

REQUEST  
FOR  
PROPOSALS

2014



Utah Rape  
Prevention  
and Education  
Grant

REQUEST FOR PROPOSALS .....	3
SUBMISSION DETAILS .....	4
CONTACTS.....	4
INTRODUCTION .....	5
Mission .....	5
Prevalence .....	5
Background.....	6
TIMELINE.....	7
AUTHORIZATION.....	8
FUNDING PURPOSE .....	8
Sexual Violence Primary Prevention .....	8
ELIGIBILITY.....	9
Allowable Activities .....	9
Non-allowable Activities.....	12
PROPOSAL APPLICATION.....	13
Section One: Forms (10 points) .....	13
Section Two: Identify the Problem (12 Points).....	13
Section Three: Collaboration (14 Points).....	14
Section Four: Project Plan (15 Points) .....	14
Section Five: Evaluation Plan (12 Points).....	16
Section six: Capacity, sustainability and Reporting (16 Points).....	17
Section Seven: Budget Summary (15 Points) .....	17
Section Eight: Program Administration (8 Points).....	17
REVIEW PROCESS .....	18

## REQUEST FOR PROPOSALS

**Application Deadline: Wednesday, January 29, 2014**

### **PLEASE READ VERY CAREFULLY**

The Utah Department of Health Violence and Injury Prevention Program (UDOH/VIPP) is requesting proposals to implement state and community strategies that prevent rape and sexual assault from occurring in the state of Utah. Governmental and non-profit organizations are eligible to apply. Approximately, \$250,000 per grant year is expected to be available and it is anticipated that there will be 7-15 awards ranging from \$5,000 to \$50,000 per grant year.

Requests above \$50,000 per grant year will not be reviewed or considered. *Please note: This amount is subject to change.*

Applicants must submit program and budget proposals reflecting programming for the funding period of May 1, 2014 to April 30, 2019. Applications without all requested documentation will **not** be considered.

The UDOH/VIPP has established a panel of experts who will review the applications and assign a score to each section of the application. An evaluation of each individual application will be based upon the criteria listed below:

- The extent to which the project is reasonable, utilizes a public health framework, addresses prevention at multiple levels (individual, community, society, policy), includes an evaluation plan, utilizes best practice principals and/or curriculum, and will contribute to the primary prevention of rape and sexual assault in Utah.
- The demonstration of applicant's intent to create or build upon a community prevention coalition dedicated to the primary prevention of sexual violence.
- The extent to which the estimated cost of the project is reasonable, considering the anticipated results;
- The extent to which the project personnel are well qualified by training and/or experience for their roles in the project and the applicant organization has adequate facilities and personnel; and;

- The degree of progress made on any current contract held with the UDOH/VIPP, if applicable.

## SUBMISSION DETAILS

Applications must be received by VIPP staff at the Utah Department of Health, no later than **6:00 p.m., Wednesday, January 29, 2014**. The application package **MUST** include:

- One original application signed by the authorized business official for the agency. The person stated on the Utah Department of Commerce, Business Entity Search <https://secure.utah.gov/bes/action/index> as the Registered Agent is the Authorized Agent of Corporation
- Six, three-hole punched copies of the complete application, bound by a paper clip. **DO NOT STAPLE.**
- Fully executed applications may be delivered by hand or by express delivery to the Utah Department of Health, Violence and Injury Prevention Program, 288 North 1460 West, Salt Lake City, UT. Submissions by mail must be sent to P.O. Box 142106, Salt Lake City, Utah, 84114-2106. Applications must be received by 6:00 p.m. Wednesday, January 29, 2014, without exception. Applications that do not meet these requirements will **not** be reviewed and will be returned to the sender.

## CONTACTS

The UDOH/VIPP encourages any organization needing assistance with the application to contact Katie McMinn at (801) 538-9277 or [kmcminn@utah.gov](mailto:kmcminn@utah.gov) or Teresa Betzer at (801) 538-6888 or [tbrechlin@utah.gov](mailto:tbrechlin@utah.gov).

## INTRODUCTION

### MISSION

---

The goal of the Utah Rape Prevention and Education Program is to promote primary prevention efforts that eliminate and/or reduce the incidence of rape, victimization and sexual violence. The UDOH/VIPP approaches sexual violence from a public health perspective, recognizing that primary prevention, including efforts to change cultural norms, behaviors, and practices is essential to create a community climate free from violence.

### PREVALENCE

---

Sexual violence refers to any sexual activity where consent is not obtained or freely given. These acts can be physical, verbal, or psychological. Sexual violence in Utah is a serious public health problem affecting thousands of residents each year. Studies in Utah indicate that one in eight women and one in 50 men will experience rape in their lifetimes and nearly one in three women will experience some form of sexual violence during their lives<sup>1</sup>. Utah ranks 19th in the nation for reported forcible rapes. Rape is the only violent crime in Utah that is higher than the national average. In a state where other violent crimes, such as homicide, robbery, or aggravated assault, is historically half to three times lower than the national average, this is of concern<sup>2</sup>.

Unfortunately the majority of rapes (88.2%) are not reported to law enforcement according to the 2007 Rape in Utah Survey. This clearly indicates that sexual violence rates are underestimated. Because we know that rape is underreported, it is difficult to gauge the magnitude of the problem using federal and state crime reports.

