OVC FY 2024 Tribal Victim Services Set-Aside Formula Program
Program Narrative Checklist

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

1. Applicants may complete a traditional Proposal Narrative, as described in the FY 2024 Tribal Victim Services Set-Aside Formula Grant Program solicitation; or
2. Applicants may choose to complete the following TVSSA Program Narrative 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 following program checklist. The deadline for scheduling interviews is May 6, 2024. 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. Please email ovctribalsetaside@ojp.usdoj.gov if you have questions about completing the checklist.

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 *DOJ Grants Financial Guide*.

Date:	
Tribal Entity:	
Checklist Completed By: (Please note name, title, and organization)	

Required Information	Applicant's Response
What is the applicant's name?	
Applicant Type *Place an "X" next to the appropriate response.*	☐ Federally Recognized Indian Tribe ☐ Consortium or two or more Federally Recognized Indian Tribes ☐ Authorized Designee of a Federally Recognized Indian Tribe

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Name each Federally Recognized Tribe that will be served by the proposed project.	
What are the primary activities for which funds are requested for the proposed project? *Place an "X" next to all that apply.*	☐ Direct victim services ☐ Community outreach & awareness activities ☐ Training for project staff & partners ☐ Access to traditional/ cultural activities ☐ Tribal code development ☐ Developing program policies & procedures ☐ Purchasing a vehicle or other major equipment ☐ Supporting multi-disciplinary response team (SANE-SART, CCR, CPT) ☐ Conducting a community needs assessment & developing a strategic plan ☐ Planning and conducting a conference ☐ Mental health & substance abuse services ☐ MMIP community awareness activities ☐ MMIP victim services ☐ Minor renovations/remodeling (Requires completion of separate construction-renovation questionnaire) ☐ Construction[1] (Requires completion of separate construction-renovation questionnaire) ☐ Other: Please specify. _____
What is the proposed project period? *The project period **must be** between 12 and 60 months. Place an "X" in the appropriate space.*	*Applicants proposing to use funds for construction or major renovation (including the purchase and installation of modular buildings, mobile homes, prefabricated buildings, and similar structures) are strongly advised to choose a project period of at least 36 months to allow sufficient time for environmental review, approvals, and actual construction/ assembly/installation of the project.* ☐ 12 months ☐ 24 months ☐ 36 months ☐ 48 months ☐ 60 months

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[1] 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.

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Project Period Start Date *The period of performance start date is January 1, 2024. Some applicants (those with funding expiring September 30, 2024) may be permitted to start performance on October 1, 2024, to avoid interruption of services.*	☐ January 1, 2025 ☐ October 1, 2024
Description of the Issue	*Applicants should use this section to describe the community or communities to be served 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.).*	

Describe any current victim services programs available in the community. *List any current victim services programs available in the service area and the focus of the program. For instance, "Hope House- provides services to victims of domestic violence"*	

What are the current needs or challenges related to serving crime victims that the proposed project will address? *Please list ONLY the needs and challenges and how each need/challenge will be addressed by the program. If a need or challenge will NOT be addressed by the program, it does not need to be discussed.*	

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Who will be served by the project? *Place an "X" in the appropriate spaces next to the population(s) to be served.*	☐ Children ☐ Adults ☐ Elders ☐ Underserved Populations/Communities *(LGBTQIA/Two Spirit; individuals with disabilities, etc.)*
What forms of crime victimization will the project address? *Place an "X" in the appropriate spaces next to the victimization types to be addressed.*	☐ Domestic violence ☐ Sexual assault ☐ Elder abuse Other: ☐ Sex trafficking ☐ Child abuse/neglect ☐ Stalking ☐ Labor trafficking ☐ Adults sexually abused as children ☐ MMIP ☐ Teen dating violence ☐ Survivors of homicide ☐ Property crimes *(burglary, arson, destruction of property, etc.)* ☐ Violent crimes *(kidnapping, armed robbery, aggravated assault)* ☐ Bullying
Program Design and Implementation	*Applicants should use this section to describe how they will use TVSSA funds to develop and implement a program to meet the needs of crime victims in the Description of the Issue section.*
Please describe where the proposed project will be located and how victims will access the services (in person, virtually, etc.).	

Describe the services that will be provided to victims of crime with funds from this TVSSA grant. Provide more specific details about *services that this project would provide for victims (victim advocacy, civil legal assistance, shelter or transitional housing, etc.), other project activities that would be supported by grant funds (outreach and awareness, training, program evaluation, Tribal code or other product development, etc.), and who will provide the services and conduct the activities including their position/title.* *If the applicant is not proposing to use the award funds to provide services to victims, write "N/A" and skip to the next question.*	

List the specific goals and objectives for the proposed project and identify the specific tasks/activities necessary to achieve each goal and objective. 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 Issue section of this checklist.	
Is the applicant proposing to use award funds to create a product? *A product is a tangible deliverable (website, written policies and procedures, strategic plan, video, etc.). Grantees will be expected to report on any products created under this award in the performance progress report.*	☐ Yes. The applicant will use award funds to create one or more products. If yes, then please list them below. ☐ No. The applicant will not use award funds to create any products. - Product 1: [_____] - Product 2: [_____] - Product 3: [_____]

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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 by position/title who will be responsible for each of the tasks and activities listed in the timeline; and (4) indicate when proposed products developed under the grant will be submitted to OVC for review and approval.

Year	1st quarter activities	2nd quarter activities	3rd quarter activities	4th quarter activities
Year 1				

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Year	1st quarter activities	2nd quarter activities	3rd quarter activities	4th quarter activities
Year 2				

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Year	1st quarter activities	2nd quarter activities	3rd quarter activities	4th quarter activities
Year 3				

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Year	1st quarter activities	2nd quarter activities	3rd quarter activities	4th quarter activities
Year 4				

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Year	1st quarter activities	2nd quarter activities	3rd quarter activities	4th quarter activities
Year 5				

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 1: Position/Title: Percentage of Time/Effort: Summary of Duties and Responsibilities: Qualifications (Education and Prior Experience):

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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 2: Position/Title: Percentage of Time/Effort: Summary of Duties and Responsibilities: Qualifications (Education and Prior Experience):

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.* **Please copy and paste additional staff members needed.**	Name of Staff Member 3: 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. *Applicants should attach the position descriptions for proposed staff positions to their applications.*	Position/Title 1: [ ] Percentage of Time/Effort: [ ] Summary of Duties and Responsibilities: [ ] Preferred Qualifications (Education and Prior Experience): [ ]

Identify by position/title any proposed new staff positions that will be created with this funding. *Applicants should attach the position descriptions for proposed staff positions to their applications.*	Position/Title 2: Percentage of Time/Effort: Summary of Duties and Responsibilities: Preferred Qualifications (Education and Prior Experience):

Identify by position/title any proposed new staff positions that will be created with this funding. *Applicants should attach the position descriptions for proposed staff positions to their applications.*	Position/Title 3: Percentage of Time/Effort: Summary of Duties and Responsibilities: Preferred Qualifications (Education and Prior Experience):

Identify by position/title any proposed new staff positions that will be created with this funding. *Applicants should attach the position descriptions for proposed staff positions to their applications.*	Position/Title 4: Percentage of Time/Effort: Summary of Duties and Responsibilities: Preferred Qualifications (Education and Prior Experience):

Identify by position/title any proposed new staff positions that will be created with this funding. *Applicants should attach the position descriptions for proposed staff positions to their applications.* *Please add positions as needed.*	Position/Title 5: Percentage of Time/Effort: Summary of Duties and Responsibilities: Preferred Qualifications (Education and Prior Experience):

Identify by name and position/title the individual who will supervise the work to be carried out by proposed existing or new staff members. *Applicants should attach the resume for each person responsible for supervising staff under the grant.*	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 or 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 1: Duties and Responsibilities: (Actual or Preferred) Qualifications:

(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 or 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 2: Duties and Responsibilities: (Actual or Preferred) Qualifications:

(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 or 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 3: Duties and Responsibilities: (Actual or Preferred) Qualifications:

(If applicable) Identify the collaborative partner agencies and organizations that will participate in a grant-supported multidisciplinary team response (e.g., SANE-SART, CCR, CPT) or who will provide resources to the project.	Organization/Agency 1:
	Name and Position/Title of Representative:
	Organization/Agency 2:
	Name and Position/Title of Representative:
	Organization/Agency 3:
	Name and Position/Title of Representative:
	Organization/Agency 4:
	Name and Position/Title of Representative:
	Organization/Agency 5:
	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), by name and position title, who will collect, store, and report the performance measurement data for the TVSSA Program.	
Describe where and how the data will be stored (hard copy, electronic, cloud-based software application), and who will have access to it.	

Last updated 4/17/2024