

Organization Information	Name of Organization		Organization Federal Tax Identification Number		Organization Data Universal Numbering System Number (DUNS #)	
	Organization Type (Select all that apply) <input type="checkbox"/> Domestic Violence/Sexual Assault Services and/or Shelters <input type="checkbox"/> Child Advocacy Center <input type="checkbox"/> Court Appointed Special Advocates (CASA) <input type="checkbox"/> Missouri Courts <input type="checkbox"/> Prosecuting Attorney Victim Advocates <input type="checkbox"/> All Other Victims of Crime Act (VOCA) Programs			Organization Mailing Address		
				Organization Street Address		
				City	State	ZIP Code
				County		Website Address
				Organization Phone Number		Organization Fax Number
Organization's Commercial And Government Entity (CAGE) Code: Registration Number in the system for Award Management (SAM) https://www.sam.gov/portal/SAM/				CAGE Code	CAGE Code Valid Until Date	
Name of Organization's Contact Person		Contact Person's Email Address		Contact Person's Phone Number		

Funding Granted	FUNDING PERIOD	PERCENTAGE FOR PERIOD Must equal 100%	TOTAL FUNDING GRANTED PER PERIOD			
			FY 2017	FY 2018	FY 2019	PERIOD TOTAL
	NOV 1, 2019 - JUN 30, 2020	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
	JUL 1, 2020 - JUN 30, 2021	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
	JUL 1, 2021 - SEP 30, 2021	_____ %	\$ _____	\$ _____	\$ _____	\$ _____
	TOTAL	_____ %	\$ _____	\$ _____	\$ _____	\$ _____

MATCH - THE AMOUNT YOUR ORGANIZATION AGREES TO CONTRIBUTE.
 This amount may be reduced if: 28 C.F.R. § 94.118 requires subrecipients to contribute (i.e., match) not less than 20 percent (cash or in-kind) of the total cost of each project. Matching requirements are automatically waived for subrecipients "that are federally recognized American Indian or Alaska Native tribes, or projects that operate on tribal lands." Matching requirements are also automatically waived for subrecipients "that are territories or possessions of the United States (except for the Commonwealth of Puerto Rico), or projects that operate therein. Upon request of the state administering agency (SAA), the OVC Director may, at their discretion, waive in part or in full the matching requirements, pursuant to 28 C.F.R. § 94.118(b)(3).

	MATCH AMOUNT
\$ _____	\$ _____

INSTRUCTIONS FOR FUNDING AMOUNTS BY BUDGET CATEGORIES TABLE: In this table find pre-populated amounts in the "TOTAL AWARDED" row fields. In the white field areas, you will enter the amount of funding you expect to expend in each budget category. The "TOTAL PLANNED EXPENSES" should equal the amount provided in the "TOTAL AWARDED" row.

Has Organization Requested a Match Waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, what percent of match was requested to be waived? _____ %			If Yes, what total dollar amount of match was requested to be waived? \$ _____				
BUDGET CATEGORY <small>Fill in this Section with your planned expenses for each period</small>	NOV 1, 2019 - JUN 30, 2020			JUL 1, 2020 - JUN 30, 2021			JUL 1, 2021 - SEP 30, 2021		TOTAL FUNDING
	FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2018	FY 2019	
TOTAL AWARDED <small>(Populated from Funding Granted Section)</small>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Personnel	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Benefits	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Travel/Training	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Supplies/Operations	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Equipment <small>(Single item valued \$5,000 or above)</small>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Contractual	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Indirect Costs	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL PLANNED EXPENSES	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

INSTRUCTIONS FOR FUNDING AMOUNTS BY VICTIM TYPE: In this table, you will find pre-populated amounts in the "TOTAL AWARDED" row fields. In the white field areas, you will enter the amount of funding you expect to expend in each "VICTIMS SERVED" category. The "TOTAL AMOUNT" should equal the amount provided in the "TOTAL AWARDED" row.

Funding Amounts By Victim Type	TYPES OF VICTIMS SERVED (SECTION 3.2)	NOV 1, 2019 - JUN 30, 2020			JUL 1, 2020 - JUN 30, 2021			JUL 1, 2021 - SEP 30, 2021		FY TOTALS		
		FY 2017	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019	FY 2018	FY 2019	FY 2017	FY 2018	FY 2019
		TOTAL AWARDED (Populated from Funding Granted Section)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Domestic Abuse	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Child Abuse	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Sexual Assault	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Underserved	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Identified Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL AMOUNT	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Additional Information/Notes