The 2010 Utah Behavioral Risk Factor Surveillance System (BRFSS) sexual violence data revealed that 12.2% of adult females and 1.2% of adult males experienced rape or attempted rape in their lifetime. According to the 2007 Rape in Utah survey, 78.7% of females reported that their first sexual assault occurred before their 18th birthday. In addition, the 2011 Youth Risk Behavior

---

<sup>1</sup> Utah Health Status Update, Sexual Violence, April 2008, (accessed 1/15/2013)  
[http://health.utah.gov/opha/publications/hsu/08Apr\\_SexualViolence.pdf](http://health.utah.gov/opha/publications/hsu/08Apr_SexualViolence.pdf)

<sup>2</sup> Utah Commission on Criminal and Juvenile Justice, 2007 Rape in Utah Survey, (accessed 1/15/2013)  
<http://nomoresecrets.utah.gov/Documents/RapeinUtah2007.pdf>

Survey showed that 9.3% of Utah female high school students have been physically forced to have sexual intercourse when they did not want to, compared to 6.5% of male high school students.

Sexual assaults are rarely committed by strangers. Only 13.3% of victims report being victimized by a stranger. Most often, the assault is committed by a family member (30.9%), intimate partner such as a spouse or boyfriend or girlfriend (20.8%), friend (14.3%), neighbor (9.9%), babysitter (2.2%), or coworker (1.8%)<sup>3</sup>.

The impact of sexual violence on the community is costly. At \$127 billion per year, rape has the highest annual victim costs of any crime. For additional information or to get rape data for your area, visit: [http://ibis.health.utah.gov/indicator/complete\\_profile/Rape.html](http://ibis.health.utah.gov/indicator/complete_profile/Rape.html)

## BACKGROUND

---

The UDOH/VIPP and the Utah Coalition Against Sexual Assault (UCASA) collaborated in 1999 to enlist individuals, organizations, and agencies to participate in a statewide multi-disciplinary council addressing sexual violence. In 2003, the Utah Sexual Violence Council (USVC) was formed. The USVC is a multi-disciplinary, statewide advisory council that promotes a climate where sexual violence is addressed as a priority issue that impacts all Utah communities. Its vision is to change social norms and improve Utah's understanding of the overwhelming significance of this public health, social service, and criminal justice problem.

Since 2000, the VIPP has received Rape Prevention and Education Grants from the Centers for Disease Control and Prevention (CDC). The intent of the grant is to ensure that UCASA, as well as rape recovery centers and other community based organizations, engage in collaborative efforts with the VIPP to provide rape primary prevention and education services.

---

<sup>3</sup> Utah Commission on Criminal and Juvenile Justice, 2007 Rape in Utah Survey, (accessed 1/15/2013) <http://www.justice.utah.gov/Documents/Research/SexOffender/RapeinUtah2007.pdf>

## TIMELINE

January 29, 2014	Applications due no later than 6:00 pm
February 10, 2014	Award notification letters e-mailed
February 13, 2014	Conference calls with contracted agencies (1-5 pm)
February 28, 2014	Completed revision and finalized contracts due (This includes accurate W-9 and assurances)
April 30, 2014	Sexual Assault Prevention and Education contracts finalized
May 1, 2014	Start date of award period
May 31, 2015	Year one progress and financial status reports due
May 31, 2016	Year two progress and financial status reports due
May 31, 2017	Year three progress and financial status reports due
May 31, 2018	Year four progress and financial status reports due
April 30, 2019	End date of award period
July 31, 2019	Final progress and financial status reports due

## AUTHORIZATION

The UDOH/VIPP is authorized to allocate and administer funds for Sexual Violence Prevention and Education through a Cooperative Agreement with the CDC. These funds will strengthen sexual violence prevention and education efforts through the provision of grants to community-based organizations to provide comprehensive sexual violence primary prevention aimed at preventing the initial occurrence of sexual violence. Funds are available as specified in this Request for Proposal (RFP) for Rape Prevention Education programs.

The Violence Against Women Act implements the Violence Against Women Education and Prevention Grants to reduce sexual assault against women, as authorized by section 1910A of Section 40151 of the Violent Crime Control and Law Enforcement Act of 1994, Public Law 103-332, amending Part A of Title XIX of the Public Health and Human Services Act 42 U.S. C. 300 w.

## FUNDING PURPOSE

The purpose of the Rape Prevention and Education Grant is to provide support for agencies to facilitate the creation, implementation, and/or continuation of Sexual Violence Primary Prevention (SVPP) strategies in the state of Utah. The Centers for Disease Control and Prevention (CDC) defines sexual assault primary prevention as “approaches and activities that take place before sexual violence has occurred to prevent initial perpetration or victimization.” Governmental and non-profit organizations are eligible to apply. Funds are authorized through the Centers for Disease Control’s, Cooperative Agreement CE07-701. Funding is provided to build and enhance grantees’ capacity to effectively prevent sexual violence from initially occurring by preventing first time perpetration and victimization through: 1)using a public health approach; 2)supporting comprehensive primary prevention program planning at multiple social ecological levels; 3)building individual, organizational and community capacity for prevention; 4)applying the principles of effective prevention strategies; and, 5)evaluating sexual violence primary prevention strategies and programs through a reimbursement contract.

## SEXUAL VIOLENCE PRIMARY PREVENTION

---

The working definition of sexual violence prevention for the RPE program is population-based and/or environmental and system-level strategies, policies and actions that prevent sexual violence from initially occurring. Such prevention efforts work to modify and/or entirely eliminate the events, conditions, situations, or exposure to influences (risk factors) that result in the initiation of sexual violence and

associated injuries, disabilities, and deaths. Additionally, sexual violence prevention efforts address perpetration, victimization, and bystander attitudes and behaviors; and seek to identify and enhance protective factors that impede the initiation of sexual violence not only in at-risk populations, but also the community at large.

## ELIGIBILITY

1. Applicants must be public, private, or other nonprofit agencies, faith based, or institutions of higher learning located in the state of Utah.
2. Applicants must demonstrate a clear understanding of the dynamics of sexual violence, the principles of prevention and show how they will address these complex issues.
3. Applicants must also show the level of commitment to the issues and why they believe they are the best organization to address these issues in the proposed target community.
4. Applicants should work on building sustainability during the five year cycle and therefore, must reduce their grant budgets by 5% every year.
5. Previous awardees MUST be in good standing with the UDOH/VIPP by demonstrating that they have submitted any required documentation and reports by their due date and are showing satisfactory progress on any current contracts.
6. An applying agency must abide by the UDOH General Provisions, and the Confidential Communications for Sexual Assault act Utah State Code Section 78. Both documents can be found at [www.health.utah.gov/vipp/rapeSexualAssault/prevention.html](http://www.health.utah.gov/vipp/rapeSexualAssault/prevention.html) .

The RFP Review Committee reserves the right to deny funds to those organizations that do not meet the requirements of this grant.

## ALLOWABLE ACTIVITIES

---

Applicants must demonstrate the use of widely accepted and proven methods and strategies. These methods/strategies include:

- **Evidence-based:** Grantees are strongly encouraged to use the best available evidence for program planning and development. Evidence can range from evaluation and research data on the

effectiveness of a certain program or strategy to local and published data, such as data from police reports or surveys. Published data can be helpful in identifying risk and protective factors and risk groups for sexual violence. Risk groups are identified by demographic variables that are not easily changed such as gender, race, or age. Risk and protective factors are characteristics of either the person or their environment that are more easily modified such as attitudes, beliefs, and behaviors.

- **Developmentally appropriate materials and approaches:** The use of developmentally appropriate approaches takes into account the level of physical, social, emotional, and intellectual development of the participants. Applicants should demonstrate use of materials that are developmentally appropriate for the targeted population.
- **Inclusion of post-session materials:** Research shows that informational materials should be provided as learning reinforcement in addition to educational seminars and trainings. Applicants should incorporate use of informational materials into proposed activities.
- **Partnerships and Collaboration:** Partnership and collaborative efforts can enhance program capacity to achieve intended outcomes. Applicants should demonstrate collaboration with other organizations to share resources and integrate messages into existing systems.
- **Nine principles of prevention:** Nine characteristics have been consistently associated with effective prevention programming. Effective programming includes:
  1. Comprehensive strategies;
  2. Varied teaching methods;
  3. Sufficient dosage;
  4. Theory driven;
  5. Opportunities for positive relationships;
  6. Appropriately timed;
  7. Socio-culturally relevant;
  8. Outcome evaluation; and

9. Well-trained staff.
- Applicants should make every effort to incorporate the nine principles of prevention into primary prevention efforts. More information about the principles of prevention can be found at <http://www.cdc.gov/ViolencePrevention/sexualviolence/prevention.html>
  - **Social ecological model:** This model allows incorporation of risk and protective factors from multiple domains. The social ecological model not only addresses an individual's risk factors, but also the norms, beliefs and social and economic systems that create the conditions for the occurrence of sexual violence.
    - ✓ **Individual:** The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse.
    - ✓ **Relationship:** The second level includes factors that increase risk because of relationships with peers, intimate partners, and family members. A person's closest social-circle peers, partners, and family members influence their behavior and contributes to their range of experience.
    - ✓ **Community:** The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.
    - ✓ **Societal:** The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social and cultural norms. Other broad societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society. "*Sexual Violence Prevention: Beginning the Dialogue*" identifies concepts and strategies, including use of the social ecological model, that may be used as a foundation for planning, implementing, and evaluating sexual violence primary prevention activities. To read the full document, visit <http://www.cdc.gov/violenceprevention/pdf/SVPrevention-a.pdf>.

## NON-ALLOWABLE ACTIVITIES

---

Activities or areas that **will not** be considered as an allowable cost in award of funds are:

- Activities that are not primary prevention;
- Direct intervention services;
- Projects/services which duplicate existing training, education, or services in a geographic area;
- Purchase of clothing, food, shelter, intervention support groups, therapy, or similar costs;
- Provision of self-defense training or other risk reduction activities;
- Participant incentives such as t-shirts, pencils, or magnets.

Funds **are not** used:

- For lobbying purposes, fundraising activities or political education. Lobbying includes any effort to influence legislative action, including local ordinances. Positions supported with RPE funds cannot be lobbyists;
- For building alterations, renovations or construction;
- To supplant or replace current public or private funding;
- To supplant on-going or usual activities of any organization involved in the project;
- To purchase or improve land, or to purchase, construct, or make permanent improvements to any building;
- To reimburse pre-award costs;
- For the purchase of furniture or equipment.

