

**Idaho Council** ON  
**Domestic Violence**  
AND **Victim Assistance**

**Detailed Application Instructions:  
FY27 Combined Grant Application**

**Applications are due May 29, 2026  
by 5:00 pm (MDT)**

*Applicants assume all costs associated with the preparation of this grant application.*

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The FY27 ICDVVA Combined Grant Application must be submitted in Euna, our grant management system. Please use this [LINK](#) to access the application.

The application is comprised of seven sections, each of which must be completed and submitted individually by clicking “Mark as Complete” at the bottom of each section. If you want to save the application section to revise it at a later time, you can do this by clicking “Save” at the bottom of any section. If you want to revise a section that has already been marked as complete, you have the option to do so until you hit “Submit” for the application. Once all sections are marked as complete, click “Submit” for the entire application. After the application has been submitted, it will be locked and can no longer be edited. You will have the option after submitting to download and print the completed application as a pdf. (Individual sections can be printed as well.)

Please read all questions carefully and provide responses that are specific and focused. Include as much supporting data as possible to maximize your score. All narrative responses have a character limit of 1250 characters, which is about 250 words. To gather data supporting your specific organization and/or region, visit <https://isp.idaho.gov/pgr/icvs-dashboard/> to access the Idaho State Police Data Dashboard.

If you have questions regarding the application, please email [info@icdv.idaho.gov](mailto:info@icdv.idaho.gov). All questions and answers will be compiled in a document called “FY27 Application Questions” that will be updated frequently and uploaded to the Public Opportunities page at the application link. Scroll down to the section called “Question Submission Information” and click on the green link to the document.

## Project Information

### Application Information

- Application Name: please provide the name of your organization.
- Award Requested: please enter the total award you are requesting from ICDVVA. We are not asking you to break down your request by funding sources in this part of the application, but you will be asked to do so in the Budget Worksheet. Please make sure your total requested here matches the total you request in your Budget Worksheet. ICDVVA reserves the right to allocate awards among available funding sources as needed. The total request may not exceed \$850,000. (This cap excludes State CAC Funds.)

## Primary Contact Information

- Please enter the name/email/address/phone number for the primary contact for this application.

## Part I: Applicant Organization Overview

### Organization Overview

- Fill in your Unique Entity Identifier (UEI) from the System for Award Management (SAM).
- Fill in your Tax ID number (EIN).
- Choose your organizational structure from the choices provided. If you select “other,” please fill in the text box to specify what your structure is.
- Choose from the provided choices for the focus of your organization. If you select “other,” please fill in the text box to specify what your focus is.
- Provide a brief summary of the primary purpose of your organization, along with your mission statement.

### Contact Information

- Provide contact information for your organization, Executive Director, Project Director, Fiscal Officer, Data Contact, and Board Chair.
- Indicate whether you are currently funded by ICDVVA for FY26, if you have never been funded by ICDVVA, or if you were funded by ICDVVA sometime in the past. If you were funded by ICDVVA in the past, indicate the most recent year that you received an award.

### Program Duration

- Indicate how many years your organization has been in operation.

### Public Health Regions

- Indicate where you provide services. If you are a statewide organization, choose “Statewide” and do not fill out any region percentages. If you serve specific regions, select “By Region” and enter the percentages in the appropriate lines. For example, if 50% of your clients are from Region 1 and 50% are from Region 2, you would enter “50” in both the Region 1 and Region 2 text boxes and leave the rest of the regions blank.

### Counties Served

- Indicate the individual counties commonly served by your organization. If you are a statewide organization, select “Statewide” and do not check any boxes for individual counties.

## Part II: Funding Request Summary

This section introduces your organization/program and the project for which you are requesting funds.

### Purpose of Request

- Briefly describe the project/purpose for which you are requesting funding. This description should be specific and concise. This is NOT a place to reiterate your program's mission or purpose, but rather should focus exclusively on how our funds would be utilized.

*The maximum points available for the Purpose of Request are 2. To achieve a maximum score, applicants should provide a response that is concise, clear, appropriate for the funding requested in the application, and is clearly linked to victim services.*

### Funds Requested

#### Project Budget

- Check the appropriate box to indicate if your request is an increase from FY26, or if the request represents a decrease or the same amount of funding as compared to your award in FY26. Explain any changes in your narrative response.

*The maximum points available for this question are 4. To achieve a maximum score, the total request should **remain the same** or **decrease** compared to your FY26 grant award. New applicants get full points.*

#### Reliance on ICDVVA Funding

- Enter the percentage of your total FY27 project budget that would be funded by ICDVVA if your request was awarded in full.
- Enter the percentage of your total budget that was funded by ICDVVA for the FY26 grant year.
- Check the appropriate box to indicate if your request is an increase, decrease, or the same percentage of your total organizational budget as compared to your award in FY26. Explain any changes in your narrative response.

