

1. INTRODUCTION

This is an application for funding from the Indiana Department of Correction (IDOC). Funding is available to Indiana community agencies and organizations for projects that focus on victim assistance. Money for these awards is provided to the IDOC through commercial media outlets creating infotainment inside IDOC facilities.

- **Eligible:** Indiana victim assistance non-profits, community organizations, and local or state government agencies
- **Benefit amount:** up to \$5,000 per project
- **Application period:** September 1 through October 31, 2017
- **Awards announced:** December 4, 2017
- **Grant project timeline:** January 1 to December 31, 2018
- **Restrictions:** Per diem and mileage are limited to approved state rates (available at http://www.in.gov/sba/files/FMC_2014-1.pdf)

2. ADMINISTRATIVE INFORMATION

Organizations that are awarded funding must register as vendors with the State of Indiana. The Department cannot award funding to organizations unable or unwilling to complete this process.

In order to minimize the processing time for your award, we recommend completing the vendor registration process before or during the application process.

Information on the vendor/bidder registration process is available at <http://www.in.gov/idoa/2464.htm>.

If the application is approved, applicants will be provided a contract detailing the expected use of funds. The award will not be distributed until after the parties for both the State and the receiving organization have agreed to the terms with approved signatures. A sample copy of the Grant Agreement may be found on page 74 of the State of Indiana contract manual, which is accessible at <http://www.in.gov/idoa/files/2016%20Professional%20Services%20Contract%20Man>

Victim Assistance Grant

3. APPLICATION

Please note: You cannot save information in this form. For ease of application, you may want to prepare your responses in advance and paste them into this application. A separate PDF with all the questions is provided so you can prepare in advance of the application. The PDF is for your convenience only. The application **MUST** be completed in SurveyMonkey to be considered.

* 1. Organization name:

* 2. Contact name:

* 3. Street address:

* 4. City, state, and ZIP:

* 5. Phone number:

6. Alternate phone number:

* 7. Email address:

* 8. Date organization established or incorporated:

* 9. Organization's mission (text box will expand as you write):

* 10. Provide organization's tax-exempt organization number. If the organization does not have tax-exempt status under Section 501(c)3 of the IRS code, please explain. (Text box will expand as you write.)

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4. PROJECT NARRATIVE

Describe the project/event for which you are requesting funding.

* 11. Provide a minimum of 1-3 paragraphs explaining the project or event for which you are requesting funding (text box will expand as you write). Be sure to detail in your narrative:

- Why you need to complete this project or attend this event/conference,
- What you will do,
- What you hope to achieve,
- When the project will occur/be completed, and
- Who (and how many) will benefit.

* 12. Provide a brief timeline for the project (text box will expand as you write).

* 13. Focus of project:

5. BUDGET DETAIL

Detail how you plan to allocate grant funds, and name any other sources of income to support your project.

* 14. Funding amount requested (whole number only):

* 15. List by category the amount of funding requested (complete all fields):

Personnel:

Benefits:

Travel:

Supplies/equipment:

Contracts:

Other:

* 16. Describe other sources of income (names and amounts) anticipated to cover additional costs for this project. Also, describe any contingency plans you have in the event that these sources do not provide the anticipated amounts (text box will expand as you write).

6. ADMINISTRATIVE DETAILS

The information contained in this application has been provided for the purpose of obtaining grant funding from the Indiana Department of Correction for the applicant agency (Applicant). Applicant and its authorized representative listed below understand that information provided herein is used in determining grant funding, and warrant that the information provided is true and complete, and that the Indiana Department of Correction is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein. Applicant understands that

funding, if granted, may be used only for the purposes stated in this application.

If funding is awarded, Applicant will be provided with a State of Indiana Grant Agreement.

By submitting this application, the representative listed below attests that he or she is an authorized representative of the Applicant for the purposes of submitting this grant application.

* 17. Authorized representative:

Name:	<input type="text"/>
Title:	<input type="text"/>
Agency/Organization:	<input type="text"/>
Date:	<input type="text"/>