**Instructions:** Applicants have three options for submitting the required program narrative to OVC:

- 1. Applicants may complete a traditional program narrative, described on pages 10-12 of the FY 2023 Tribal Victim Services Set-Aside Formula Grant Program solicitation; or
- 2. Applicants may choose to complete the following program checklist on their own; or
- 3. Applicants may complete a telephone or video conference interview with OVC Tribal Division staff, where OVC staff will ask the questions on the program checklist. The deadline for scheduling interviews was April 11, 2023. OVC may not be able to accommodate interview requests submitted after that date.

If you elect to complete this checklist independently, please be sure to answer each question on the checklist completely.

Funds from OVC's Tribal Victim Services Set-Aside Formula Program (TVSSA Program) can be used to pay for services for victims of crime. There are some activities, which by law or policy are unallowable and should not be included in your program design or budget. Other information regarding allowable and unallowable costs can also be found in the <u>DOJ Grants Financial Guide</u>.

Required Information	Applicant's Response
What is the applicant's name?	
Applicant Type	☐ Federally Recognized Indian Tribe
Click the circle next to the appropriate response.	Consortium or two or more Federally Recognized Indian Tribes
	Authorized Designee of a Federally Recognized Indian Tribe
Name each Federally Recognized Tribe that will be served by the proposed project.	

Project Abstract Applicants should use this section to provide a summary of the proposed project.	
section to provide a summary of the proposed project.	

What are the primary activities for which funds are requested?  Place an "X" next to all that apply.	<ul> <li>□ Direct Victim service</li> <li>□ Community outread</li> <li>&amp; awareness</li> <li>activities</li> <li>□ Training for project</li> <li>staff &amp; partners</li> <li>□ Access to traditional</li> <li>cultural activities</li> <li>□ Tribal code</li> <li>development</li> </ul>	policies & pro Purchasing a other major e Supporting m disciplinary re	cedures vehicle or quipment ulti- sponse team , CCR, CPT) community ment &	<ul> <li>□ Planning and conducting a conference</li> <li>□ Mental health &amp; substance abuse services</li> <li>□ MMIP community awareness activities</li> <li>□ MMIP victim services</li> </ul>	<ul> <li>□ Minor         Renovations/remodeling         (Requires completion of separate construction-renovation questionnaire)</li> <li>□ Construction¹ (Requires completion of separate construction-renovation questionnaire)</li> <li>□ Other: Please specify.</li> </ul>
What is the proposed project period?	mobile homes, prefabricate	d buildings, and similar s	structures) are str	ongly advised to choose a proj	I installation of modular buildings, iect period of at least 36 months to
The project period <b>must be</b>	allow sufficient time for env	vironmental review, appr	ovals, and actual	construction/ assembly/instal	lation of the project.
between 12-60 months. Click the circle next to the appropriate response.	☐ 12 months	☐ 24 months	☐ 36 month	s	☐ 60 months
Project Period Start Date	☐ January 1, 2024	☐ October 1, 2023			
The period of performance start date is January 1,					
2024. Some applicants					
(those with funding					
expiring 9/30/2023) may be permitted to start					
performance on October 1,					
2023, to avoid interruption					
of services.					

<sup>&</sup>lt;sup>1</sup> For purposes of the TVSSA Program, "construction" includes major renovations to existing facilities (e.g., building an addition, completing renovations to change the use of a facility) and the purchase, set up, and installation of modular buildings, prefabricated buildings, mobile homes, and similar structures. If an applicant is proposing construction or renovation, they must complete the separate construction-renovation questionnaire.

Description of the	Applicants should use this section to describe the community or communities to be served by the proposed project.
Issue	repplicante anotata add the decimal to decimal the definitionity of definitionities to be derived by the proposed project.
Please describe the	
geographic location of	
the service area(s) for	
the proposed project.	
Include key demographic	
information (total population to	
be served, average age of the	
residents, identified underserved populations,	
etc.).	
<b>'</b>	

Describe any current	
victim services	
Victim Services	
programs available in the community.	
the community	
tile community.	
For each existing program explain: (1) how long it has been in operation; (2) how	
ovaloin: (1) how long it has	
explain. (1) now long it has	
been in operation; (2) now	
many employees staff the	
program; and (3) provide a 2-	
3 sentence summary of	
services the program currently	
offers	
offers.	

What are the current	
needs or challenges	
related to serving	
crime victims in the	
proposed service	
proposed service	
area? How will the	
proposed project	
address the unmet	
needs and	
challenges?	
Please list the needs and	
challenges and how each	
need/ challenge will be addressed by the program.	
addressed by the program.	

