



How to Submit an Application in AmpliFund

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HOW TO REGISTER (FIRST-TIME APPLICANTS)

IMPORTANT NOTE: one person from the organization should register initially and then invite others. Please refer to *AmpliFund Applicant Portal: New User Registration – AmpliFund Support* for more information.

1. Navigate to MBCC's [Grant Offerings](#) page, locate the Funding Opportunity you would like to apply for, and click the link next to "Apply."

MBCC Funding Opportunities

The grants listed below are the foundation for our *Building Blocks* to reduce crime and improve safety for Montana communities. Open the grant to view what the grant is about and what is required to apply.

****As MTIBRS is temporarily down, please use the [Crime in Montana Data Request Form](#)****

For more information about each grant program, please visit our [Grant Descriptions](#) page.

2021 Funding Opportunities: [VOCA](#) | [VAWA](#) | [SASP](#) | [DVI](#) | [CESF](#)

2020 Funding Opportunities: [JRJ](#) | [VAWA Court](#) | [Tribal VOCA](#) | [Title II](#) | [RSAT](#) | [JAG](#)

2021 Funding Opportunities

[2021 VICTIMS OF CRIME ACT \(VOCA\)](#)

The funding opportunity is now open.

Apply: <https://tinyurl.com/mbcc-2021-voca>

Open Date: December 21, 2020

Close Date: February 1, 2021 at 12:00 p.m. noon

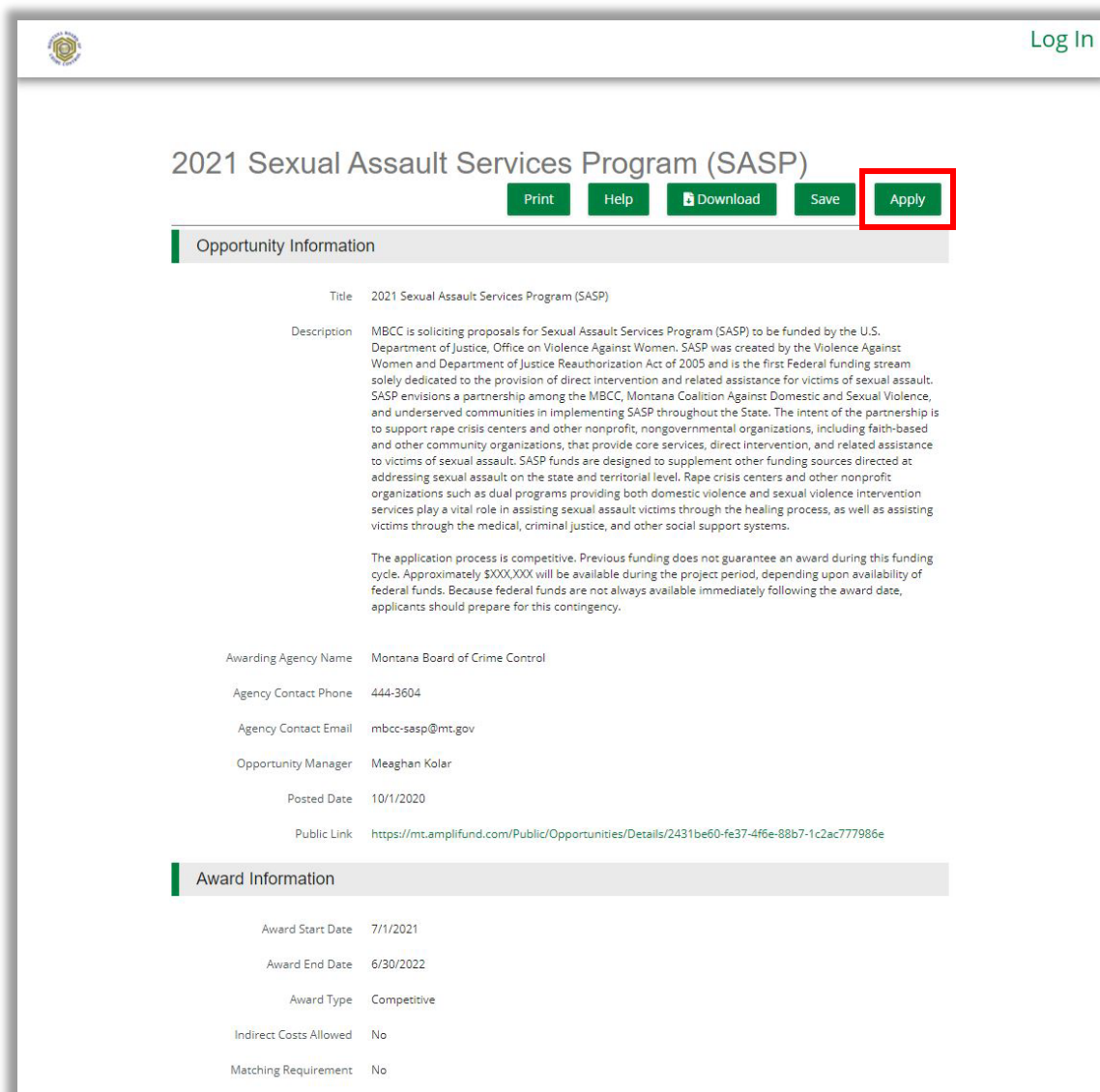
Questions & Answers: [VOCA Q&A](#)


The Question & Answer period is open until January 22, 2021.

Offeror's Call: Tuesday, January 5, 2020 - 11:00 a.m - 12:00 p.m.

- [Join Zoom Meeting](#)
- Join by phone: +1 646 558 8656 or +1 406 444 9999
- Meeting ID: 975 0790 2815
- Password: 837369

You will be taken to the Opportunity Details page:



 [Log In](#)

2021 Sexual Assault Services Program (SASP)

[Print](#) [Help](#) [Download](#) [Save](#) [Apply](#)

Opportunity Information

Title 2021 Sexual Assault Services Program (SASP)

Description MBCC is soliciting proposals for Sexual Assault Services Program (SASP) to be funded by the U.S. Department of Justice, Office on Violence Against Women. SASP was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 and is the first Federal funding stream solely dedicated to the provision of direct intervention and related assistance for victims of sexual assault. SASP envisions a partnership among the MBCC, Montana Coalition Against Domestic and Sexual Violence, and underserved communities in implementing SASP throughout the State. The intent of the partnership is to support rape crisis centers and other nonprofit, nongovernmental organizations, including faith-based and other community organizations, that provide core services, direct intervention, and related assistance to victims of sexual assault. SASP funds are designed to supplement other funding sources directed at addressing sexual assault on the state and territorial level. Rape crisis centers and other nonprofit organizations such as dual programs providing both domestic violence and sexual violence intervention services play a vital role in assisting sexual assault victims through the healing process, as well as assisting victims through the medical, criminal justice, and other social support systems.

The application process is competitive. Previous funding does not guarantee an award during this funding cycle. Approximately \$XXX,XXX will be available during the project period, depending upon availability of federal funds. Because federal funds are not always available immediately following the award date, applicants should prepare for this contingency.

Awarding Agency Name Montana Board of Crime Control

Agency Contact Phone 444-3604

Agency Contact Email mbcc-sasp@mt.gov

Opportunity Manager Meaghan Kolar

Posted Date 10/1/2020

Public Link <https://mt.amplifund.com/Public/Opportunities/Details/2431be60-fe37-4ffe-88b7-1c2ac777986e>

Award Information

Award Start Date 7/1/2021

Award End Date 6/30/2022

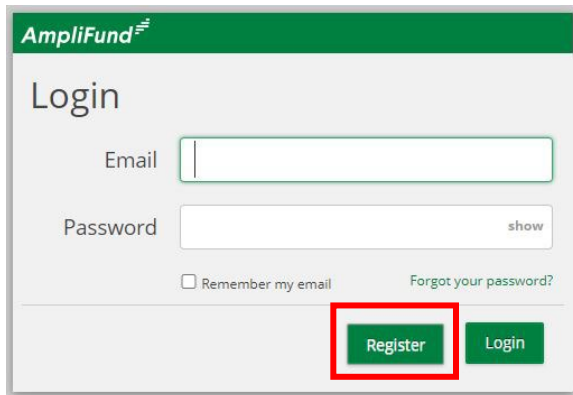
Award Type Competitive

Indirect Costs Allowed No

Matching Requirement No

2. Click "Apply" in the upper right corner of the screen.

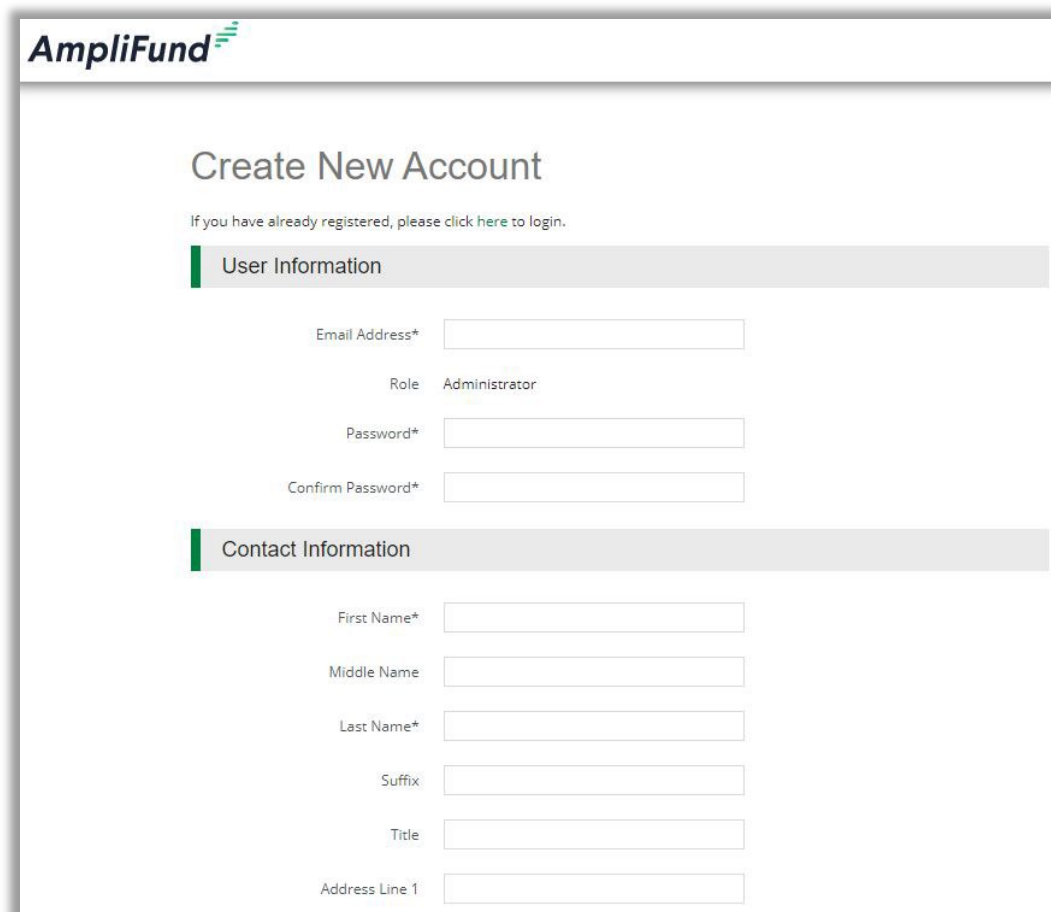
You will be taken to the following screen:



The image shows the AmpliFund Login screen. It features a green header with the AmpliFund logo. Below the header, the word "Login" is displayed. There are two input fields: "Email" and "Password". The "Password" field has a "show" link next to it. Below the input fields, there is a checkbox labeled "Remember my email" and a link labeled "Forgot your password?". At the bottom, there are two green buttons: "Register" and "Login". The "Register" button is highlighted with a red rectangle.

3. Enter your email address and desired password, then click "Register."

You will be taken to the following screen:



The image shows the AmpliFund Create New Account screen. It features a green header with the AmpliFund logo. Below the header, the text "Create New Account" is displayed. A link "click here to login" is provided for users who have already registered. The form is divided into two sections: "User Information" and "Contact Information". The "User Information" section includes fields for "Email Address*", "Role" (set to "Administrator"), "Password*", and "Confirm Password*". The "Contact Information" section includes fields for "First Name*", "Middle Name", "Last Name*", "Suffix", "Title", and "Address Line 1".

Organization Information

Same as above ☐

Organization Name*

Organization Type* Other ▼

4. Once all the required information has been entered, click "Register" in the bottom right corner of the screen.

Register

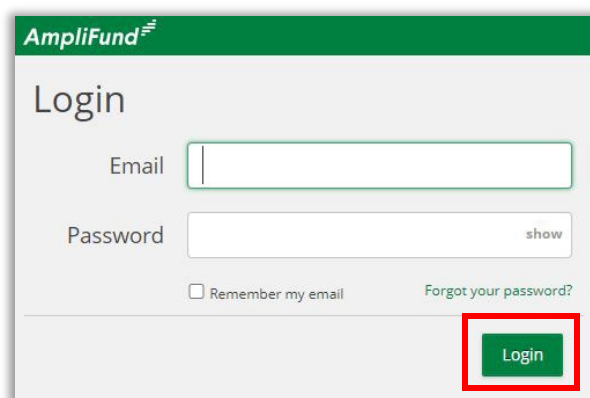
5. You will be taken to the Terms and Conditions page. Read through the Terms and Conditions, scroll all the way to the bottom, and click the "I Accept" button in the bottom right corner to continue.

You will be taken back to the Opportunity Details page.

