Emergency COVID-19 Victim Services Response - 2021 Award Application

Organization	Organization Name
Organization Street Address	Organization Street Address
Organization City	Organization City
Organization Zip+4	Organization Zip+4
Is this the same as the payment mailing address?	No
Payment Mailing Address - Street	If not same, Organization Payment Address
Payment Mailing Address - City	If not same, Organization Payment City
Payment Mailing Address - Zip+4	If not same, Organization Payment Zip +4
Federal DUNS # (If pending, please write "pending")	Federal DUNS #
Current System for Award Management (SAM) Expiration Date:	May 25, 2021
This organization is a:	Select One: 501c3 / Tribal Organization / Neither
Please attach 501c3 Letter	
Indirect Cost Rate:	Select One: N/A / 10% de minimis / Federally Approved ICR
Indirect Cost Rate: Federally Approved ICR (if applicable):	Select One: N/A / 10% de minimis / Federally Approved ICR Federally Approved ICR
Federally Approved ICR (if applicable):	Federally Approved ICR Federal Employer ID #
Federally Approved ICR (if applicable): Federal Employer ID #: Preferred Payment Method if application	Federally Approved ICR Federal Employer ID #
Federally Approved ICR (if applicable): Federal Employer ID #: Preferred Payment Method if application approved	Federally Approved ICR Federal Employer ID # Electronic Funds Transfer
Federally Approved ICR (if applicable): Federal Employer ID #: Preferred Payment Method if application approved Bank Name	Federally Approved ICR Federal Employer ID # Electronic Funds Transfer Bank Name
Federally Approved ICR (if applicable): Federal Employer ID #: Preferred Payment Method if application approved Bank Name Account Holder	Federally Approved ICR Federal Employer ID # Electronic Funds Transfer Bank Name Account Holder
Federally Approved ICR (if applicable): Federal Employer ID #: Preferred Payment Method if application approved Bank Name Account Holder Routing Number	Federally Approved ICR Federal Employer ID # Electronic Funds Transfer Bank Name Account Holder Routing Number
Federally Approved ICR (if applicable): Federal Employer ID #: Preferred Payment Method if application approved Bank Name Account Holder Routing Number Account Number	Federally Approved ICR Federal Employer ID # Electronic Funds Transfer Bank Name Account Holder Routing Number Account Number
Federally Approved ICR (if applicable): Federal Employer ID #: Preferred Payment Method if application approved Bank Name Account Holder Routing Number Account Number Organization Website	Federally Approved ICR Federal Employer ID # Electronic Funds Transfer Bank Name Account Holder Routing Number Account Number Organization Website

Contact Phone	Contact Phone
Please identify the type of services offered by your program/organization (check all that apply):	Child Abuse Services Domestic Violence Services Human Trafficking Services Sexual Assault Services
Have you or do you plan to apply to ValorUS (formerly CALCASA) or CALICO for funds for the 2021 Emergency COVID Victim Services Response program ?	Yes or No
If yes, request status:	Select One: Planning to apply / Pending / Approved / Denied
If yes, amount requested:	Amount requested
If yes, please describe how this application is addressing different service needs that the funds you requested from CALCASA or CALICO:	Description of how this application is addressing different service needs that the funds you requested from CALCASA or CALICO
Were you awarded funds from the 2020 Emergency COVID Victim Services Response program?	Yes or No
Which agencies were you awarded funds from? (Select all that apply)	California Partnership to End Domestic Violence ValorUS (Formerly CALCASA) CALICO
Please give a brief description of your organization's work:	Description of your organization's work
Please describe COVID-19 related needs that will be met by these funds:	COVID-19 related needs that will be met by these funds
Organization's Annual Budget:	Annual Budget
Requested Amount:	Requested Amount
How will you ensure your funds are spent by July 31, 2021? (Select all that apply)	We will apply funds to line items already spent in 2021 due to COVID-19 related needs We will spend funds immediately upon approval We would like technical assistance to create a plan to expend funds by July 31, 2021
Please attach your completed Subaward Budget	
We anticipate spending funds on or by	Date you anticipate spending funds

you would like us to know related to this funds application for funds.

Please share any other information that Information that you would like us to know related to this application for

Certification	
Official Authorized to Sign Grant Subaward:	Full name of official authorized to sign grant subaward
Title	Title
Email	Email
Phone	Phone
City in which subaward certification will be signed	City
County in which subaward certification will be signed	County
Equal Employment Opportunity Officer	Full name of Equal Employment Officer
EEO Officer Title	Title
EEO Officer Email	Email
EEO Officer Phone	Phone
Is the Equal Employment Opportunity Officer's address the same as the Organization address?	Yes or No
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Is the Equal Employment Opportunity Officer's address the same as the Organization address? Equal Employment Opportunity Officer	Yes or No If different than organization address, Equal Employment Opportunity
Is the Equal Employment Opportunity Officer's address the same as the Organization address? Equal Employment Opportunity Officer Address - Street Equal Employment Opportunity Officer	Yes or No If different than organization address, Equal Employment Opportunity Officer Address
Is the Equal Employment Opportunity Officer's address the same as the Organization address? Equal Employment Opportunity Officer Address - Street Equal Employment Opportunity Officer Address - City Equal Employment Opportunity Officer	Yes or No If different than organization address, Equal Employment Opportunity Officer Address If different
Is the Equal Employment Opportunity Officer's address the same as the Organization address? Equal Employment Opportunity Officer Address - Street Equal Employment Opportunity Officer Address - City Equal Employment Opportunity Officer Address - Zip+4	Yes or No If different than organization address, Equal Employment Opportunity Officer Address If different If different
Is the Equal Employment Opportunity Officer's address the same as the Organization address? Equal Employment Opportunity Officer Address - Street Equal Employment Opportunity Officer Address - City Equal Employment Opportunity Officer Address - Zip+4 Governing Board Chair	Yes or No If different than organization address, Equal Employment Opportunity Officer Address If different If different Full name of governing Board chair
Is the Equal Employment Opportunity Officer's address the same as the Organization address? Equal Employment Opportunity Officer Address - Street Equal Employment Opportunity Officer Address - City Equal Employment Opportunity Officer Address - Zip+4 Governing Board Chair Governing Board Chair Title	Yes or No If different than organization address, Equal Employment Opportunity Officer Address If different If different Full name of governing Board chair Governing Board Chair Title