

**FY 2022-2023 Act 44/Title XX Competitive Application**

**Applicant Information Form**

**Applicant Organization Name:** Click here to enter Organization Name.

**County(ies) for which funding is being sought:**

**County 1**: Click here to enter County 1.

**County 2:** Click here to enter County 2.

**County 3:** Click here to enter County 3.

**Primary Contact:**

**Name:** Click here to enter name.

**Email:** Click here to enter email.

**Phone:** Click here to enter phone.

**Fiscal Contact:**

**Name:** Click here to enter name.

**Email:** Click here to enter email.

**Phone:** Click here to enter phone.

**ETO/Center Statistics Contact:**

**Name:** Click here to enter name.

**Email:** Click here to enter email.

**Phone:** Click here to enter phone.

**Outcomes Measurement Contact:**

**Name:** Click here to enter name.

**Email:** Click here to enter email.

**Phone:** Click here to enter phone.

**Center Mission Statement:**



**Type of Services Provided by Center:**

(Please check all that apply)

[ ]  **Sexual harassment, abuse, and assault**

[ ]  **Domestic Violence**

[ ]  **Other Crimes**

[ ]  **Other**

**Organizational Administration**

**Leadership:** Has there been a change in leadership at the Applicant Organization during the past year? How long has the current executive director/CEO/program director been providing leadership at the Applicant Organization?



**Fiscal Practices:** Has an annual fiscal audit required a change in the Applicant Organization’s fiscal practices? During the current year, have there been any changes in the Applicant Organization’s fiscal practices or senior fiscal staff members?



**Cost Allocation Plan:**

1. Does the Applicant Organization have a cost allocation plan? If not, how will a cost allocation plan be developed?
2. How does/will the Applicant Organization determine the percentage of time that is allocated for services related to sexual harassment, abuse, and assault?



**Provisional Status:** Has the Applicant Organization been placed on provisional status by any funding sources in the last year? If yes, why was the provisional status issued and how has the Applicant Organization corrected the issue?



**Contractual Agreements:** Who at the Applicant Organization has the authority to enter into contractual agreements? What is the Applicant Organization’s process for approving contractual agreements?



**Previous Funding:** Has the Applicant Organization previously sought funding from PCAR? If so, how many years has the applicant organization been receiving funds from PCAR? If not, how has the applicant organization been funding the provision of services related to sexual harassment, abuse, and assault?



**Service Location:** Does the Applicant Organization currently have a service location in the county(ies) for which funding is being sought? If so what is the address? If not, what are the Applicant Organization’s plans for establishing a service location within the county(ies) for which funding is being sought?



**Countywide Service Provision:** How does/will the Applicant Organization ensure that services are provided throughout the entire county/counties for which funding is being sought?



**Demographics of County(ies) to be Served:** Using available demographic data, please describe the population of the county(ies) for which funding is being sought.



**PCAR Service Standards:** Applicant Organizations receiving funding from PCAR are required to adhere to the PCAR Standards. How will the Applicant Organization adhere to the PCAR Standards?



**Additional Documents To Be Included With Renewal Application:**

Organizational Chart:

The chart, created by the applicant, should provide an overview of the organizations supervisory structure.

Work Plan Narrative:

The Work Plan Narrative should provide additional details regarding the information provided in the Work Plan form. Applicants should specifically describe how each objective will be met and how each activity will be conducted. Please include the target population, who the applicant will collaborate with, specific curriculums used, and special populations/groups of focus. The narrative should be submitted as a Word document created by the Center.

Board of Directors List:

The list, created by the applicant, should provide information regarding the applicant’s Board of Directors. Applicants are required to include the following information for each Board Member – name, address (work or home), county represented (if multi-county center), and the start/end date of the current term. Also, please indicate which members are serving as Board Officers. A PDF or scanned copy is acceptable.

If the applicant is a component of a larger organization whose primary mission is something other than providing services to victims of some type of crime, the Board of Directors shall appoint an advisory board to be comprised of community members comprised of community stakeholders, staff members (no more than 50% of membership), and at least one representative of the governing Board. A list of the Advisory board, following the same format as the Board of Directors list, must be included with the competitive application.

Articles of Incorporation:

All applicants must submit a document verifying that the applicant organization is incorporated in the Commonwealth of Pennsylvania.

Tax Exempt Status:

All applicants are required to submit a document verifying that the applicant organization has achieved 501(c)3 status in the Commonwealth of Pennsylvania.