## PROPOSAL APPLICATION

Proposals for Rape Prevention and Education must adhere to the requirements set forth by the UDOH/VIPP. Proposals that do not conform to these requirements will not be considered. These requirements are:

Applicants shall include one (1) original and six (6) three-hole punched copies responsive to the terms of the RFP. In addition, the respondent shall submit an electronic copy of the proposal and application to [kmcminn@utah.gov](mailto:kmcminn@utah.gov). **PROPOSALS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED.**

Application format:

- Applications should be 6 hole-punched, unstapled and unbound. Individual copies may be separated by a binder clip.
- The name of the organization and page numbers should appear on every page of the application.
- All text should be produced in a 12-point font, Times New Roman and double-spaced.
- Applications should include the required information described below in the order specified.
- Application's maximum number of pages is 25 pages. *Attachments may be included for certain items such as resumes, job descriptions, etc.*

Applications should include the required information below in the order specified. Pages must be numbered.

### SECTION ONE: FORMS (10 POINTS)

---

- Cover Sheet (Form 1)
- Assurances (Form 2)
- W-9 (Form 3)

### SECTION TWO: IDENTIFY THE PROBLEM (12 POINTS)

---

This section should provide an overview of the problem or challenge which needs to be addressed and the target population. .

- **Problem Statement:** Describe the problem that prompts the applicant to propose the project. Provide data regarding the nature and extent of the identified problem. The identified problem must be related to the program's goals and objectives.
- **Target Population:** Indicate the target population that your project will serve (i.e., adult, youth and/or underserved). Describe the target community including its location, population, geographic nature (i.e., rural, urban or combination) and other relevant demographic and geographic information. For goals that are aimed at youth, please state *grade level* rather than elementary, middle or high school.

### SECTION THREE: COLLABORATION (14 POINTS)

---

This section should identify and describe the role of any collaborative efforts with other agencies necessary for the completion of the project including:

- A detailed plan of establishment or enhancement of a community prevention coalition. Your plan should include representation from diverse, key community members, and agencies.
- Three letters of collaboration or Memorandums of Agreement. Letters of Support will NOT fulfill this requirement. Letters must show how your agencies will be working together. These letters must not be dated earlier than December 2013.
- The CDC requires that all States collaborate with their sexual assault coalition. In an effort to show collaboration, UDOH/VIPP requires all applicants to demonstrate support from UCASA through a support letter or detailed history of collaboration.

### SECTION FOUR: PROJECT PLAN (15 POINTS)

---

This section is an illustration of what the applicant proposes to accomplish over the five year grant period; and should include goals that change the knowledge, attitudes, beliefs, and behaviors that support sexual violence and that reduce the incidence of rape and attempted rape. Applicants should describe major goals and **measurable** objectives for the program.

**Goals:** Provide a brief description of the organization's goals, which should be broad statements of what the organization plans to accomplish with the funds.

*(Example) Goal 1:* To decrease boys' attitudes, beliefs, and behaviors that support and condone sexual violence.

**Objectives:** A useful framework for developing goals and objectives is the SMART method.

Objectives should be SMART— that is, Specific, Measurable, Achievable, Realistic, and Time-phased. Objectives are statements that describe program results to be achieved and how they will be achieved.

- Specific objectives include who will be targeted and what will be accomplished.
- Measurable objectives include how much change is expected specifically enough that achievement of the objective can be measured through counting or documenting change.
- Achievable objectives can be realistically accomplished given your program's existing resources and constraints.
- Realistic objectives address the scope of the health problem and propose reasonable programmatic steps.
- Time-phased objectives provide a timeline indicating when the objective will be met.

To learn more about SMART objectives, view this power point at <http://www.cdc.gov/healthyyouth/evaluation/pdf/SMARTcards.pdf>

*(Example)*

*Objective 1.1:* By June 30, 2014, the Prevention Center will implement a community based, multi-component sexual assault prevention program in boys clubs in 8 of the 12 counties.

*Objective 1.2:* By September 30, 2015, the RPE Educator will analyze and report preliminary findings on the decrease in attitudes, beliefs, and behaviors that support or condone sexual violence.

*Objective 1.3:* By October 31 2016, the Center will make adjustments to the program if preliminary findings indicate such a need.

**Outcome Statement:** How will the problem have improved at the end of grant cycle? List anticipated changes in participants (e.g., an increase knowledge and change in attitudes, beliefs and behaviors by 20%), organizations or other targets such as a change in policy or protocol.

*(Example) Outcome Statement 1:* Within three years, attitudes, beliefs, and behaviors that support and condone sexual violence have decreased by 10% among male students in grades 7-12 in RPE funded communities as evidenced by pre/post-tests or other school surveys.

#### SECTION FIVE: EVALUATION PLAN (12 POINTS)

---

This section should assess the progress of the project, changes in the participants, and changes in the environment. All funded projects are required to participate in both a process and outcome evaluation.

**Staff Responsible:** Applicants should provide the name of the staff person who will be responsible for implementing the evaluation plan, collecting data, analyzing results, and recommending program improvements based on evaluation results. Job descriptions should reflect an appropriate percentage of staff time to be devoted to program evaluation.

**Process Evaluation:** Sub-grantees are required to complete Annual and Semi-annual Reports that describe progress towards goals and objectives, including the number and type of activities completed. Funded programs should also utilize tools or instruments, such as satisfaction surveys or participant interviews to determine needed improvements/ enhancements to their programs. Describe how the organization will measure and assess program materials and activities on an on-going/continual basis.

