



Council on Domestic Violence and Sexual Assault Department of Public Safety
REQUEST FOR PROPOSAL APPLICATION FACE PAGE
Victim 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. 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: _____
5. 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: _____