



Alaska's Council on
Domestic Violence
& Sexual Assault

**Council on Domestic Violence and Sexual Assault
Department of Public Safety
REQUEST FOR PROPOSAL APPLICATION FACE PAGE
Enhanced Services for Victims of Crime Grant Program FY20 – FY22**

1. Name of organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Type of Organization: _____

2. Organization's DUNS No.: _____ Is your DUNS active? Yes No

You are required to have an active DUNS at SAM.gov: <https://www.sam.gov/portal/SAM/#1>

3. Total funds being requested from CDVSA for FY20 Only (5-month award): _____

4. Estimated funds being requested for a full-year (12-month award): _____

5. Which Enhanced Services for Victims of Crime Grant program are you requesting funds for?

Legal Assistance Services (for victims of crime)

Mental Health Counseling for Children (through 18 years of age)

Child Advocacy Center (note: CACs requesting mental health professionals should apply in this category).

6. Organization Contacts (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: _____ Phone No.: _____

Email Address: _____

II. Program Director (name): _____

Position Title: _____ Phone No.: _____

Email Address: _____



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7. Service Area (communities to be served with these grant funds):

8. 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 95.010900 and 22 AAC 25.010-25.090) and the grant application package.

Signature of Authorizing Official: _____ Date: _____