**Outcome Evaluation:** Funded projects are also expected to plan and implement an outcome evaluation for **all** proposed activities. All sub-grantees will be responsible for analyzing and reporting on results.

**Tool/instrument:** Include type of information gathered (interview, survey, pre/post etc.) the tool/instrument, when it is administered, who is evaluated, any consent issues.

If applicants have conducted evaluations in the past and wish to use other evaluation instruments, please describe your evaluation design (methods, sample, and data collection procedures) and provide a copy of your survey or instrument as an attachment.

## SECTION SIX: CAPACITY, SUSTAINABILITY AND REPORTING (16 POINTS)

---

This section should illustrate the applying organization's capacity and its ability to provide prevention services to its population and carry out the implementation of the project. Include the following information:

- Detailed explanation of the ability of agency/staff to accomplish the goals and objectives
- Detailed explanation of any anticipated barriers to achieving goals and objectives
- Detailed plan describing the commitment to building capacity and sustainability

## SECTION SEVEN: BUDGET SUMMARY (15 POINTS)

---

This section should demonstrate how funds will be allocated. All funds budgeted in the grant must be supported by the project plan. Complete the Budget Sheets (Forms 4-8). Each budget item must be fully justified and/or explained in the detailed budget narrative. Each year's budget must contain a 5% reduction from the previous year.

- Year 1 Budget *May 1, 2014-April 30, 2015* (Form 4)
- Year 2 Budget (with a 5% reduction from year one) *May 1, 2015-April 30, 2016* (Form 5)
- Year 3 Budget (with a 5% reduction from year two) *May 1, 2016-April 30, 2017* (Form 6)
- Year 4 Budget (with a 5% reduction from year three) *May 1, 2017-April 30, 2018* (Form 7)
- Year 5 Budget (with a 5% reduction from year four) *May 1, 2018-April 30, 2019* (Form 8)

## SECTION EIGHT: PROGRAM ADMINISTRATION (8 POINTS)

---

This section should outline the management structure and organizational capability for program implementation and the extent to which the project personnel are qualified. Include the following information:

- Organizational chart with names and titles;
- Personnel job descriptions, qualifications, and any background relevant to the primary prevention of sexual assault;

- List of board members;
- An overall agency budget.

## REVIEW PROCESS

All applications will be reviewed by the RFP Allocation Committee on February 6, 2014. Applicants should provide a contact person who will be available by phone on that date to answer any questions the Committee may have concerning the application. UDOH/VIPP staff will also participate on the RFP Allocation Committee.

**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

## GRANTEE ASSURANCES FOR SUBGRANTEES TO THE UTAH DEPARTMENT OF HEALTH

The assurances given below are material representations of fact upon which reliance is placed in entering into Agreements with the Utah Department of Health. As the duly authorized representative of the proposed Grantee, I certify that the legal business name and form of the proposed Grantee is as follows (check all that apply):

Business Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

- Local Public Procurement Unit under the Utah Procurement Code (UCA § 63G-6-103-14)
- College or University       Indian Tribal Government       Other Governmental Entity (describe):
- Sole Proprietor/Individual       Professional Corporation
- For-profit Corporation       Non-profit Corporation (I.R.C. § 501(c)(3))
- Partnership       Limited Partnership
- Limited Liability Company       Association/Consortium (describe):

I certify that the proposed Grantee:

1. has obtained Dunn and Bradstreet Data Universal Numbering System (DUNS) number \_\_\_\_\_, and has a current registration within the Central Contractor Registration (CCR) database. The DUNS number is obtained by contracting Dunn and Bradstreet at (800) 244-3867 or via the internet, <http://www.dnb.com>; CCR registration is at <http://www.ccr.gov>.
2. has completed Internal Revenue Service form W-9, Request for Taxpayer Identification Number and Certification, and is attached to this document. Electronic copy of this document is available at the following web address: <http://www.irs.gov/pub/irs-pdf/fw9.pdf>
3. has the institutional, managerial, and financial capability to ensure proper planning, management, and completion of the project described in the Grant(s) with the Utah Department of Health and has in place the fiscal control and accounting procedures sufficient to meet the financial reporting, accounting records, internal control, budget control, allowable cost, source documentation, and cash management requirements of the federal OMB Common Rule § 20(b)(1) through (7), or federal OMB Circular A-110, Attachment F - Standards for Financial Management Systems as cited in Table 1 depending upon the appropriate business form of the Grantee.
4. shall comply with all applicable federal and State of Utah regulations concerning cost principles, audit requirements, and grant administration requirements, cited in Table 1. All federal and state principles and requirements cited in Table 1 are available on the Web at the addresses indicated, and by signing this document the proposed Grantee acknowledges receipt of these documents.

