

State of New Mexico 2023 Sexual Assault Services Grant Application Form

Complete each individual field as directed, each section is mandatory and must be completed as indicated. **Any omissions will be deemed as non-responsive and applications will be rejected. "Same as above" is not a valid response.**

Purpose Area 1

Purpose Area 2

Purpose Area 3

Please indicate targeted communities and counties

Applicant Agency/Organization:

Agency/Organization Mailing Address

Street:

City:

Zip +4:

County:

Phone:

Fax:

Project Contact Mailing Address

Street:

City:

Zip +4:

Phone:

Ext:

Fax:

E-mail

Project Contact:

Title:

Note: The person designated as the *Project Contact* shall serve as the project's point person and be responsible for receiving and responding to project related requests

Finance Officer Mailing Address

Street:

City:

Zip +4:

Phone:

Ext:

E-mail:

Finance Officer:

Title:

Authorizing Official Mailing Address

Street:

City:

Zip +4:

Phone:

Ext:

E-mail:

Authorizing Official:

Title:

Signature

Date:

Person responsible for reporting civil rights findings of discrimination:

Name:

Phone:

E-mail:

Project Summary: Summarize the program activities for the application. (750 characters maximum)

Total Project Amount Requested:

Standard Conditions

Non-supplanting: If the Crime Victims Reparation Commission should award State funds they will be used to supplement, not supplant, other federal, state, or local funding sources during the period of the contract. Supplanting of funds is strictly prohibited.

The applicant will provide, as an attachment and as instructed in the RFP, a copy of the most recent Audit .

The applicant will provide, as an attachment and as instructed in the RFP, a copy of your agency's FY23 proposed budget.

The applicant agrees to adhere to their Limited English Proficiency (LEP) plan to address outreach and service provision to clients with LEP.

Agreement to standard subgrant conditions: To the best of my knowledge and belief, the data in this application is true and correct, the document has been duly authorized by the governing body of the applicant, and the applicant will comply with the mandatory elements of the solicitation if the subgrant is approved.

Authorized Signatory:

Signature:

Date:

Print Name:

Title: