

ADDITIONAL PROGRAM INFORMATION

1) Applicant Type Nonprofit Local Government

2) Does the agency provide residential DV shelter directly? Yes: # of beds. No: arranged shelter only

3) Check below any and all underserved populations that your agency has indentified in your service area. Also indicate if your work plan specifically addresses services or outreach to any of the identified populations.

Identified in service area	Providing services thru workplan	Underserved Populations may include victims who identify as:
		Older adults
		People with disabilities
		Non English speaking/Limited English proficiency
		Lesbian, Gay, Bisexual, Transgender
		Having substance abuse or mental health conditions
		Living in rural areas
		Ethnic or racial minorities

4) **Run a VAdata report (identified as VDSS- Domestic Violence Program) for CY 2011 (January 1, 2011 – December 31, 2011) and attach it following this page.**

5) Check below the services provided by your program. Indicate which of these services will be provided through this funding and included on your work-plan.

Provided	Funded with VDSS Funds	Service Description	Statistics for FY 2011	Metric
		24 Hour Crisis Hotline Service		# of calls
		Shelter (Residential)		# of people/nights
		Shelter (Arranged)		# of people/nights
		Crisis Intervention		# served (advocacy)
		Safety Planning		# served (advocacy)
		Survivor Support Groups		# groups
		Information and Referral		
		Emergency Transportation		
		Coordination of Services		
		Counseling/Support		# served
		Court Accompaniment		# served
		Children's Services		# served
		Children's Support Groups		# of groups
		Volunteer Program		# of active volunteers
		Systems Advocacy		
		Community Education & Public Awareness		# of presentations
		Other		

List any other services in the space above

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6) # of Full Time Staff: _____ # of Volunteers: _____
 # of Part Time Staff: _____ # of volunteer hours provided per week: _____

Describe how volunteers are utilized:

7) Does your agency serve other populations in addition to serving victims of domestic violence and their children, i.e. homeless adults / children, substance abusers, people with disabilities?	__ Yes, __ No
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If responding yes to question 7, please provide a brief description of the population served and the funding sources supporting the work:

8) Is your agency a joint domestic violence / sexual assault program?	__ Yes, __ No
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9) List Congressional Districts served by your agency (may be more than one) Link to Congressional Map	_____
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10) List the localities served by your agency and the funding received from each for FY 2011:

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

Total Domestic Violence Program Revenue (DV only)			
SOURCE	FY 2011 (ACTUAL)	FY 2012 (PROJECTED)	COMMENTS
From: Virginia Department of Social Services:			
Domestic Violence Grant			
VOCA Child Abuse Prevention			
Child Abuse Treatment			
VOCA Recovery Act Grant			
Un-served Communities DV Grant			
Other			
From: Virginia Department of Criminal Justice Services:			
V-STOP			
Victim/Witness Program			
Domestic/Sexual Violence Victim Fund			
Recovery Act (any DCJS source)			
From: Virginia Department of Housing and Community Development (DHCD)			
State Shelter Grant			
Emergency Solutions Grant			
Child Services			
Coordinator Grant			
Child Care for Homeless Children Grant			
VP3 Rapid Re-housing Grant			
Virginia Sexual and Domestic Violence Action Alliance			
Delta			
Other Funding:			
United Way / Specify:			
Other Revenues / Specify			
Total Revenue			
	\$	\$	

FFATA Subrecipient Required Data
(Federal Funding Accountability and Transparency Act)

<i>For VDSS Use Only –</i>	
1. Federal Award Identifier Number (FAIN)	
2. Award Title	
3. CFDA	
4. Subaward Number	
<i>To be completed by Subawardee</i>	
5. Subawardee Legal Name	
6. Data Universal Numbering System (DUNS) number – 9 digits	
7. Are you registered in the Central Contractor Registration (CCR)? If Yes, continue to question 8. If No, please go to question 9.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is your registration CCR current and active? If Yes, enter expiration date. If No, continue to question 9.	Expiration Date: <input type="checkbox"/> Yes _____ <input type="checkbox"/> No
9. In your business or organization’s previous fiscal year, did your business or organization (including parent organization, all branches, and all affiliates worldwide) receive (1) 80 percent or more of your annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; AND (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? If Yes, continue to question 10. If No, please go to question 12.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does the public have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at www.sec.gov/answers/excomp.htm .) If Yes, please go to question 12. If No, please	<input type="checkbox"/> Yes <input type="checkbox"/> No

continue to question 11.	
<p>11. List the names and total compensation of the top five highly compensated officers. <i>Total Compensation is the cash and noncash dollar value earned by the executive during the preceding fiscal year and includes the following: salary and bonus; awards of stock, stock options, and stock appreciation rights; earnings for services under non-equity incentive plans; change in pension value, etc. (for more information see 17 CFR 229.402 (c))</i></p> <p>Note: State and local governments are exempt from reporting executive compensation.</p>	<p>Officer 1 Name: _____ Officer 1 Compensation: _____</p> <p>Officer 2 Name: _____ Officer 2 Compensation: _____</p> <p>Officer 3 Name: _____ Officer 3 Compensation: _____</p> <p>Officer 4 Name: _____ Officer 4 Compensation: _____</p> <p>Officer 5 Name: _____ Officer 5 Compensation: _____</p>
12. Awardee Street Address 1	
13. Street Address 2	
14. City	
15. State	
16. Zip + 4	
17. Congressional District	
18. Place of Performance – primary site where the work will be performed (POP) Awardee Street Address 1	
19. POP Street Address 2	
20. POP City	
21. POP State	
22. POP Zip + 4	
23. POP Congressional District	

Dun & Bradstreet website: <http://www.dnb.com/us/>
Central Contractor Registration website: <https://www.bpn.gov/ccr>

I certify that the above Awardee information is correct, accurate, and will be maintained and updated as required to keep registration current.

Name Title

Signature Date