**SEXUAL ASSAULT SERVICES PROGRAM (SASP) 2025-2026 APPLICATION**

COVER PAGE

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| 1. **Applicant**  **Organization** | | |  | | | | | | | | | | | | |
| **2. Mailing Address**  (Street/P.O. Box) | | |  | | | | | | | | | | | | |
| **3. City/State** | | |  | | | | | | | **4. Zip**  **Code** | | |  | | |
| **5. Type of**  **Applicant** | | **RCC**  **Dual Program** | | **6. Federal**  **Identification Number** | | |  | | | | | **7.UEI**  **Number** | | |  |
| **8. Would the federal funds being requested**  **replace prior local or state support for this project?** | | | | | |  | | | | | | | | | |
| **8a. If yes,**  **explain** | |  | | | | | | | | | | | | | |
| **9. Authorized Official**  (Name/Title) | | |  | | | | | | | | | | | | |
| **10. Amount of funds requested:** | | | |  | | | | | | | | | | | |
| **11. Indicate the counties to be served by this project and whether the subgrant organization currently provides**  **sexual assault victim services to the indicated areas.** | | | | | | | | | | | | | | | |
| **Counties to be served by SASP funding:** | | | | | | | | **Currently Providing Sexual Assault Services (Y/N)** | | | | | | **Total Sexual Assault Victims Served in 2020 (From All Funding**  **Sources)** | |
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| **12. Please enter the organization’s official mission statement.** | | | | | | | | | | | | | | | |
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| **13. Please attach a copy of the applicant’s organizational chart: (ATTACHMENT I)** | | | | | | | | | | | | | | | |
| **14. If the organization received any findings or corrective action plan *resulting from a* financial audit, license review, administrative proceeding, or contract monitoring review in the past 12 months, please explain:** | | | | | | | | | | | | | | | |
| ***Please provide contact information for matters involving this application*** | | | | | | | | | | | | | | | |
| **First**  **Name** |  | | | | **Middle**  **Initial** |  | **Last**  **Name** | |  | | | | | | |
| **Phone**  **Number** |  | | | | | | **Alternate Contact**  **Phone Number** | | | |  | | | | |
| **E-mail**  **address** |  | | | | | | | | | | | | | | |

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**Directions**

**SEXUAL ASSAULT SERVICES PROGRAM (SASP) COMPETITIVE FUNDING APPLICATION: LOCAL CONTRACTORS/SUB-GRANTEES**

**Federal Fiscal Year 2025 July 1, 2025 – June 30, 2026**

*Due May 23, 2025 by 4:00 pm*

* Scan the completed application and send as an e-mail attachment to [aosborne@arkcasa.org.](mailto:rsmith@arkcasa.org)
* Incomplete or late applications will not be accepted.
* Submission of an application does not guarantee funding.
* Direct any questions regarding the application to Ashley Osborne at [aosborne@arkcasa.org.](mailto:rsmith@arkcasa.org)
* Budget ceiling: $65,000.00

# SASP Overview and Project Eligibility

The purpose of the SAS Formula Program is to provide intervention, advocacy, and accompaniment (e.g., court, medical facilities, police departments, etc.), support services, and related assistance to:

1. Adult, youth, and child victims of sexual assault;
2. Family and household members of such victims; and
3. Those collaterally affected by the victimization (e.g., friends, coworkers, classmates), except for the perpetrator of such victimization.

In FY 2025, funds under the SAS Formula Program may be used for the following purposes:

* + To support the establishment, maintenance, and expansion of rape crisis centers and other nongovernmental or tribal programs; as well as projects to assist individuals who have been victimized by sexual assault, without regard to the age of the individual.

SASP funding should be used to support the following:

1. Advocacy, defined as any services, assistance, or resources provided to survivors of sexual violence to support them in meeting their goals for healing, safety, and accountability (including individual support services, support groups, case management, therapeutic services, accompaniment to hospitals, court, or other meetings, etc.)
2. Services for adult, youth, and child victims of sexual assault
3. Services for secondary survivors impacted by sexual assault (family and household members, friends, coworkers, classmates of victims)

Review the SASP 2025 Announcement, available on the ACASA website by clicking here, for a further description of program eligibility, allowable activities, and selection criteria.

# Organization and Project Overview

* + Use the TAB key to move to the text spaces and checkboxes

Organization Name: Click or tap here to enter text

Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. E-Mail: Click or tap here to enter text.

Federal Tax ID #: Click or tap here to enter text. UEI #: Click or tap here to enter text.

When did you last check your System for Award Management account? Click or tap here to enter text.

Counties included in the project: Click or tap here to enter text.