Table 1

<b>Federal and State Principles and Requirements</b>				
Proposed Grantee	Cost Principles	Federal Audit Requirements	State Audit Requirements	Grant Admin. Requirements
State or Local Govt. & Indian Tribal Govts.	OMB Circular A-87	OMB Circular A-133	SULCAG	OMB Common Rule (Circular A-102)
Hospitals	45 CFR 74	OMB Circular A-133	SULCAG	OMB Common Rule or Circular A-110
College or University	OMB Circular A-21	OMB Circular A-133	SULCAG	OMB Circular A-110
Non-Profit Organization	OMB Circular A-122	OMB Circular A-133	SULCAG	OMB Circular A-110
For Profit Organization	48 CFR 31	n/a	n/a	OMB Circular A-110

<u>Document</u>	<u>Web Address</u>
OMB Circulars	<a href="http://www.whitehouse.gov/omb/circulars/index.html">http://www.whitehouse.gov/omb/circulars/index.html</a>
OMB Common Rule	<a href="http://www.whitehouse.gov/omb/grants/attach.html">http://www.whitehouse.gov/omb/grants/attach.html</a>
CFRs	<a href="http://www.access.gpo.gov/nara/cfr/cfr-table-search.html">http://www.access.gpo.gov/nara/cfr/cfr-table-search.html</a>
SULCAG	<a href="http://www.sao.utah.gov/lgResources.html">http://www.sao.utah.gov/lgResources.html</a> Select "Legal Compliance Audit Guide"

a. Unless specifically exempted in the Grant's special provisions, the proposed Grantee must comply with applicable federal cost principles and grant administration requirements if state funds are received. If a Grant is awarded, the Grantee shall also provide the Department with a copy of all reports required by the State of Utah Legal Compliance Audit Guide (SULCAG) as defined in Chapter 2a, Title 51, UCA. A Grantee who receives federal, state, or local government funds may be subject to federal and State of Utah reporting and audit requirements. Copies of required reports shall be sent to the Utah Department of Health, Bureau of Financial Audit, Box 144002, Salt Lake City, Utah 84114-4002.

b. Federal audit requirements demand that organizations that expend \$500,000 or more in a year in federal financial assistance shall have a single or program specific audit conducted for that year. SULCAG requires the filing of reports with the State Auditor by all counties, cities, towns, school districts, and non-profit corporations that receive at least 50 percent of its funds from federal, state, or local government entities. The Grantee will assure compliance with these requirements and will initiate the process by providing the following data:

1. Grantee's accounting year:

From \_\_\_\_\_ To \_\_\_\_\_

2. Funding projected from Federal, State, or Local governments:

Amount \$ \_\_\_\_\_ Percent of Total Revenues \_\_\_\_\_%

3. Single Audit:

Performed last year Yes  No   
 Required for current year Yes  No

4. Grantee's representative for financial matters:

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone No. \_\_\_\_\_

5. has established safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
6. shall comply with all applicable requirements of all other laws, executive orders, regulations and policies governing this program.
7. to the best knowledge and belief of the proposed Grantee and its principals, the proposed Grantee and its principals:
  - (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, excluded from covered transactions by any Federal Department or Agency, or associated with a terrorist organization (<http://epls.gov>);
  - (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph 6(b) of this certification; and
  - (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default;

By submitting this proposal, the proposed Grantee agrees to include without modification the clauses contained in paragraph 7(a) through (d) with contractors, in all lower tier covered transactions and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76. Should the proposed Grantee not be able to provide this certification, an explanation, signed by the proposed Grantee as to why certification cannot be provided, should be attached to this document.

8. is in compliance with government-wide guidance on lobbying restrictions (31 U.S.C. § 1352) and that:  
 (a) no federal funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.  
 (b) if any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the federal contract, grant, loan, or cooperative agreement, the Grantee shall complete and submit Federal Standard Form LLL, "Disclosure Form to report Lobbying," in accordance with its instructions.
9. has disclosed all public officers or employees who are related parties to the proposed Grantee. As used in this paragraph, "related parties" means any person related to the proposed Grantee by blood, marriage, partnership, common directors or officers, or 10% or greater direct or indirect ownership in a common entity. (Disclosure is to be made by attaching a separate sheet to this document listing all public officers and employees who are related parties to the proposed Grantee.)
10. has complied with the Public Officers' and Employees' Ethics Act, § 67-16-10, UCA, which prohibits actions that may create or that are actual or potential conflicts of interest. It also provides that "no person shall induce or seek to induce any public officer or public employee to violate any of the provisions of this act."
- .....

AUTHORIZED AGENT OF PROPOSED GRANTEE

\_\_\_\_\_  
 Signature Date

STATE OF \_\_\_\_\_ |  
 | SS.  
 COUNTY OF \_\_\_\_\_ |

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, \_\_\_\_\_ personally appeared before me and executed the above certification in my presence.

\_\_\_\_\_  
 NOTARY PUBLIC

Residing at: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

=====

*If the proposed Grantee is a corporation the following Corporate Acknowledgment must be completed.*

I, \_\_\_\_\_, certify that the following are authorized agents of \_\_\_\_\_  
(Corporate Secretary) (Name of Corporation)

and are duly authorized by authority of said corporation to sign the above assurances and the Grant on behalf of the corporation.

\_\_\_\_\_  
(Authorized Agent of Corporation \*\*) Title  
Print or Type: Name and Title

\_\_\_\_\_  
(Authorized Agent of Corporation \*\*) Title

\_\_\_\_\_  
Corporate Secretary Signature date

\*\* (Note: authorized agent of Corporation must not be Corporate Secretary)

CORPORATION SEAL

# Request for Taxpayer Identification Number and Certification

Give form to the  
requester. Do not  
send to the IRS.