RETURNING TO THE APPLICANT PORTAL

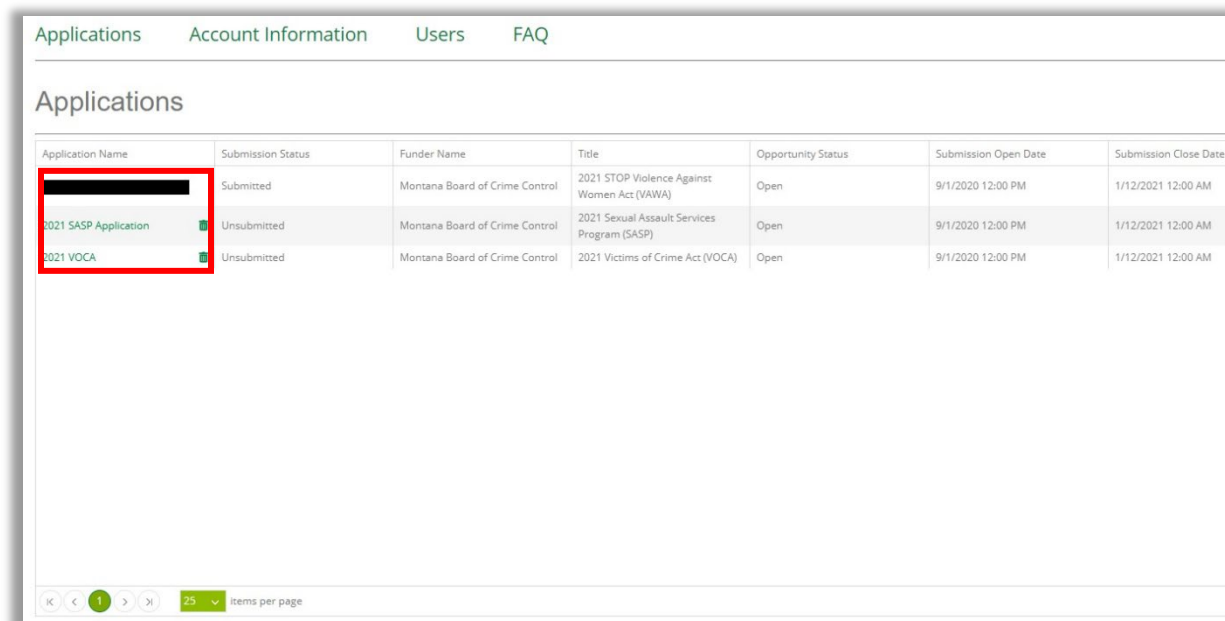
Once you have registered and started working on your application, you do not have to copy and paste the Public Link into your address bar. Here's a quicker way to return to your application if you have logged out of AmpliFund:

1. Type <https://mt.amplifund.com/> into your address bar.
2. Enter your credentials and click "Login."



The image shows the AmpliFund login page. It has a green header with the AmpliFund logo. Below the header, the word "Login" is displayed. There are two input fields: "Email" and "Password". The "Password" field has a "show" button next to it. Below the input fields, there is a checkbox labeled "Remember my email" and a link labeled "Forgot your password?". At the bottom right, there is a green "Login" button, which is highlighted with a red rectangle.

You will be taken to the Applications page:



The image shows the AmpliFund Applications page. At the top, there are four tabs: "Applications", "Account Information", "Users", and "FAQ". The "Applications" tab is selected. Below the tabs, the word "Applications" is displayed. There is a table with the following columns: "Application Name", "Submission Status", "Funder Name", "Title", "Opportunity Status", "Submission Open Date", and "Submission Close Date". The table contains three rows of data. The first row is highlighted with a red rectangle. The second row is "2021 SASP Application" and the third row is "2021 VOCA". At the bottom of the page, there is a pagination bar with the text "Items per page" and a dropdown menu showing "25".

Application Name	Submission Status	Funder Name	Title	Opportunity Status	Submission Open Date	Submission Close Date
[REDACTED]	Submitted	Montana Board of Crime Control	2021 STOP Violence Against Women Act (VAWA)	Open	9/1/2020 12:00 PM	1/12/2021 12:00 AM
2021 SASP Application	Unsubmitted	Montana Board of Crime Control	2021 Sexual Assault Services Program (SASP)	Open	9/1/2020 12:00 PM	1/12/2021 12:00 AM
2021 VOCA	Unsubmitted	Montana Board of Crime Control	2021 Victims of Crime Act (VOCA)	Open	9/1/2020 12:00 PM	1/12/2021 12:00 AM

3. Click on one of the Application Names to continue editing or to check your progress.

HOW TO APPLY

NOTE: For security purposes, AmpliFund will automatically time out if there has been no activity after a short period of time. Therefore, we recommend that you compose any text-entry sections in another program (i.e. Microsoft word) and copy and paste your narrative into each section.

1. Click "Apply" in the top right or at the bottom left of the Opportunity Details page.

2021 Sexual Assault Services Program (SASP)

Print Help Download Save Apply

Opportunity Information

Title	2021 Sexual Assault Services Program (SASP)
Description	MBCC is soliciting proposals for Sexual Assault Services Program (SASP) to be funded by the U.S. Department of Justice, Office on Violence Against Women. SASP was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 and is the first Federal funding stream solely dedicated to the provision of direct intervention and related assistance for victims of sexual assault. SASP envisions a partnership among the MBCC, Montana Coalition Against Domestic and Sexual Violence, and underserved communities in implementing SASP throughout the State. The intent of the partnership is to support rape crisis centers and other nonprofit, nongovernmental organizations, including faith-based and other community organizations, that provide core services, direct intervention, and related assistance to victims of sexual assault. SASP funds are designed to supplement other funding sources directed at addressing sexual assault on the state and territorial level. Rape crisis centers and other nonprofit organizations such as dual programs providing both domestic violence and sexual violence intervention services play a vital role in assisting sexual assault victims through the healing process, as well as assisting victims through the medical, criminal justice, and other social support systems.

You will be taken to the Project Information page:

Project Information

Application Information

Application Name*

This field is required.

How much are you requesting from the funder?

Award Requested*

\$0.00

The Requested Award Amount must be greater than \$0.00

Total Award Budget

\$0.00

Primary Contact Information

Name*

This field is required.

Email Address*

This field is required.

Address Line 1*

This field is required.

Address Line 2

City*

This field is required.

State/Province*

This field is required.

Postal Code*

This field is required.

Phone Number

Save

✓ Mark as Complete

Save & Continue

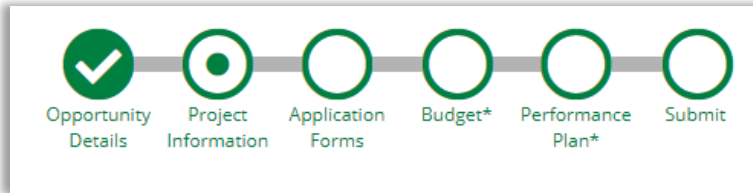
IMPORTANT NOTE: the [Budget](#) validates against the dollar amounts entered in the Application Information section on the Project Information page.

The Project Information page **does not** have to be completed first. It is recommended that applicants manually enter a zero (0)* as a placeholder into the required dollar amount fields and click "Save," continue working on their application, and return to the Project Information page after completing the Budget. After completing the Budget, the Award Requested, Cash Match Contribution, and/or In-Kind Match Contribution dollar amounts can be entered in the Application Information section on the Project Information page so that the match requirement and requested grant amount match what was entered and calculated in the Budget exactly.

*AmpliFund will display \$0.00 in dollar amount fields by default, even though they are technically blank. Something must be entered into required fields to continue, so applicants must manually enter a number (in this case a zero) into required dollar amount fields before you may continue.

-
2. Enter all the required information, then click "Mark as Complete."

The Project Information circle graphic on the progress tracker will change from this icon:



To this icon:



3. Click "Save & Continue."

IMPORTANT NOTE: you must enter something in all required fields on the Project Information page and click "Save," "Mark as Complete," or "Save & Continue" in order to save your application. If any required fields on the Project Information page are empty, you will not be able to save your application. If you log out, or if the system logs you out for idle activity, before completing and saving the Project Information page, you will have to start your application from the beginning.

You will be taken to the Application Forms page.