Priority Area to be addressed (if applicable):

* + - Improve services for and/or the response to victims of sexual violence and other severe forms of trafficking in persons who have also experienced sexual assault.
    - Meaningfully increase access to OVW programming for specific marginalized and/or underserved populations (based on race, ethnicity, sexual orientation, gender identity, disability, age, etc.).
    - Increase the use of promising, evidence-based, and evidence-building practices, where available. *If applying under this priority, please identify the communities upon which your project focuses:* Click or tap here to enter text.

Are you a rape crisis center or other non-profit, nongovernmental organization or tribal program that provides direct intervention and related assistance to sexual assault survivors?

* + - YES ☐ NO

Do you provide services to sexual assault survivors of all ages?

* + - YES ☐ NO

If no, explain:

Click or tap here to enter text.

Have you been operating since July 1, 2023, and have you continued to operate?

* + - YES ☐ NO

\*Attach a copy of a current and valid Certification from the State of Arkansas, Office of Secretary of State (proof of good-standing), and a letter from the Department of the Treasury, Internal Revenue Service (IRS) classifying the applicant as a private, nonprofit organization*. See Instructions under Eligibility.*)

\*Attach a copy of your most recent financial review or audit *(REQUIRED -* ***see instructions****)*.

\*Attach a copy of your policy for response to workplace violence and working with minors (*see instructions*).

Does your agency engage in or have in place any of the following? Check all that apply.

* Procedures or policies that exclude victims from receiving safe shelter, advocacy services, counseling, and other related assistance based on their actual or perceived age, immigration status, race, religion, sexual orientation, gender identity, mental health condition, physical health condition, criminal record, work in the sex industry, or the age and/or gender of their children.
* Procedures or policies that compromise the confidentiality of information and privacy of persons receiving services
* Policies that deny individuals access to services based on their relationship to the perpetrator
* Policies or practices that impose restrictive conditions to be met by the victim in order to receive services (e.g., mandatory counseling, seeking an order for protection)
* Policies that require the victim to report the sexual assault to law enforcement

Does your agency engage in or have in place the following Fundamental Elements of Accessibility? Check all that apply.

* Staff and volunteers are trained in basic disability awareness
* Intake process includes procedures for screening, referral, and/or the delivery of services to victims with disabilities
* Staff and volunteers provide accessible communication to clients with disabilities
* Hotline staff and volunteers are trained to use Telecommunications Relay Service
* Printed information is accessible for clients with disabilities
* Buildings are physically accessible for clients with disabilities or the agency has a plan with identified options or alternate accessible locations to provide services
* Agency is welcoming of service animals and personal care assistants
* Staff and volunteers advocate for accommodations during legal proceedings for sexual violence survivors with disabilities
* Staff and volunteers advocate for accommodations during medical care for sexual assault survivors with disabilities
* Disability-related assistance or accommodations are provided free of charge

Signature of Authorized Official Date

# spaced pages; do not single-space.)

Problem statement: What gaps or barriers to providing sexual assault services will this project address? Why did you decide to prioritize these particular issues (If you chose a priority area)?

Click or tap here to enter text.

Project Activities: If funded, what activities will you use SASP funding to complete? Click or tap here to enter text.

Project Timeline: This project will run from July 1, 2025, to June 30, 2026.

What is the timeline for completing the above project activities?

Click or tap here to enter text.

Project Goals: What specific positive changes will you achieve through this project? What will be different at the end of this project?

Click or tap here to enter text.

Performance Measures: How will you know that you have achieved this/these goal(s)? What numbers, stories, narratives, etc. will you keep track of to measure your progress?

Click or tap here to enter text.

# do not single-space.)

*It is a priority of ACASA to use SASP funding to support programs to continue building strong, comprehensive (wrap-around and follow-up services) sexual assault services. This section will help grant scorers understand your current service provision as well as possible areas where this funding could support strengthening or rebuilding.*

*Please answer honestly - a lack of comprehensive services, high service numbers, or clear processes for survivor feedback will not affect your eligibility for funding.*

List the current sexual assault services your agency provides. Click or tap here to enter text.

How many sexual assault clients did you serve last fiscal year? Click or tap here to enter text.

Provide current and specific demographic information and service numbers about the people *your agency* currently serves. **Please emphasize data specific to your program’s service areas as opposed to national data.**

Click or tap here to enter text.

How do you engage survivors for feedback on your agency and services? Did that feedback influence planning for this project? If so, how?

Click or tap here to enter text.

Do you provide assistance to clients accessing Crime Victims Reparations? If so, how? Click or tap here to enter text.

Explain how the services you provide meet the requirement of wrap-around and follow-up services which include:

1. Adult, youth, and child victims of sexual assault;
2. Family and household members of such victims; and
3. Those collaterally affected by the victimization (e.g., friends, coworkers, classmates), except for the perpetrator of such victimization. Please do not include information on performance of forensic exams as SASP does not allow for this type of service.

Click or tap here to enter text.