Print or type See Specific Instructions on page 2.	Name	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ .....	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.)	
City, state, and ZIP code		
List account number(s) here (optional)		
Requester's name and address (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Social security number
+

or

Employer identification number
+

**Note:** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

## Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

## Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a **nonresident alien or a foreign entity** not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 30% of such payments (29% after December 31, 2003; 28% after December 31, 2005). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will **not** be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester, or
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details), or
3. The IRS tells the requester that you furnished an incorrect TIN, or
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate **Instructions for the Requester of Form W-9**.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your **individual** name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

**Limited liability company (LLC).** If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

**Other entities.** Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

**Note:** *You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).*

### Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note:** *If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.*

**Exempt payees.** Backup withholding is **not required** on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2);
2. The United States or any of its agencies or instrumentalities;
3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities;
4. A foreign government or any of its political subdivisions, agencies, or instrumentalities; or
5. An international organization or any of its agencies or instrumentalities.

Other payees that **may be exempt** from backup withholding include:

6. A corporation;
7. A foreign central bank of issue;
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States;

- 9. A futures commission merchant registered with the Commodity Futures Trading Commission;
- 10. A real estate investment trust;
- 11. An entity registered at all times during the tax year under the Investment Company Act of 1940;
- 12. A common trust fund operated by a bank under section 584(a);
- 13. A financial institution;
- 14. A middleman known in the investment community as a nominee or custodian; or
- 15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, **1** through **15**.

If the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt recipients except for <b>9</b>
Broker transactions	Exempt recipients <b>1</b> through <b>13</b> . Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends	Exempt recipients <b>1</b> through <b>5</b>
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt recipients <b>1</b> through <b>7</b> <sup>2</sup>

<sup>1</sup> See **Form 1099-MISC**, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are **not exempt** from backup withholding: medical and health care payments, attorneys' fees; and payments for services paid by a Federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner **LLC** that is disregarded as an entity separate from its owner (see **Limited liability company (LLC)** on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

**Note:** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office or get this form on-line at [www.ssa.gov/online/ss5.html](http://www.ssa.gov/online/ss5.html). You may also get this form by calling 1-800-772-1213. Use **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS Web Site at [www.irs.gov](http://www.irs.gov).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see **Exempt from backup withholding** on page 2.

**Signature requirements.** Complete the certification as indicated in 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA or Archer MSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner <sup>3</sup>
7. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> **You must show your individual name**, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

<sup>4</sup> List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

**Note:** *If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.*

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or Archer MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, or to Federal and state agencies to enforce Federal nontax criminal laws and to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 30% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.



# BUDGET SHEET FY14

FORM 4

May 1, 2014-April 30, 2015

**Instructions**

- Categories not requesting funds for, leave blank.
- Add to any categories as necessary.

<b>1. PERSONNEL</b>				
Name/Position	RPE Hours per year		Hourly Wage	
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
			<b>TOTAL</b>	<b>\$0.00</b>

<b>2. FRINGE BENEFITS</b> - Fringe benefits applicable to direct salaries and wages are treated as direct costs.				
Name, Position	Fringe Benefit Rate		Yearly Salary	
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
			<b>TOTAL</b>	<b>\$0.00</b>

<b>3. CONSULTANT</b> - A consultant is an individual hired to give professional advice or services for a fee but not as an employee of the hiring party.				
Name, Organizational Affiliation, Service Provided	Hourly Rate		Provided Hours	
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
<b>Travel, Per Diem, and Other Related Expenses</b>				
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
			<b>TOTAL</b>	<b>\$0.00</b>

Provide justification for consultant costs and description of duties.

<b>4. EQUIPMENT</b> - For state and local governments (under 45 CFR Part 92), equipment is defined as "an article of tangible, nonexpendable, personal property having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit. List each item of equipment separately and provide cost of each item. Give justification for each item of equipment by relating it to program objectives.				
Item	Quantity		Unit Price	
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
			<b>TOTAL</b>	<b>\$0.00</b>



# BUDGET SHEET FY16

FORM 5

May 1, 2015-April 30, 2016

**Instructions**

- Categories not requesting funds for, leave blank.
- Add to any categories as necessary.

<b>1. PERSONNEL</b>				
Name/Position	RPE Hours per year		Hourly Wage	
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
<b>TOTAL</b>				<b>\$0.00</b>

<b>2. FRINGE BENEFITS</b> - Fringe benefits applicable to direct salaries and wages are treated as direct costs.				
Name, Position	Fringe Benefit Rate		Yearly Salary	
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
<b>TOTAL</b>				<b>\$0.00</b>

<b>3. CONSULTANT</b> - A consultant is an individual hired to give professional advice or services for a fee but not as an employee of the hiring party.				
Name, Organizational Affiliation, Service Provided	Hourly Rate		Provided Hours	
	\$0.00	x	x	\$0.00
	\$0.00	x	x	\$0.00
	\$0.00	x	x	\$0.00
Travel, Per Diem, and Other Related Expenses	Hourly Rate		Provided Hours	
	\$0.00	x	x	\$0.00
	\$0.00	x	x	\$0.00
	\$0.00	x	x	\$0.00
<b>TOTAL</b>				<b>\$0.00</b>

Provide justification for consultant costs and description of duties.

<b>4. EQUIPMENT</b> - For state and local governments (under 45 CFR Part 92), equipment is defined as "an article of tangible, nonexpendable, personal property having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit. List each item of equipment separately and provide cost of each item. Give justification for each item of equipment by relating it to program objectives.				
Item	Quantity		Unit Price	
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
	x	x	\$0.00	\$0.00
<b>TOTAL</b>				<b>\$0.00</b>



# BUDGET SHEET FY16

May 1, 2016-April 30, 2017

**Instructions**

- Categories not requesting funds for, leave blank.
- Add to any categories as necessary.

<b>1. PERSONNEL</b>				
Name/Position	RPE Hours per year		Hourly Wage	
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

<b>2. FRINGE BENEFITS</b> -Fringe benefits applicable to direct salaries and wages are treated as direct costs.				
Name, Position	Fringe Benefit Rate		Yearly Salary	
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

<b>3. CONSULTANT</b> - A consultant is an individual hired to give professional advice or services for a fee but not as an employee of the hiring party.				
Name, Organizational Affiliation, Service Provided	Hourly Rate		Provided Hours	
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
<u>Travel, Per Diem, and Other Related Expenses</u>				
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

Provide justification for consultant costs and description of duties.

<b>4. EQUIPMENT</b> - For state and local governments (under 45 CFR Part 92), equipment is defined as "an article of tangible, nonexpendable, personal property having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit. List each item of equipment separately and provide cost of each item. Give justification for each item of equipment by relating it to program objectives.				
Item	Quantity		Unit Price	
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>



# BUDGET SHEET FY17

May 1, 2017-April 30, 2018

**Instructions**

- Categories not requesting funds for, leave blank.
- Add to any categories as necessary.

<b>1. PERSONNEL</b>				
Name/Position	RPE Hours per year		Hourly Wage	
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

<b>2. FRINGE BENEFITS</b> -Fringe benefits applicable to direct salaries and wages are treated as direct costs.				
Name, Position	Fringe Benefit Rate		Yearly Salary	
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

<b>3. CONSULTANT</b> - A consultant is an individual hired to give professional advice or services for a fee but not as an employee of the hiring party.				
Name, Organizational Affiliation, Service Provided	Hourly Rate		Provided Hours	
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
<u>Travel, Per Diem, and Other Related Expenses</u>				
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>
Provide justification for consultant costs and description of duties.				

<b>4. EQUIPMENT</b> - For state and local governments (under 45 CFR Part 92), equipment is defined as "an article of tangible, nonexpendable, personal property having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit. List each item of equipment separately and provide cost of each item. Give justification for each item of equipment by relating it to program objectives.				
Item	Quantity		Unit Price	
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

BUDGET SHEET

**5. SUPPLIES** - List types of supplies (General office, printing, promotional, etc.). Provide unit cost and number needed (whenever possible). Provide totals for the types of supplies. Give as much detail and justification for the supply items by relating them to specific program objectives whenever possible.

Item	Quantity	Unit Price		
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

Detail and Justification

**6. TRAVEL**

Local Travel

Travel Destination/Purpose	Total Miles	Per-Mile Rate		
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00

Over Night Travel

Travel Destination/Purpose	Lodging	Number of Individuals		
			=	\$0.00
			=	\$0.00
			=	\$0.00
<b>TOTAL</b>				<b>\$0.00</b>

Give purpose of the trip, the destination, and the persons by name and title that will be traveling. Provide justification for the travel by relating it to program objectives.

**7. OTHER (Examples)**

Name of Item	Cost	Quantity		
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

Detail and Justification

# BUDGET SHEET FY18

May 1, 2018-April 30, 2019

**Instructions**

- Categories not requesting funds for, leave blank.
- Add to any categories as necessary.

<b>1. PERSONNEL</b>				
Name/Position	RPE Hours per year		Hourly Wage	
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

<b>2. FRINGE BENEFITS</b> -Fringe benefits applicable to direct salaries and wages are treated as direct costs.				
Name, Position	Fringe Benefit Rate		Yearly Salary	
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

<b>3. CONSULTANT</b> - A consultant is an individual hired to give professional advice or services for a fee but not as an employee of the hiring party.				
Name, Organizational Affiliation, Service Provided	Hourly Rate		Provided Hours	
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
Travel, Per Diem, and Other Related Expenses				
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
	\$0.00	x		= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

Provide justification for consultant costs and description of duties.

<b>4. EQUIPMENT</b> - For state and local governments (under 45 CFR Part 92), equipment is defined as "an article of tangible, nonexpendable, personal property having a useful life of more than 1 year and an acquisition cost of \$5,000 or more per unit. List each item of equipment separately and provide cost of each item. Give justification for each item of equipment by relating it to program objectives.				
Item	Quantity		Unit Price	
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
		x	\$0.00	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

BUDGET SHEET

**5. SUPPLIES** - List types of supplies (General office, printing, promotional, etc.). Provide unit cost and number needed (whenever possible). Provide totals for the types of supplies. Give as much detail and justification for the supply items by relating them to specific program objectives whenever possible.

Item	Quantity	Unit Price		
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

Detail and Justification

**6. TRAVEL**

Local Travel

Travel Destination/Purpose	Total Miles	Per-Mile Rate		
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00
		\$0.00	x	= \$0.00

Over Night Travel

Travel Destination/Purpose	Lodging	Number of Individuals		
				= \$0.00
				= \$0.00
				= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

Give purpose of the trip, the destination, and the persons by name and title that will be traveling. Provide justification for the travel by relating it to program objectives.

**7. OTHER (Examples)**

Name of Item	Cost	Quantity		
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
	\$0.00		x	= \$0.00
<b>TOTAL</b>				<b>\$0.00</b>

Detail and Justification