



**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 FY24 – FY26**

1. Name of organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Type of Organization: \_\_\_\_\_

2. Organization's UEI No.: \_\_\_\_\_ Is your UEI active? Yes No

You are required to have an active [Unique Entity ID \(UEI\)](#)

3. Estimated funds being requested for Year One (FY24): \_\_\_\_\_

4. 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).

5. 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: \_\_\_\_\_



Alaska's Council on  
Domestic Violence  
& Sexual Assault

6. Service Area (region/communities to be served with these grant funds):

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: \_\_\_\_\_