

Emergency Sexual Assault Response Services Grant General Services Stream Application Form

Please review the application guide before completing this form.

The guide can be found at: [NEW Grant Program - Emergency Sexual Assault Response - Ending Violence BC](#).

A. APPLICANT INFORMATION

1. Contact Information

Project / Program Title:	
Legal Name of Applicant Agency	
Mailing Address (Street and Number)	
Suite Number	
City / Town / Village	
Province	British Columbia
Postal Code	
Physical Location (if different from mailing address)	
Contact Person	
Email	
Phone	
Fax	
Alternate Contact	
Email	
Phone	
Fax	

2. Is your organization incorporated as a not-for-profit society or registered charitable organization?

- Yes
- No

3. Is your organization/agency (please indicate all that apply):

- Currently providing sexual assault response services (indicate the type of service model):
 - Sexual Assault Centre
 - Community-based Victim Service Program
 - Sexual Assault Response Team
 - Sexual Assault Clinic
 - Other _____
- Proposing to enhance your sexual assault response services
- Proposing to implement new sexual assault response services

B. PROJECT CRITERIA

1. Provide a 250-word summary of your project including project name, project objective(s), project services, project's geographical area and groups to receive service. *Note: You will have an opportunity to elaborate on specific elements of your program in the following questions. (Maximum 1,750 characters/250 words)*

2. Tell us about your organization's experience.

- a) Describe coordinated sexual assault response services and/or initiatives that your organization currently delivers.
- b) If your organization does not currently deliver sexual assault response services and/or initiatives, describe your organization's experience delivering services to victims/survivors or other vulnerable populations who have experienced sexual assault.
- c) If your organization does not currently deliver services that respond to sexual assault, describe other relevant services your organization delivers (examples might include trauma counselling).
(Maximum 3,500 characters/500 words)

3. Describe your organization's capacity to deliver an emergency sexual assault response service.

Include a description of your organization's capacity to serve diverse populations and communities. These communities may include survivors who are Indigenous, from different ethnic and cultural backgrounds, survivors who are sex workers, survivors who identify as 2SLGBTQQA+, and/or survivors who live with disabilities.
(Maximum 3,500 characters/500 words)

4. Describe your organization's readiness to deliver an emergency sexual assault response service. (Maximum 3,500 characters/500 words)

5. Describe your organization's management structure including how staff will be supported/supervised. (Maximum 1,750 characters/250 words)

6. Describe the communities/region the program will serve, and any unique considerations (examples might include: specific community/population demographics, the existence of work camps in the area, the rural or remote context of your community and/or lack of particular services) and needs. (Maximum 3,500 characters/500 words)

7. Describe the services that the program will provide, including how your program will address the specific needs of the communities/region. (Maximum 3,500 characters/500 words)

8. Describe:

- The community members that your program will be serving
 - How your organization will provide services to intended community members
 - How your organization will ensure accessibility to community members.
- (Maximum 3,500 characters/500 words)

- 9.** Describe how the services will be structured to meet the needs of diverse sexual assault survivors in the region served by your organization (examples may include survivors who are Indigenous, survivors from different ethnic and cultural backgrounds, survivors working in sex work, survivors who identify as 2SLGBTQQIA+ and/or survivors who live with disabilities).

Please include a description of how your program will be designed to address barriers to service that these communities may experience.

(Maximum 3,500 characters/500 words)

10. Describe the staffing, roles and duties that will be required to deliver the proposed services under this funding. (Maximum 1,750 characters/250 words)

11. Describe any training that will be required for staff to deliver the proposed services. If you have plans to address these training needs, please describe. (Maximum 1,750 characters/250 words)

13. Describe how the services will be supported by other community agencies and relevant police and health agencies. Using the table below, please provide names and contact information of agencies you are or will be working with on this project.

(Note: agencies that your organization currently works with may be contacted to confirm their roles.)

Agency Name	Role (e.g., referral source, Advisory Committee member, training partner)	Name and Contact Information	Current or Planned?
			<input type="checkbox"/> Current <input type="checkbox"/> Planned
			<input type="checkbox"/> Current <input type="checkbox"/> Planned
			<input type="checkbox"/> Current <input type="checkbox"/> Planned
			<input type="checkbox"/> Current <input type="checkbox"/> Planned
			<input type="checkbox"/> Current <input type="checkbox"/> Planned
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			<input type="checkbox"/> Current <input type="checkbox"/> Planned
			<input type="checkbox"/> Current <input type="checkbox"/> Planned
			<input type="checkbox"/> Current <input type="checkbox"/> Planned

14. Describe the key challenges that your program may face and how these challenges will be addressed or managed.

Anticipated Challenges	Mitigation Strategies

15. Describe your organization's method of accounting for grant funding from this project.
(Maximum 1,750 characters/250 words)

C. BUDGET INFORMATION

Proposals must contain a reasonable and detailed budget. Consideration will be given to the scope and reach of the project in comparison to the amount of the budget (i.e., value for money). Please refer to the Application Guide for detailed instructions and allowable expenditures.

PROJECT NAME:					
Item / Description	Amount Requested Year 1 (November 16, 2020 - March 31, 2021) Funding available: \$47,500 to \$105,000	Amount Requested Year 2 (April 1, 2021- March 31, 2022) Funding available: \$95,000 to \$210,000	Amount Requested Year 3 April 1, 2022 - March 31, 2023) Funding available: \$95,000 to \$210,000	TOTAL REQUESTED	In Kind \$ and/or Funding from Other Sources Per funding year
Staff (Include each staff member as a separate line item; note role; hourly rate; and total hours for each)					
Program Staff (e.g., CBVS, Outreach)					
Management Staff (e.g., Program Manager)					
Consultants/Professional Fees/Honoraria					
Staff participation in evaluation (over and above frontline service delivery staff costs, e.g. Supervisor, ED; up to a maximum of 4% of overall budget per year)					

PROJECT NAME:					
Item / Description	Amount Requested Year 1 (November 16, 2020 - March 31, 2021) Funding available: \$47,500 to \$105,000	Amount Requested Year 2 (April 1, 2021- March 31, 2022) Funding available: \$95,000 to \$210,000	Amount Requested Year 3 April 1, 2022 - March 31, 2023) Funding available: \$95,000 to \$210,000	TOTAL REQUESTED	In Kind \$ and/or Funding from Other Sources Per funding year
Non-Staff					
Materials/Supplies					
Transportation					
Equipment					
Rent/Utilities					

PROJECT NAME:					
Item / Description	Amount Requested Year 1 (November 16, 2020 - March 31, 2021) Funding available: \$47,500 to \$105,000	Amount Requested Year 2 (April 1, 2021- March 31, 2022) Funding available: \$95,000 to \$210,000	Amount Requested Year 3 April 1, 2022 - March 31, 2023) Funding available: \$95,000 to \$210,000	TOTAL REQUESTED	In Kind \$ and/or Funding from Other Sources Per funding year
Training (if applicable)					
Administrative Fees (not to exceed 15% of total budget)					
Other					
TOTAL					

D. DECLARATION

To be signed by an authorized signatory of the sponsoring organization.

- The information contained in this application is accurate and complete.
- The application is made on behalf of the organization named with its full knowledge and consent.
- The sponsoring organization is a registered legal entity in good standing.

I acknowledge that should my organization's application be approved, I will be required to participate in the evaluation process and submit regular reports on the activities and outcomes described in this application, and on how the grant funds were spent.

Name of Authorized Representative:

Title:

Signature:

Date:

If application is approved, cheque should be made payable to:
