

**Council on Domestic Violence and Sexual Assault**  
**Department of Public Safety**  
**GRANT APPLICATION FACE PAGE**  
**Community-based Victim Services Grant Program FY19 – FY21**

1. Applicant (name of organization): \_\_\_\_\_
2. Total Victim Services funds requested from CDVSA for FY19: \$ \_\_\_\_\_
3. Program name (if different than #1): \_\_\_\_\_
4. Program DUNS number: \_\_\_\_\_ 5. Are you registered with SAM.gov?  
If no, you are required to register at <https://www.sam.gov/portal/SAM/#1>
6. Contact individuals (authorizing official means a person appointed by the Board, government entity or tribe to sign and authorize documents on the agency's behalf):
  - I. Authorizing Official (name): \_\_\_\_\_  
Position Title: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone: \_\_\_\_\_
  - II. Program Director (name): \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone: \_\_\_\_\_
7. Type of application (check one): Currently funded  Not currently funded
8. Type of Organization (select one): \_\_\_\_\_
9. Service Area (communities to be served with these grant funds): \_\_\_\_\_
10. Based on the program content of your application please estimate your percentage of activities by Classified Crime Type:

_____ % Sexual Assault	_____ % Domestic Violence/Interpersonal Violence
_____ % Child Abuse	_____ % Underserved victims of violent crimes
11. Terms and conditions: The undersigned grant applicant agrees to abide by the grant regulations and policies as described by law and delineated in the Regulations (13 AAC 90.010-190; 13 AAC 95.010-900 and 22 AAC 25.010-25.090) and the grant application package.

Signature of Authorizing Official: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Authorizing Official: \_\_\_\_\_