# South Dakota Office of Attorney General

## Victim Services Grant Application

## 2024-2025

**Overview**

SB168 of the 2024 South Dakota Legislative Session provided one time funding for the purpose of providing grants to organizations that assist children who have been abused or neglected, victims of domestic violence, and victims of sexual assault.

Applications should be made for a 12-month period of performance.

Applications are due to the Office of Attorney General by August 31, 2024, at 5:00 pm central time. Completed applications can be submitted to: ATGGrants@state.sd.us

|  |
| --- |
| **Grantee Information** |
| Organization: |  |
| Address: |  |
| Contact Name: |  |
| Phone: |  |
| Email: |  |

Select the permissible use(s) of funds that are applicable for this project from the listing below.

**Utilization of Funds**

|  |  |
| --- | --- |
|  | 1. Emergency and Transitional Services (includes food, lodging, and transportation)
 |
|  | 1. Providing Counseling Services
 |
|  | 1. Support of a Crisis Line
 |
|  | 1. Case Management and Facility Staffing Needs
 |
|  | 1. Existing Facility Needs (includes maintenance and repair)
 |
|  | 1. Other
 |

All expenses requested in this Budget must be associated with expenses that will be covered by the Office of Attorney General Victim Service Grant program.

**Budget Request Summary**

|  |  |
| --- | --- |
| **Use of Funds** | **Funds Requested** |
| Emergency and Transitional Services |  |
| Providing Counseling Services |  |
| Support of a Crisis Line |  |
| Case Management and Facility Staffing Needs |  |
| Existing Facility Needs |  |
| Other |  |
| **Request Total** |  |

**Budget Narrative**

All expenses described in this Budget Narrative must be associated with expenses that will be covered by the Office of Attorney General Victim Service Grant program.

|  |
| --- |
| **Emergency and Transitional Services** |
| **Item Description** | **Funds Requested** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Request Subtotal**  |  |

|  |
| --- |
| Justification: Please provide a detailed description of the items requested above and an explanation for the need of these items. |
|  |

|  |
| --- |
| **Providing Counseling Services** |
| **Item Description** | **Funds Requested** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Request Subtotal**  |  |

|  |
| --- |
| Justification: Please provide a detailed description of the items requested above and an explanation for the need of these items. |
|  |

|  |
| --- |
| **Crisis Line Support** |
| **Item Description** | **Funds Requested** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Request Subtotal**  |  |

|  |
| --- |
| Justification: Please provide a detailed description of the items requested above and an explanation for the need of these items. |
|  |

|  |
| --- |
| **Case Management and Facility Staffing Needs** |
| **Item Description** | **Funds Requested** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Request Subtotal**  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Employee Name** | **Position Title** | **Annual Hours** | **Annual Salary***(a)* | **Annual Benefits** *(b)* | **Total Cost** *(a+b)* | **Funds Requested** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |
| --- |
| Justification: Please provide a detailed description of the items requested above and an explanation for the need of these items. |
|  |

|  |
| --- |
| **Existing Facility Needs** |
| **Item Description** | **Funds Requested** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Request Subtotal**  |  |

|  |
| --- |
| Justification: Please provide a detailed description of the items requested above and an explanation for the need of these items. |
|  |

|  |
| --- |
| **Other** |
| **Item Description** | **Funds Requested** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Request Subtotal**  |  |

|  |
| --- |
| Justification: Please provide a detailed description of the items requested above and an explanation for the need of these items. |
|  |

*Please initial next to each certification:*

**Certifications**

|  |  |
| --- | --- |
| Initial | The organization applied for the Victims of Crime Act funding through the South Dakota Department of Public Safety  |
|  |  |
| Initial | The funding requested above is not funded through any other fund source including but not limited to state administered grants, Federal administered grants, or private donations |
|  |  |
| Initial | If requested, I agree to provide the organizations VOCA grant application and award documentation to show funds were applied for and the program was not fully funded through that fund source. |
|  |  |
| Initial | To the best of my knowledge and believe, the information in this application request for Victim Services Grant Program funds from the South Dakota Office of Attorney General is true and correct. |
|  |  |
|  |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Printed Name |  | Title |
|  |  |
| Signature |  | Date |