

**APPLICATION FOR  
RAPE  
PREVENTION AND EDUCATION  
GRANT FUNDS**

STATE OF UTAH  
DEPARTMENT OF HEALTH  
VIOLENCE & INJURY PREVENTION PROGRAM  
PO BOX 142106  
SALT LAKE CITY, UTAH 84114-2106

1. Contract Person  
  
Name: \_\_\_\_\_  
  
Telephone: \_\_\_\_\_  
  
e-mail: \_\_\_\_\_

2. Applicant Agency Name and Mailing Address:

3. Type of Application (check one)  
 Initial  
 Continuation of Award # \_\_\_\_\_

4. Scope of Project (check one)  
 State  City (Specify) \_\_\_\_\_  
County (Specify) \_\_\_\_\_  
Other (Specify) \_\_\_\_\_

5. Funding Amount Requested  
\$ \_\_\_\_\_

6. Beginning/Ending Dates of Program  
**May 1, 2014 to April 30, 2019**

7. Does the Award  
  
 Enhance an Existing Program  
 Initiate a New Program

8. Type of Implementing Agency  
 Rape Crisis Center  
 Woman's Shelter  
 Private Non-Profit  
 Governmental Agency  
 Native American Tribe

9. Federal Tax Identification Number

10. Project Title

11. Project Budget Summary	Requested Funds for 2014-2015	Requested Funds for 2015-2016	Requested Funds for 2016-2017	Requested Funds for 2017-2018	Requested Funds for 2018-2019
• Personnel					
• Contracted Fees					
• Equipment					
• Travel/Training					
• Supplies/Operating					
• Other					
• <b>TOTAL COSTS</b>					

12. Official Authorized to Sign

13. Program Director

14. Signatures

\_\_\_\_\_ Authorizing Official

\_\_\_\_\_ Program Director