*The maximum points available for this question are 2. To achieve a maximum score, the total project budget should indicate more than a 2% decrease in **reliance** on ICDVVA funding.*

#### Sustainability

- Identify your highest priority budget items for this grant cycle. Explain why it is essential for these items to be funded by ICDVVA. Please note that your response to this question will assist our staff in determining which line items to preserve if cuts to your budget are necessary.

- Describe your program’s sustainability efforts. How will your program compensate for a decline in federal funds and/or a short-term funding freeze?

*The maximum points available for this question are 3. To achieve a maximum score, applicants should demonstrate attempts to cut costs, plan for funding declines, and pursue alternative funding sources.*

## Strategic Plan Advancement

- Briefly describe how your project will advance one of the main goals in the ICDVVA 2026-28 Strategic Plan, which is available on our [website](#). Select the specific goal and task using the dropdown menu and provide examples of how your program will advance that goal/task.

*The maximum points available for this question are 2. To achieve a maximum score, applicants must identify one goal/task from the Strategic Plan and provide clear, concise examples of how their programs/services will advance this goal/task.*

## Part III: Victim Services and Demand

### Services Provided

- Indicate whether your organization is new to ICDVVA funding. The response will dictate what questions you are asked in this section. If it has been more than 5 years since you last received ICDVVA funding, please select “yes” as your response to this question.
- For new applicants, indicate each of the listed services that your organization provides. Provide a narrative response to indicate that you are the only organization in your region providing specific services.

### Priority Categories for ICDVVA Funding

#### Underserved

- Read the ICDVVA underserved definition and indicate whether your organization serves any of the populations considered to be underserved. Estimate the percentage of your clients who are currently considered underserved and are supported by ICDVVA funds. (For new applicants, estimate the percentage of clients you serve who are considered underserved by our definition.) In your narrative response, explain which underserved populations you serve and **provide specific data** to support your response.
- *The maximum points available for this question are 2. To achieve a maximum score, the applicant must provide a clear and detailed description of the underserved populations being served by their program and include strong data to support their response.*

*5 bonus points are available for applicants who are in the top ten percent (10%) for underserved populations need score (from Idaho Crime Victims Services Data Dashboard).*

### Demand Exceeds Capacity

- Provide the total number of victims you served in FY25 (Oct. 1, 2024 – Sept. 30, 2025). This is not a typo – FY25 is the last completed grant year, and we are looking for a number that spans a full grant year. Your FY26 number would be missing half the year.
- Indicate whether your community has unmet needs, and describe these needs in your narrative response. You must supply data to support your response.
- Indicate whether the demand for your services exceeds your organization’s capacity, and provide details in your narrative response. **Use data** to explain why/how this is the case.

*The maximum points available for this question are 2. To achieve a maximum score, the applicant must provide a clear and detailed description of demand for program services and provide data to support the response, such as the numbers of clients served, waitlist numbers, staff hours, and any other relevant data.*

### Trauma-Informed Care

- Indicate whether or not you require all staff members to undergo training in trauma-informed care.
- Describe how your day-to-day client interactions are trauma-informed. Do not include a response about training of staff in this section; this response should be about your implementation of trauma-informed practices with your clients

*The maximum points available for this question are 2. To achieve a maximum score, applicants should provide specific examples that demonstrate how trauma-informed services are implemented.*

## Part IV: Program Operations

### Staff and Volunteers

- For the first section, please consider employees who worked at your organization during the FY26 grant year (Oct 1, 2025—Sept 30, 2026). Provide the number of total employees in the organization, including both employees funded by ICDVVA and those not funded by ICDVVA. Provide the number of full-time and part-time employees at your organization who are fully or partially funded by ICDVVA in the current FY26 grant year.

### Proposed FY27 Staff

- For the next section, consider the proposed staffing for the FY27 grant year (Oct 1, 2026–Sept 30, 2027). Indicate how many total employees you expect to have in FY27, including employees funded by ICDVVA and those not funded by ICDVVA. Provide the number of full-

time and part-time employees whom you are requesting to be fully or partially funded by ICDVVA in the FY27 grant year.

- If you have had any turnover in your leadership (Executive Director, Program Director, or Fiscal Officer) or in grant-funded positions during the last 12 months, please provide a brief summary including who, when, and why.
- Indicate whether or not your program uses volunteers in any capacity. If not, please refer to Appendix A.

## Succession Planning

- If your organization has a succession plan, please describe how you determine critical positions within the organization and the process for identifying and preparing employees to fill vacancies as others retire or move on.

