any victim services needs assessment activities been conducted in your community previously? If yes, please describe.
 - Describe your tribal nation's plan for conducting the needs assessment, including how you will use the information to help crime victims.

- **Strategic Planning** [if selected, the following will become editable]
 - Describe your tribal nation's plan for developing a strategic plan, including how the strategic plan may assist crime victims.

- **Support for Victim Services** (Applicants should consider carefully whether all activities can be completed in the grant period of 12 months.)
 - Please indicate the areas of service included in your proposed program (select all that apply):
 - Providing information to crime victims
 - Referral services for crime victims
 - Victim advocacy/accompaniment
 - Law enforcement interview advocacy/accompaniment
 - Intervention with employer, creditor, landlord or academic institution
 - Child and/or dependent care assistance
 - Transportation assistance
 - Interpreter services
 - Crisis intervention
 - Hotline/crisis line counseling
 - On-scene crisis response
 - Sexual Assault Response Team (SART) team development
 - Coordinated Community Response (CCR) team development
 - Updating tribal codes for victim services
 - Access to Traditional/Cultural Healing ceremonies for victims
 - Other

- **Equipment & Supplies Purchase** [if selected, the following will become editable]
 - Describe in detail what type of equipment and/or supplies you plan to purchase with the grant funds and how these purchases will be used to advance your tribal nation's victim's services programs.
 - Do you plan to use the funding to purchase a vehicle to transport victims to access necessary services or attend court proceedings?
 - Yes
 - No
 - **Please note that purchases must be made pursuant to your internal procurement policy that complies with federal law. If you do not**

have a procurement policy, technical assistance will be provided to help you develop one.

Grant Management

- If awarded, you will be required to comply with all applicable federal policies and regulations.

13. Capabilities and Competencies

- Who will be responsible for the day to day project implementation on this grant? Please include their title and number of years' experience.
- Who will be responsible for financial management and procurement? Please include their title and number of years' experience.
- Who will be responsible for reporting? Please include their title and number of years' experience.
- If staff will be hired for a position included in this grant, do you anticipate that your tribal nation will be able to recruit and hire this individual within the first three months of the grant? If not, please explain.

14. Plan for collecting data required for this solicitation's performance measures:

- If funded, the program will be required to submit a quarterly report of performance measurement data requested by OVC. Some of these measures include:
 - Number of individuals receiving services
 - Demographics of individuals receiving services (race, gender, age)
 - Type of Victimization
 - Number of requests unmet due to organizational capacity issues
- Do you anticipate any challenges submitting quarterly reports? If yes, please explain.

Summary Budget

15. Please enter the amount of funding you are requesting under each budget category and include a description of how these funds will be spent. If funded, you will work with the NCAI Fund technical assistance team to complete a detailed budget for your program.

Category	Amount	Description
Personnel		
Fringe Benefits		
Travel		
Equipment/Supplies		

Contracts and Consultants		
Consultant/Contractor Travel		
Other Costs		
Indirect Costs		

16. Please provide an additional justification for any funding requested over \$150,000.00. Please include a statement regarding ability to spend the funds within the 12 month project period. If your budget is less than \$150,000, please enter "N/A".

17. Applicant acknowledges that if awarded, applicant will be required to comply with all applicable federal financial management policies and regulations.

- Yes
- No

18. Please note that if awarded an NCAI Fund Victim Services Micro-grant, you will be prompted to sign the Letter of Agreement electronically, using Sertifi. Please provide the name and contact information for the person who will sign the Letter of Agreement.

- Signatory Title
- Signatory Name
- Signatory Email Address

19. Please check this box to request an alternate method of signing the letter of agreement.