Who will be served by the project?  Place an "X" in the appropriate spaces to the right.	□ Children □ Adults		erved Populations/Community of Spirit; individuals with disabilities	
What forms of crime victimization will the project address?  Place an "X" in the appropriate spaces to the right.	<ul> <li>□ Domestic violence</li> <li>□ Human trafficking</li> <li>□ Teen dating violence</li> <li>□ Property crimes</li> <li>(burglary, arson, destruction of property, etc.)</li> </ul>	<ul> <li>☐ Sexual assault</li> <li>☐ Child abuse/neglect</li> <li>☐ Adults sexually abused as children</li> <li>☐ Violent crimes (kidnapping, armed robbery, aggravated assault)</li> </ul>	<ul><li>☐ Elder abuse</li><li>☐ Stalking</li><li>☐ MMIP</li><li>☐ Survivors of homicide</li></ul>	Other:
Program Design and Implementation	Applicants should use this section to victims in the Description of the Issue	describe how they will use TVSSA funds to section.	o develop and implement a progra	m to meet the needs of crime
Please describe where the proposed project will be located and how victims will access the services (in-person, virtually, etc.).				

	T
Describe the victim	
services that will be	
provided with TVSSA	
provided with 1 voor	
grant funds.	
Provide more specific details	
on the victim services that will	
be provided with the funds. If	
the applicant is not proposing	
the applicant is not proposing to use the award funds to	
provide services to victims,	
write "N/A" and skip to the	
novt question	
next question.	

Describe other program activities,	
such as outreach and awareness, that will be carried out with	
award funds.	
Provide more specific details about the other program activities identified in the Project Abstract section of the checklist.	

List the specific goals and objectives for the	
proposed project and identify the specific	
tasks/activities	
necessary to achieve the goals and	
objectives.	
The goals and objectives identified here must be related to addressing the unmet needs and challenges for crime victims in the community to be served that were identified in the Description of the Project section of this checklist.	
Is the applicant	☐ Yes. The applicant will use award funds to create one or more products. If yes, then
proposing to use	please list them below.
award funds to create	<ul> <li>□ No. The applicant will not use award funds to create any products.</li> </ul>
a product?	
A product is a tangible deliverable (website, written	Product 1:
policies and procedures,	Product 2:
strategic plan, video, etc.).	Product 3:

**Project Timeline:** Complete the project timeline below. The project timeline must: (1) cover the entire proposed project period (12–60 months); (2) illustrate how project activities will be carried out; (3) identify who will be responsible for the tasks and activities by position/title; (4) explain how the applicant will fulfill its reporting requirements; and (5) obtain OVC review and approval for proposed products (if applicable).

Year 1	Year 1 Activities	Year 2	Year 2 Activities	Year 3	Year 3 Activities
1 <sup>st</sup> Quarter		1 <sup>st</sup> Quarter		1 <sup>st</sup> Quarter	
		0		0	
2nd Quarter		2nd Quarter		2nd Quarter	
				1	

3rd Quarter	3rd Quarter	3rd Quarter	
4th Quarter	4th Quarter	4th Quarter	

Year 4	Year 4 Activities	Year 5	Year 5 Activities
Year 4 1 <sup>st</sup> Quarter		Year 5 1 <sup>st</sup> Quarter	
2nd Quarter		2nd Quarter	
Zilu Quarter		Zila Quartoi	

		1
3rd Quarter	3rd Quarter	
4h Quarter	4th Quarter	
1		

Program Requirement	Applicant's Response
Who Will Implement the Program	Applicants should use this section to identify the individual(s) who will staff the proposed project and explain their duties and responsibilities. Applicants can submit additional pages to capture all positions.
Identify by name and position/title any existing staff whose position will be supported by funding from this proposed award.  Please provide the requested information for each existing staff member. Applicants should attach the resumes and position descriptions for current staff members to their applications.	Name of Staff Member: Position/Title: Percentage of Time/Effort: Summary of Duties and Responsibilities:
	Qualifications (Education and Prior Experience):

Identify by position/title any proposed new staff positions that will be created with this funding.	Position/Title:  Percentage of Time/Effort:
Applicants should attach the position descriptions for proposed staff positions to their applications.	Summary of Duties and Responsibilities:  Preferred Qualifications (Education and Prior Experience):
Identify by name and position/title the individual who will be responsible for supervising the work to be carried out by proposed existing or new staff members  Applicants should attach the position descriptions for each proposed new staff member to their applications. Please provide the requested information for each proposed new staff member.	Name: Position/Title: Percentage of Time Effort: (If applicable) Non-Supervisory Project Responsibilities:

(If applicable) Identify by name any proposed subrecipients, subcontractors, or individual consultants who will share responsibility for developing or implementing the project  If the applicant does not yet know the name of the proposed subcontractor of consultants, write "TBD" for name, and provide the other requested information. If award funds will not be used for these purposes, please enter "N/A" and skip to the next question.	Name:  Duties and Responsibilities:
	(Actual or Preferred) Qualifications:
(If applicable) Identify the collaborative partner agencies and organizations who will participate in a grant-supported multi-disciplinary team response (e.g., SANE-SART, CCR, CPT) or who will	Organization/Agency:
provide resources to the project.	Name and Position/Title of Representative:

Plan for Collecting the Data Required for this Solicitation's Performance Measures	Applicants should use this section to describe how they will collect and report the performance measurement data for the TVSSA Program.
Identify the individual(s) who will collect, store, and report the data by name and position/title.	
Describe where and how the data will be stored (hard copy, electronic, cloud-based software application), and who will have access to it.	
Explain whether the performance measurement data that will be collected for this solicitation will be used to satisfy reporting requirements for another funding source.	