*The maximum points available for this question are 2. To achieve a maximum score, the applicant must provide a brief but detailed description of their organization's succession plan, including more than just a hiring plan for replacing an executive director.*

## Collaboration

- Select from the list provided all of the organizations you collaborate with in your region.
- Provide a brief description of how your organization collaborates with agencies in your region.

*The maximum points available for this question are 2. To achieve a maximum score, the applicant must demonstrate robust and exceptional collaboration with other programs in the region ensuring victim services are prioritized, and have no known deficiencies in collaborative working relationships.*

# Part V: Finances

## Fiscal Management

- Indicate whether your organization is new to ICDVVA funding. The response will dictate what questions you are asked in this section. If it has been more than 5 years since you last received ICDVVA funding, please select “yes” as your response to this question.
- New applicants: provide a description of your management structure, including positions responsible for grant management and your experience with other federal grants. Existing subrecipients: describe any changes to your organizational and management structure or grant administration since your last application.

- Please indicate whether or not your organization has the capacity to wait for the ICDVVA reimbursement process, which can take 30 days or more in some instances.
- Indicate when your organization’s most recent audit or financial review took place.
- Indicate whether your agency expended \$1,000,000 or more in federal funds (combined from all federal funding sources) during your last completed fiscal year (per your agency’s fiscal year). If yes, you must conduct a single audit and upload it to the clearinghouse. Please indicate if this has been done, if applicable.
- Describe your agency’s procedures for conducting audits or audited financial statements and include information on any open audit findings.

## Funding and Support

- Briefly describe your fundraising activities in the past 12 months, and the amount raised compared to your fundraising goal.
- Briefly describe your FY27 fundraising plans including your financial goal.

*The maximum points available for this question are 2. To achieve a maximum score, the applicant must demonstrate significant fundraising activities with detailed descriptions of all activities and goals.*

## Part VI: Grant Budget

- Click on the document link titled “FY27 Budget Worksheet.” This will open an Excel file for you to complete. Once all the tabs have been completed, save the file to your computer. Go to the Euna application FY27 ICDVVA Grant Budget page, and click “Choose File” under the section “Budget Info” to upload the completed Budget Worksheet to your application.
- The FY27 Budget Worksheet in Excel includes five (5) tabs: Budget Request, Match, Funding Sources FY27, Funding Sources FY25, and FY27 Personnel Request. All areas shaded in gray will auto-calculate; please do not enter any information in these cells. When completing the Budget Worksheet, please adhere to the following parameters:
  - At least 65% of your request must fund Direct Services.
  - Your Admin Salary line cannot exceed 5% of the total award.
  - Executive Director (ED) Salary is capped at 93% of total ED Salary; however, ED Salary should only be requested if the ED is performing direct services with clients, allowable administrative activities to comply with grant requirements, or direct service supervision. Each of these activities must be clearly identified on ED time

sheets if awarded. Please note that community training is not considered a direct service activity.

- Please be aware that any training requests will be scrutinized carefully. Virtual and free trainings should be utilized whenever possible. Trainings that you plan to make available statewide will be prioritized for funding.

## Budget Worksheet Tab

- On the first tab, the Direct Services and Indirect Services in the first column have been listed for you. You may add other items in the lines for “Other.” If you need more lines added to the table, please contact your Grant Manager or [info@icdv.idaho.gov](mailto:info@icdv.idaho.gov) for assistance.
- For each line item, fill in the colored columns with the amount of money you are requesting from each funding stream.
- Use the Description column (Column H) to provide a thorough but concise description of the items you will be funding under each category. For example, if you have requested Utilities for your office, specify which ones. If you have requested an Equipment Lease line item, specify what equipment will be covered, etc. This is a mandatory section; **do not leave any cells in this column blank for line items you have requested**
- Make sure that every non-personnel expense you have asked for in your budget is addressed in this table.
- In Columns I and J, please indicate if the line item represents a new or expanded service. If yes, please provide a narrative explanation in the Budget Info section of the application in Euna.
- The gray rows at the bottom of the page will auto-calculate your direct services and admin salary percentages. Please make sure they fall within the required limits.
- In Column K, give each line item a ranking of your priority from the following choices: High Priority, Medium Priority, or Low Priority. These rankings will assist ICDVVA staff in making cuts to your budget should that become necessary.

## Match Tab

- List each source of match that you anticipate using (for VOCA, FVPSA, and State DV awards combined) in FY27. For each source of match, provide a description and the estimated value, and indicate whether the match will be in cash or in-kind. Match waiver requests, for VOCA match only, can be submitted via [Jotform](#) if needed. FVPSA and State DV match cannot be waived.

