

ATTACHMENT D
Victim Assistance Grant Application Fiscal Summary

July 1, 2016 – June 30, 2017

I. Administrative Services	
Staff Salaries & Benefits	\$
Administrative Expenses	\$
ADMINISTRATIVE SERVICES TOTAL	\$
II. Indirect Services	
Operating Costs	\$
Skills Training for Staff	\$
Equipment & Furniture	\$
Advanced Technologies	\$
Repairs or Replacement	\$
Other	\$
INDIRECT VICTIM SERVICES TOTAL	\$
III. Direct Victim Services	
Staff Salaries & Benefits	\$
Professional Liability Insurance	\$
Necessary & Essential Costs	\$
Contracts for Professional Services	\$
DIRECT VICTIM SERVICES TOTAL	\$
TOTAL VICTIM ASSISTANCE GRANT REQUESTED	\$

Program: _____

Program Director: _____

President of the Board of Directors: _____

Signature: _____
 Executive Director

(These signatures bind the organization to the proposed obligations. If this grant is awarded, this application represents part of the contract.)