## Funding Sources Tabs

- List all the expected funding sources for the FY27 grant term (October 1, 2026 – September 30, 2027) including the source and either the known or pending/expected amount for that source. The total of all sources and the percentage of the total agency budget will auto-calculate. If you need more lines added to the table, please contact your grant manager or [info@icdv.idaho.gov](mailto:info@icdv.idaho.gov) for assistance.
- List all the actual funding sources for the completed FY25 grant term (October 1, 2024 – September 30, 2025) including the source and the amount for that source. The total of all

sources and the percentage of the total agency budget will auto-calculate. If you need more lines added to the table, please contact your grant manager or [info@icdv.idaho.gov](mailto:info@icdv.idaho.gov) for assistance.

## Personnel Request Tab

- In Column A, enter the job titles of each employee you are asking to be covered under an ICDVVA grant.
- Column B should include the wages plus fringe and employer taxes for a full grant year. Even if you are only asking for a portion of this employee to be covered under the grant, please include the TOTAL annual amount in this column.
- Column C should include the hourly rate for this employee. If salaried, please calculate and include an hourly rate.
- Column D should indicate the percentage of the employee's pay intended to be covered by ICDVVA grants.
- In Column E, please indicate whether or not ICDVVA will cover this employee's PTO.
- In Column F, please indicate whether or not ICDVVA will cover this employee's benefits.
- Column G should indicate whether the position is currently filled or unfilled.
- Column F will auto-calculate the ICDVVA cost per year. You do not need to enter anything into this column.
- There is an optional box for any notes you may want to include to explain your organization's specific circumstances.

After you have completed your Budget Worksheet and uploaded it to Euna, answer the question on the Budget page of the application regarding new and/or expanded services. Please provide data to justify the need for any new or expanded services for which you have requested funding.

*The maximum points available for this section are 16. Please be accurate, thorough, and provide clear explanations in your narrative. Criteria used to determine scoring include: % of funding request for direct services, % of Executive Director salary included in the request, % of funding request for administrative salary, completeness of descriptions for all budget line items, thorough justifications for any new or expanded services and training requests, and completion of the workbook correctly.*

## Application Appendix

### Appendix A: VOCA Volunteer Waiver Request

VOCA requires that subrecipients use volunteers to support their victim services in some capacity. This can include tasks that would not be allowable for grant-funded employees, such as helping with a fundraiser. If your organization has a compelling reason why it cannot make use of volunteers, please check the box to request a Volunteer Waiver Form and one will be provided to you. This form would need to be approved and signed by ICDVVA staff in order for a program to continue to accept VOCA funding without using volunteers.

## Appendix B: Eligibility for State DV Funds

You may choose to apply for federal funding sources (VOCA and/or FVPSA) only, without requesting State DV funding. There are specific eligibility requirements for recipients of State DV funds. To be considered for State DV funds, you must check “yes” or “agree” for all the requirements in this Appendix to show that you are eligible to receive them. (Please refer to [Idaho Code 39-5202](#) for relevant definitions and [Idaho Code 67-7903](#) for information about verifying lawful presence in the U.S.) **If you prefer not to request State DV funds, you may disregard this section.**

## Appendix C: Signing Page and Parts 1-5

Please read Parts 1-5 of Appendix C carefully. Sign at the signing lines at the beginning of Appendix C in order to certify your organization’s compliance with everything in Parts 1-5.

## Appendix D: Nonprofit Status

Select one of the choices. If your organization is a nonprofit, please read the paragraphs provided to be sure that your organization complies with the conditions. Then sign at the signing lines.

## Appendix E: Indirect Cost Agreements

Please do not complete the Certification of De Minimis Rate Form unless your program wants to claim the federal de minimis rate for indirect costs. This would limit your indirect reimbursement to \$7500 for the entire grant year. Contact an ICDVVA Grant Manager if you have questions about this. If your organization plans to use the de minimis rate for indirect costs, please download the Certification of De Minimis Indirect Rate provided, sign it, and upload it in the space designated “Choose File.” This entitles you to 15% of the first \$50,000 of your award in Indirect Costs, which is a maximum of \$7,500 for the grant year. If you have a federally negotiated indirect rate, please upload that agreement instead. **If you do not want to use an indirect cost rate, you may disregard this section.**

## Submitting the Application

The deadline for receipt of the application is May 29, 2026, at 5:00 p.m. (MDT)

Completed applications will be evaluated on the quality of the information provided in each section. Applications will be considered based on the program’s direct service experience, fit with the Council’s strategic plan, and overall quality of direct services for survivors of crime. Refer to the FY27 Application Scoring Rubric available on the ICDVVA website for more detail about scoring criteria.

If you want to refer to the Euna Support guide for completing application forms, you may access it here: <https://grants-help.eunasolutions.com/hc/en-us/articles/360008407314-How-To-Complete-Application-Forms>.