FY2024 Domestic Violence Intervention (DVI) Program

✓

●

Opportunity DetailsProject InformationApplication Forms (19)Budget*Performance Plan*Submit

Forms

HelpDownloadSave & Continue

Name	Status	Print
Program Information	New	
Application Instructions	New	
Budget Instructions	New	
Performance Plan Instructions	New	
Application Processing and Award	New	
Response - 1. Project Information	New	
Response - 2. Project Personnel	New	
Response - 3. Budget Narrative	New	
Response - 4. Executive Summary	New	
Response - 5. Needs Statement	New	
Response - 6. Collaboration Plan	New	
Response - 7. Sustainability Plan	New	
Supplement - 1. Applicant Information	New	
Supplement - 2. Accounting Documentation	New	
Supplement - 3. MOUs	New	
Supplement - 4. Equal Employment Opportunity (EEO)	New	
Supplement - 5. Special Assurances and Conditions	New	
Supplement - 6. Certifications	New	
Sign Application	New	

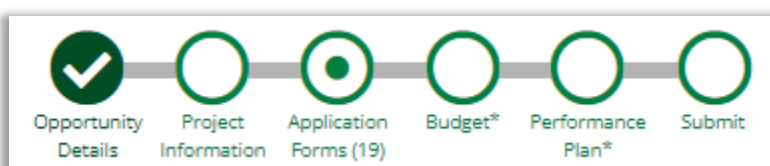
<<1>>

25 items per page

1 - 19 of 19 items

Save & Continue

In this example, 19 Forms must be completed before the Application Forms section will be marked as complete on the progress tracker.



-
4. Click on one of the forms (i.e. Progress Information).

Forms	
Name	Status
Program Information	New

Information and Instructions Forms

The Program Information, Application Instructions, Budget Instructions, and Application Processing and Award forms all consist of the same format. The steps below outline how to navigate the Program Information form as an example of how to fill out these first five forms.

FY2024 Domestic Violence Intervention (DVI) Program

Progress bar: Opportunity Details (checked), Project Information, Application Forms (19), Budget*, Performance Plan*, Submit

Program Information 1 of 19

[Download](#) [Save](#) [Save & Continue](#)

Overview

MBCC is soliciting proposals to implement Misdemeanor Probation and Domestic Violence Intervention Programs in Montana. It is estimated that State Funding of **\$116,000** will be available. Funding is granted annually. The Domestic Violence Intervention Program grant application process is **competitive**. Previous funding does not guarantee an award during this funding cycle.

Eligibility

Eligible applicants include units of local governments, tribal governments, and private nonprofit agencies. Private nonprofit agencies are highly encouraged to submit a Collaboration Memorandum of Understanding (MOU) with a local government law enforcement agency. If applying to implement offender intervention programming or a domestic violence court, only local, tribal or state courts are eligible applicants.

Project Period

Applications and all components must be submitted based upon a 12-month project period.

The project period begins **July 1, 2024** and concludes **June 30, 2025**. Funds may not be expended or obligated prior to **July 1, 2024**.

1. Read through all the information, scroll to the bottom of the page, and click "Yes, I have read the above information."

Applicant's Acknowledgment

Program Information Provided to Applicant *


☒ Yes, I have read the above information.


[Save](#) [✓ Mark as Complete](#) [Save & Continue](#)


2. Click "Mark as Complete," then click, "Save & Continue."


You will be taken to the next form on the list:


FY2024 Domestic Violence Intervention (DVI) Program


 Opportunity Details

 Project Information

 Application Forms (19)

 Budget*

 Performance Plan*

 Submit

Application Instructions

Download

Save

Save & Continue

2 of 19

Deadline

Applications must be submitted online, on or before **January 26, 2024 at 12:00 p.m. noon**. Applications will be submitted in Amplifund. To mitigate any potential submission difficulties, MBCC strongly urges application submission 72 hours prior to the deadline.

Late applications will not be processed or awarded.


Schedule of Events


Submission Open Date	December 15, 2023 12:00 p.m.
Pre-Application Offeror's Call	December 21, 2023 11:30 a.m.
Deadline for receipt of written questions	January 19, 2024 at 5:00 p.m.
Responses to questions will be posted on Amplifund within seven calendar days of receipt.	
Application Submission Deadline	January 26, 2024 12:00 p.m. noon
Staff and Committee Review	January 26, 2024 – April 19, 2024
Application Review Committee (ARC)	April 2024 (tentative)
Board of Crime Control Approval	June 2024 (tentative)
Project Start Date	July 1, 2024
Project End Date	June 30, 2025


Pre-Application Offeror's Call


You can continue to fill out each form in the order they appear, or you can return to the Forms page and select which form you would like to work on next.


- Click the Application Forms icon at the top of the screen to navigate back to the Forms page.


 Opportunity Details

 Project Information

 Application Forms (19)

 Budget*

 Performance Plan*







 Submit

Forms

Help

Download

Save & Continue

Name	Status	Print
Program Information	Complete	
Application Instructions	Complete	
Budget Instructions	Complete	
Performance Plan Instructions	Complete	
Application Processing and Award	Complete	
Response - 1. Project Information	New	

- Click the next form you would like to edit (in this example, Response – 1. Project Information).

Response – 1. Project Information

Response - 1. Project Information

Download


Save

Save & Continue


6 of 19

Project Dates

Project Start Date *



Project End Date *



Primary Contact

Name *

Phone *

Email *

Save

✓ Mark as Complete


Save & Continue

1. Click the calendar icon to the right of the Project Start Date and Project End Date fields to open the date picker tool, or simply type in the date.

Project Dates

Project Start Date *

7/1/2021



<

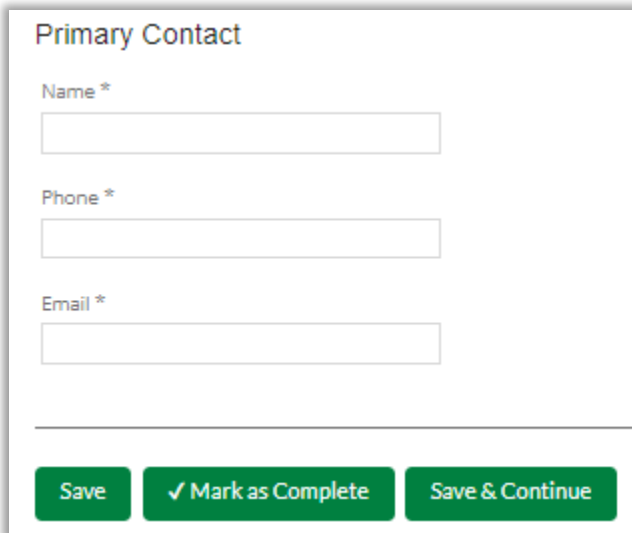
July 2021

>

Su	Mo	Tu	We	Th	Fr	Sa
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

Monday, December 11, 2023

-
-
2. Enter the name, phone number, and email address of the primary grant activities point of contact for this application, then click "Mark as Complete."

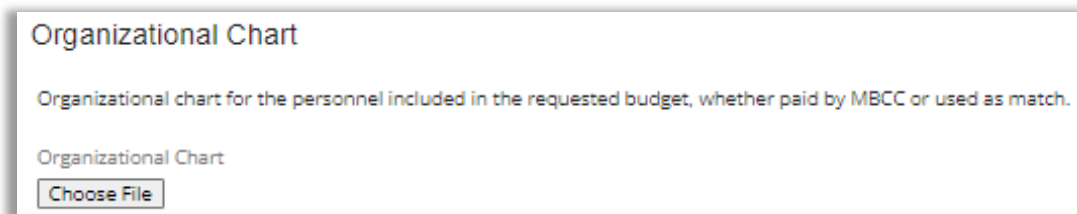


The image shows a web form titled "Primary Contact". It contains three input fields: "Name *", "Phone *", and "Email *". Each field is a simple rectangular box. Below the input fields, there are three green buttons: "Save", "✓ Mark as Complete", and "Save & Continue". The form is enclosed in a light gray border.

The Primary Contact does not have any authority pertaining to the grant and is simply the main point of contact for day-to-day communication.

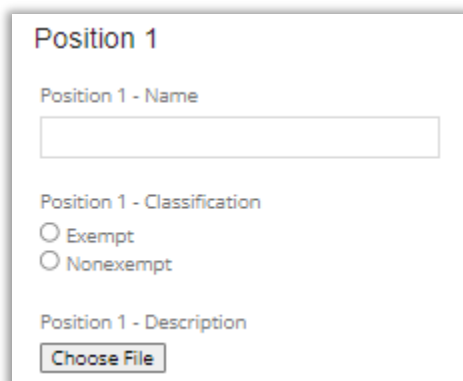
Response – 2. Project Personnel

1. Navigate to the Organizational Chart section, click “Choose File,” and upload your organizational chart.



The screenshot shows a form titled "Organizational Chart". Below the title is a descriptive text: "Organizational chart for the personnel included in the requested budget, whether paid by MBCC or used as match." Below this text is a label "Organizational Chart" and a button labeled "Choose File".

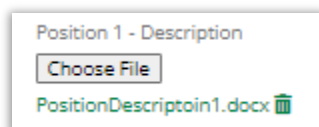
2. Under Position 1, enter the position name, select whether the position is “Exempt” or “Nonexempt,” and click “Choose File” under Position Description 1.



The screenshot shows a form titled "Position 1". It contains three sections: "Position 1 - Name" with a text input field, "Position 1 - Classification" with two radio buttons labeled "Exempt" and "Nonexempt", and "Position 1 - Description" with a "Choose File" button.

3. A file browser will pop up. Select the file you would like to upload and click “Open.”

When the file has been successfully uploaded, the file name will appear in green below the “Choose File” button:



The screenshot shows the "Position 1 - Description" section. The "Choose File" button is present, and below it, the filename "PositionDescriptoin1.docx" is displayed in green text next to a small document icon.

4. Repeat these steps for each position using Position 2, Position 3, Position 4, etc. sections.

IMPORTANT NOTE: do not merge all Position Description files into one file. Please put each Position Description into its own document and upload all “Position # - Description” documents individually.

5. Once you have uploaded all documents and filled out all the required fields, click “Mark as Complete.”

The Budget Narrative form consists of seven text-entry boxes: Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contracted Services, and Other.

As pictured above, formatting options have been enabled in this Form. While there is no table editor in the options, tables can be copied and pasted from Microsoft Word. If the table was originally created in Excel, it is recommended that the Excel table be copied and pasted into Microsoft Word first, then copied from Word into AmpliFund for best results. Formatting may or may not carry over depending on your browser and operating system but can be adjusted in the text boxes once pasted.

For security purposes, AmpliFund will automatically time out if there has been no activity after a short period of time. **Therefore, we recommend that you compose your Budget Narrative sections in another program (i.e. Microsoft word) and copy and paste your narrative into each section.**

Utilize the "Save" button at the bottom right of the screen often so that you do not lose any of your progress.

Once the Personnel, Fringe Benefits, Travel, Equipment, Supplies, Contracted Services, and Other sections have been completed, click "Mark as Complete."

Response – 4. Executive Summary

Response - 4. Executive Summary

[Download](#) [Save](#) [Save & Continue](#)

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The Executive Summary should summarize the proposed project, and should be written for a general public audience, and provide an outline limited to the scope of the program.












Example format:

- One to two sentences for description of the issue.
- Three to four sentences outlining how this year's award will be utilized, specifying how the awarded funds will reduce the financial burden on the PFMA clients being monitored.
- One to two sentences describing the outcome.

Executive Summary *

Alt+F10 to access toolbar by keyboard

Formats ▾

B *I*           

p

[Save](#) [✓ Mark as Complete](#) [Save & Continue](#)

1. Enter your Executive Summary into the text-entry box.

As mentioned previously, AmpliFund will time out after a short period of time. Therefore, we recommend clicking the "Save" button often, or working in another program first (i.e. Microsoft Word) and copying and pasting your summary into the text-entry boxes.

2. When finished, click "Mark as Complete."

Response – 5. Needs Statement

[illegible]

1. Enter your Needs Statement into the text-entry box.

As mentioned previously, AmpliFund will time out after a short period of time. Therefore, we recommend clicking the "Save" button often, or working in another program first (i.e. Microsoft Word) and copying and pasting your summary into the text-entry boxes.

2. When finished, click "Mark as Complete."

Response – 6. Collaboration Plan

Response - 6. Collaboration Plan

Download Save Save & Continue

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- Describe and demonstrate how the project will partner with public and private agencies.
- Identify the specific activities performed with each partner as it pertains to achieving the goals of this proposal. This includes, but is not limited to describing:
 - Partnerships built through the program.
 - How the established partnerships compliment one another's programs.

Collaboration Plan *

Alt+F10 to access toolbar by keyboard

Formats

B *I*

p

Save ✓ Mark as Complete Save & Continue

1. Enter your Collaboration Plan into the text-entry box.

As mentioned previously, AmpliFund will time out after a short period of time. Therefore, we recommend clicking the "Save" button often, or working in another program first (i.e. Microsoft Word) and copying and pasting your summary into the text-entry boxes.

2. When finished, click "Mark as Complete."

Response – 7. Sustainability Plan

Response - 7. Sustainability Plan

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[Download](#) [Save](#) [Save & Continue](#)

- Include a plan outlining how your organization plans to sustain the proposed project after the project period ends and federal funding is reduced or no longer exists.
- Include all efforts made to establish outside funding or support.
- The plan should identify and explain any potential challenges to sustaining the proposed project.
- What happens when the project is over?

Sustainability Plan *

Alt+F10 to access toolbar by keyboard

Formats ▾

B *I*

p

[Save](#) [✓ Mark as Complete](#) [Save & Continue](#)

1. Enter your Sustainability Plan into the text-entry box.


As mentioned previously, AmpliFund will time out after a short period of time. Therefore, we recommend clicking the "Save" button often, or working in another program first (i.e. Microsoft Word) and copying and pasting your summary into the text-entry boxes.

2. When finished, click "Mark as Complete."

Supplement – 1. Applicant Information

Supplement - 1. Applicant Information

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 Download

Save

Save & Continue

FEIN

Federal Employer Identification Number (FEIN) *

9

Organization Details

Organization Type *

☐ City

☐ County

☐ District Court

☐ Municipal Court

☐ Private/Non-Profit

☐ Private/For-Profit

☐ School District

☐ State

☐ Tribal Government

Service Area

Select all counties where services are delivered.

Counties Served *

☐ Beaverhead

☐ Big Horn

☐ Blaine

☐ Broadwater

☐ Carbon

☐ Carter

☐ Cascade

☐ Chouteau

1. Enter your Federal Employer Identification Number (FEIN).

2. Select your Organization Type.

If you select "Private/Non-Profit" or "Private/For-Profit," another set of questions will appear:

Organization Details

Organization Type *

- ☐ City
- ☐ County
- ☐ District Court
- ☐ Municipal Court
- ☒ Private/Non-Profit
- ☐ Private/For-Profit
- ☐ School District
- ☐ State
- ☐ Tribal Government

Non-Profit Status Verification

Required for non-profit applicants. Upload a copy of current Non-Profit status determination.

Non-Profit Status Verification *

[Choose File](#)

Current Board Members

If applicable for non-profit applicants. Upload listing of current Board Members providing information on board compilation, positions, and individual contact information.

Current Board Members

[Choose File](#)

Certificate of Exemption for Hiring Practices on the Basis of Religion

If applicable for non-profit applicants.

Faith-based organizations are required to provide the Certificate of Exemption for Hiring Practices on the Basis of Religion if seeking an exemption to the prohibition against religious discrimination in hiring.

Download the blank form. Upload the completed form below.

Blank Certificate of Exemption for Hiring Practices on the Basis of Religion
[certificationregardinghiring.pdf](#)

Certificate of Exemption for Hiring Practices on the Basis of Religion

[Choose File](#)

Click "Choose File" for each non-profit document required for/applicable to your organization's non-profit status.

-
3. Select **all** counties where your agency/organization delivers services.
 4. Indicate whether you have had a grant with MBCC previously.

Grant History With MBCC

Have you had a grant with MBCC previously?

☒ Yes
☐ No

Which Grants have you had through MBCC? (Check all that apply.)

- ☐ Title II – Juvenile Justice
- ☐ Victims of Crime Act (VOCA)
- ☐ Violence Against Women Act (VAWA)
- ☐ Sexual Assault Services Program (SASP)
- ☐ Justice Assistance Grant (JAG)
- ☐ Residential Substance Abuse Treatment (RSAT)
- ☐ Paul Coverdell – Forensic Science Lab
- ☐ John R. Justice (JRJ)
- ☐ Justice and Mental Health Collaboration Program (JMHP)
- ☐ Statistical Analysis Center (SAC)
- ☐ National Criminal History Improvement Program (NCHIP)
- ☐ Sexual Assault Kit Initiative (SAKI)
- ☐ Project Safe Neighborhoods (PSN)
- ☐ Comprehensive Opioid Abuse Program (COAP)
- ☐ Abuse in Later Life Program
- ☐ Linking Systems of Care (LSOC)
- ☐ Juvenile Detention Center Grant
- ☐ Domestic Violence Intervention (DVI)
- ☐ Coronavirus Emergency Supplemental Funding (CESF)
- ☐ Sex Offender Registration and Notification Act (SORNA)
- ☐ Prison Rape Elimination Act (PREA)
- ☐ Delinquency Prevention Program (DPP)
- ☐ Crisis Intervention Team (CIT) Training Program
- ☐ Improving Criminal Justice Response - High Risk Teams (HRT)
- ☐ Byrne State Crisis Intervention Program (Byrne SCIP)

If you select “Yes,” a list of grants will appear. Please select all that apply.

Supplement – 2. Accounting Documentation

Supplement - 2. Accounting Documentation

14 of 19

Download

Save

Save & Continue

Unique Entity Identifier (UEI)

Required.

Applicants are required to upload as a part of their application, a copy of a SAM registration showing the organization's "SAM Unique Entity ID". Refer to the "UEI Example Registration" provided. The SAM UEI number must also be entered into the "Unique Entity Identifier (UEI)" box below. Please note that effective March 31, 2022, the federal government will no longer use or reference DUNS numbers in SAM, and your DUNS number will no longer be shown on the SAM registration.

UEI Example Registration
UEI example.png

Unique Entity Identifier (UEI) *

UEI Registration *

Choose File

Accounting System and Financial Capability Questionnaire

Required.

Download the blank questionnaire. Upload your completed questionnaire below.

Please ensure signatures on the Accounting System and Financial Capability Questionnaire match those of Project Director, Official Budget Representative, and Financial Officer listed on the Sign Application form of this application.

Blank Accounting System and Financial Capability Questionnaire
Accounting Systems and Financial Capability Questionnaire.docx

Accounting System and Financial Capability Questionnaire *

Choose File

Federal Indirect Cost Rate Agreement

If applicable.

Applicant using a Federally Approved Indirect Cost Rate plan or negotiated indirect cost rate plan, must upload a copy of the document. If no document is provided, indirect costs requests will not be considered.

Federal Indirect Cost Rate Agreement

Choose File

2 C.F.R. 200

Non-federal entities that expend \$750,000 or more in federal funds (from all sources including pass-through subawards) in the organization's fiscal year are required to arrange for a single organization-wide audit conducted in accordance with the provisions of Title 2 C.F.R. Subpart F.

Has the applicant organization expended more than \$750,000.00 in federal funds during the applicant organization's fiscal year? *

☐ Yes

☐ No

Financial Resource Disclosure

Required.

Download the blank document. Upload your completed document below listing all funding sources and amounts required to support your program.

Financial Resource Disclosure Template
Financial Resource Disclosure.docx

Financial Resource Disclosure *

Choose File

Save

✓ Mark as Complete

Save & Continue

1. Click the link under "UEI Example Registration" for more information.

UEI Example Registration

UEI example.png

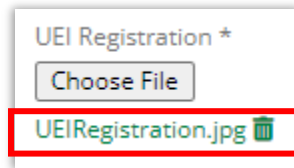
Unique Entity Identifier (UEI) *

UEI Registration *

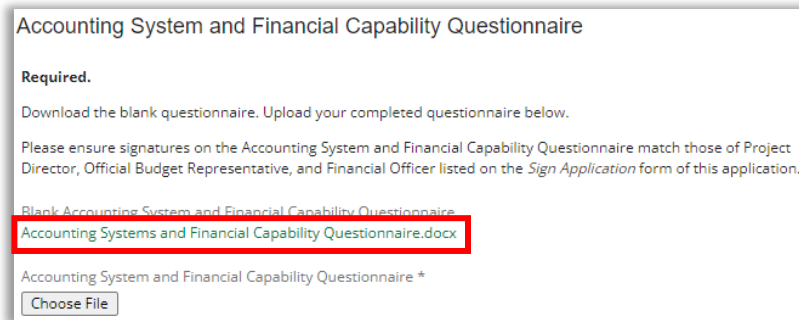
Choose File

2. When you have obtained your UEI, click "Choose File" and select the document you would like to upload.

When you have successfully uploaded your UEI, the filename will appear as a link below the "Choose File" button:



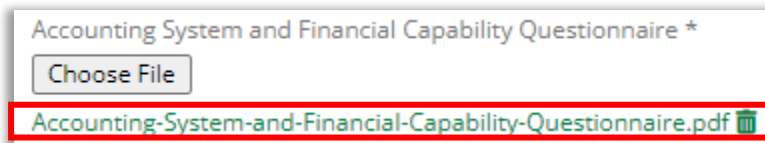
3. Click the link under "Blank Accounting System and Financial Capability Questionnaire" to download the blank form.



4. Fill out the blank form, print, sign, and scan.

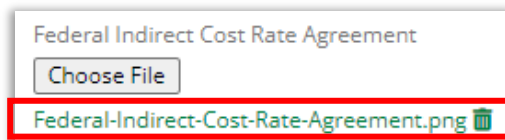
The signatures on your Accounting System and Financial Capability Questionnaire must match the signatures on your [signature page](#).

5. Click "Choose File" and select your scanned, signed form.



The filename will appear in green below the "Choose File" button when your signed, scanned form has been uploaded.

6. If using a Federally Approved Indirect Cost Rate plan or negotiated indirect cost rate plan, click "Choose File" under "Federal Indirect Cost Rate Agreement" and select the file.



The filename will appear in green below the "Choose File" button when your signed, scanned form has been uploaded.

-
7. Select "Yes" if your organization expended more than \$750,000.00 in federal funds during your fiscal year. Otherwise, select "No."

If "Yes" is selected, the following fields will appear:

2 C.F.R. 200

Non-Federal entities that expend \$750,000 or more in Federal funds (from all sources including pass-through subawards) in the organization's fiscal year are required to arrange for a single organization-wide audit conducted in accordance with the provisions of Title 2 C.F.R. Subpart F.

Has the applicant organization expended more than \$750,000.00 in federal funds during the applicant organization's fiscal year? *

☒ Yes
☐ No

If your organization's A-133 audit can be viewed online, please provide the URL.

If your organization's A-133 audit is available as a PDF, please upload it.

If your organization's A-133 audit can be viewed online, paste the URL in the text box.

OR

If your organization's A1-133 audit is available as a PDF, click the "Choose File" button and select it.

8. Click the link under "Financial Resource Disclosure Template" to download the template.

Financial Resource Disclosure

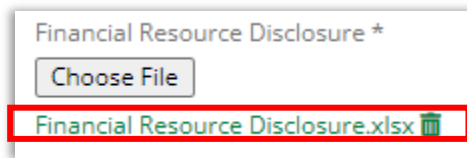
Required.

Download the blank document. Upload your completed document below listing all funding sources and amounts required to support your program.

Financial Resource Disclosure Template
[Financial Resource Disclosure.xlsx](#)

Financial Resource Disclosure *

9. Click "Choose File" and select your completed form.
-



The filename will appear in green below the "Choose File" button when your signed, scanned form has been uploaded.

10. When finished with the "Supplement – 2. Accounting Documentation" form, click "Mark as Complete."

Supplement – 3. MOUs



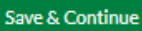
1. Click “Choose File” to upload any required/applicable documents.

The screenshot shows a web form titled "Supplement - 3. MOUs" with a progress indicator "15 of 19". At the top right are three green buttons: "Download" (with a file icon), "Save", and "Save & Continue". The form is divided into two sections. The first section, "Collaboration MOUs", includes the instruction "If applicable. Collaboration MOUs with original signatures (stamped or electronic signatures are not acceptable). Please combine all MOUs into one file for upload." and a "Choose File" button. The second section, "MOU for Crime Data Reporting", includes the instruction "If applicable. If the applicant organization is a unit of local government, MBCC requires the local government applicant (and/or group of applicants listed within a collaborative agreement) to be compliant with MBCC policy B-05, [Crime Data Reporting](#). For crime data reporting status, use the [data request form](#) available on the MBCC website." and another "Choose File" button. At the bottom of the form are three green buttons: "Save", "✓ Mark as Complete", and "Save & Continue".

2. When finished, click “Mark as Complete.”

Supplement – 4. Equal Employment Opportunity (EEO)

Supplement - 4. Equal Employment Opportunity (EEO)

 Download  Save  Save & Continue

16 of 19

Required.

The Equal Employment Opportunity (EEO) Reporting Tool is designed to assist recipients of DOJ financial assistance with meeting some of their related civil rights reporting requirements. Compliance with various federal civil rights standards and reporting is a condition of accepting federal financial assistance. Failure to meet these requirements could result in loss of current and/or future funding. However, use of this tool to prepare and submit required reports, while encouraged, is voluntary.


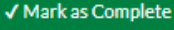
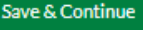
The online EEO Reporting Tool enables users to establish accounts and login credentials so that they can set up organization profiles, create and submit their certifications and utilization reports (if required), and then access the saved information in subsequent logins.

View detailed instructions and an example certificate below. Upload your completed certificate at the bottom of this page.

[EEO Reporting Tool Instructions](#)
[EEO-Reporting-Instructions.pdf](#)

[Example EEO Certification Form](#)
[Completed-EEOP-Redacted.pdf](#)

EEO Certification Form *


 Save  Mark as Complete  Save & Continue

1. Click the link under "EEO Reporting Tool Instructions" to download the EEO Reporting Instructions.
2. Click the link under "Example" EEOP Certification Form" for an example of what your EEOP certificate should look like.
3. Click "Choose File" and upload your EEOP Certification Form.
4. Click "Mark as Complete."

Supplement – 5. Special Assurances and Conditions

1. Click the link below “Blank Project Service Area Survey” to download the blank Service Area Survey.

Supplement - 5. Special Assurances and Conditions

 Download

Save

Save & Continue

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Assurances of Compliance with Nondiscrimination Provisions

Applicant will comply (and will require any subgrantees or contractors to comply) with any applicable federal nondiscrimination requirements, which may include the Omnibus Crime Control and Safe Streets Act of 1968, as amended (34 U.S.C. §§ 10228(c) & 10221(a) (c) & 10221(a)); the Victims of Crime Act of 1984, as amended (34 U.S.C. § 20110(e)); the Juvenile Justice and Delinquency Prevention Act (JJDP) of 1974, as amended (34 U.S.C. § 11182(b)); the Civil Rights Act of 1964, as amended (42 U.S.C. § 2000d); the Rehabilitation Act of 1973, as amended (29 U.S.C. § 794); the Americans with Disabilities Act of 1990, as amended (42 U.S.C. § 12132); the Education Amendments of 1972, as amended (20 U.S.C. § 1681); the Age Discrimination Act of 1975, as amended (42 U.S.C. § 6102); 28 C.F.R. pt. 31 (U.S. Department of Justice Regulations - OJJDP Grant Programs); Violence Against Women Act of 1994, as amended (34 U.S.C. § 12291(b)(13)); 28 C.F.R. pt. 42 (U.S. Department of Justice Regulations - Nondiscrimination; Equal Employment Opportunity; Policies and Procedures); Ex. Order 13559 (equal protection of the laws for faith-based and community organizations); and 28 C.F.R. pt. 38 (Partnerships with Faith-Based and Other Neighborhood Organizations).

In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, then recipient will forward a copy of the finding to the Office for Civil Rights, Office of Justice Programs and the MBCC. In accordance with federal civil rights laws, the applicant shall not retaliate against individuals for taking action or participating in action to secure rights protected by these laws. Applicants are required to take reasonable steps to ensure meaningful access to their services to persons who, as a result of their national origin, are LEP. To help applicants understand and meet this obligation, the DOJ published “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons”, which can be found at 67 Fed. Reg. 41455 (June 18, 2002) or at www.lep.gov (LEP Guidance).

Audit Requirement

Acceptance of this grant award requires the subgrantee organization or governmental entity to include this subgrant in the scope of their regularly scheduled annual or biennial audit. The audit must be conducted in accordance with the appropriate 2 C.F.R. 200.500-200.521 (Subpart F Audit Requirements).

1. Read through the Assurances of Compliance with Nondiscrimination Provisions, Audit Requirement, and Applicants Agreement section.

Applicant's Acknowledgment

The Official Budget Representative signature on the Signatures Page certifies agreement with these Special Assurances and Conditions.

Special Assurances and Conditions Provided to Applicant *

☒ Yes, I have read the above information.

Save

✓ Mark as Complete

Save & Continue

2. Select “Yes, I have read the above information” and click “Mark as Complete.”

Supplement – 6. Certifications

Supplement - 6. Certifications

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[Download](#) [Save](#) [Save & Continue](#)

Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-free Workplace Requirements; Law Enforcement and Community Policing

Required.

Review and complete the Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-free Workplace Requirements; Law Enforcement and Community Policing form. Upload your signed copy.

Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-free Workplace Requirements; Law Enforcement and Community Policing
[Certification-Lobbying,-Debarment,-Drug-Free-form.pdf](#)

Certifications *


[Choose File](#)

[Save](#) [✓ Mark as Complete](#) [Save & Continue](#)

1. Click the link in the section to download the "Certifications Regarding Lobbying; Debarment, Suspension and Other Responsibility Matters; Drug-free Workplace Requirements; Law Enforcement and Community Policing" form.
2. Click "Choose File" to upload the completed form.

Certifications *

[Choose File](#)

[Certification-Lobbying,-Debarment,-Drug-Free-form.pdf](#) 

The filename will appear in green below the "Choose File" button when your signed, scanned form has been uploaded.

3. Click "Mark as Complete."

Sign Application

Sign Application

19 of 19

[Download](#)[Save](#)[Save & Continue](#)

Designate Certifying Officials

This application requires original signatures of an Official Budget Representative, Project Director, and Financial Officer. Electronic and stamped signatures are not acceptable.

- The Official Budget Representative must be a person with budget-setting authority, generally a mayor, chairperson, or department director.
- The Project Director must be an employee of the applicant agency.
- Duplication of responsibilities by one individual for any position listed below is **not** acceptable.

The officials who certify this document, including Special Assurances and Conditions, agree to adhere to all terms and conditions relating to this application.

Signatures

Download the Signatures Page below and have the appropriate persons complete and sign. Scan and upload the completed form below.

Blank Signature Page
[SignaturePage.docx](#)

Signature Page *

Choose File

1. Carefully read the instructions under "Designate Certifying Officials."
2. Download the Blank Signature Page.
3. Print, fill out, sign, and scan the Blank Signature Page.
4. Click "Choose File" to upload the scanned, signed Signature Page.

-
5. Fill in all required fields for the Official Budget Representative, Project Director, and Financial Officer sections:

Official Budget Representative (City/County Commissioner, Mayor, etc.)

Budget Representative Name * This field is required.

Budget Representative Title * This field is required.

Budget Representative Phone (000-000-0000) * This field is required.

12

Budget Representative Email * This field is required.

Budget Representative Mailing Address Line 1 * This field is required.

Budget Representative Mailing Address Line 2

Budget Representative Mailing Address City * This field is required.

Budget Representative Mailing Address State Abbreviation (MT) * This field is required.

2

Budget Representative Mailing Address Zip * This field is required.

10

Project Director

Project Director Name * This field is required.

6. If the Official Budget Representative, Project Director, or Financial Officer changes at any point, please fill out the [Signature Page](#) on the MBCC [Subgrantee Resources page](#) and email it to your Program Staff point of contact.

Not sure who your MBCC Program Staff point of contact is? Search by grant program on the [Board Staff webpage](#).

Finalizing Application Forms

Name	Status
Program Information	Complete

Before submitting your applications, each form should be marked as “Complete” in the Status column.

Forms

[Help](#)
[Download](#)
[Save & Continue](#)

Name	Status	Print
Program Information	Complete	
Application Instructions	Complete	
Budget Instructions	Complete	
Performance Plan Instructions	Complete	
Application Processing and Award	Complete	
Response - 1. Project Information	Complete	
Response - 2. Project Personnel	Complete	
Response - 3. Budget Narrative	Complete	
Response - 4. Executive Summary	Complete	
Response - 5. Needs Statement	Complete	
Response - 6. Collaboration Plan	Complete	
Response - 7. Sustainability Plan	Complete	
Supplement - 1. Applicant Information	Complete	
Supplement - 2. Accounting Documentation	Complete	
Supplement - 3. MOUs	Complete	
Supplement - 4. Equal Employment Opportunity (EEO)	Complete	
Supplement - 5. Special Assurances and Conditions	Complete	
Supplement - 6. Certifications	Complete	
Sign Application	Complete	

< < 1 > >

25

items per page

1 - 19 of 19 items

Save & Continue

When you click “Save & Continue,” you will be taken to the Budget Page. If all Application Forms have been successfully completed, the tracker at the top of the page will look like this:



Budget (Match Not Required)

Budget

HelpDownloadSave & Continue

Budget View Settings

Options

☒ Line Items

Proposed Budget

Expense Budget

Category	Grant Funded	Total Budgeted
+ Personnel	\$0.00	\$0.00
+ Fringe Benefits	\$0.00	\$0.00
+ Travel	\$0.00	\$0.00
+ Equipment	\$0.00	\$0.00
+ Supplies	\$0.00	\$0.00
+ Contracted Services	\$0.00	\$0.00
+ Other	\$0.00	\$0.00
Total Expense Budget Cost	\$0.00	\$0.00

Revenue Budget

Grant Funding		
Award Requested	\$50,000.00	\$50,000.00
Subtotal	\$50,000.00	\$50,000.00
Non-Grant Funding		
Subtotal		\$0.00
Total Revenue Budget Cost		(\$50,000.00)
Total Overall Budget Cost		(\$50,000.00)

The Total Overall Budget Cost must be \$0.00

✓ Mark as CompleteSave & Continue

1. Click the "+" icon next to one of the Categories to add a new line item.

Expense Budget

Category	Grant Funded	Total Budgeted
+ Personnel	\$0.00	\$0.00

The New Line Item window will pop open.

New Line Item

Budget Item Information

Category: Personnel

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project.

Item Type: Non-Personnel

Name*:

Direct Cost*: \$0.00

Total Budgeted: \$0.00

Narrative:

Create Cancel

2. Ensure that the correct Item Type is selected.

Budget Item Information

Category: Personnel

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project.

Item Type: Non-Personnel

Name*:

Non-Personnel
Personnel

3. Enter all required information.

New Line Item

Budget Item Information

Category

Personnel

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project.

Item Type

Personnel

Name*

Taylor Smith

Direct Cost*

\$31,990.40

Total Budgeted

\$31,990.40

Narrative



1 FTE @ \$15.38/hr

Create

Cancel

4. Click "Create."

The line item will appear in the Expense Budget section:

Expense Budget			
Category		Grant Funded	Total Budgeted
+	Personnel	\$31,990.40	\$31,990.40
	Taylor Smith	  \$31,990.40	\$31,990.40
+	Fringe Benefits	\$0.00	\$0.00
+	Travel	\$0.00	\$0.00
+	Equipment	\$0.00	\$0.00
+	Supplies	\$0.00	\$0.00
+	Contracted Services	\$0.00	\$0.00
+	Other	\$0.00	\$0.00
Total Expense Budget Cost		\$31,990.40	\$31,990.40
Revenue Budget			
Grant Funding			
Award Requested		\$39,972.40	\$39,972.40
Subtotal		\$39,972.40	\$39,972.40
Non-Grant Funding			
Subtotal			\$0.00
Total Revenue Budget Cost		(\$39,972.40)	
Total Overall Budget Cost		(\$7,982.00)	
The Total Overall Budget Cost must be \$0.00			

The Total Revenue Budget Cost and Total Overall Budget Cost are calculated from the amount you entered in the Award Requested field in the Project Information form at the beginning of the application.

If you did not enter anything in the Award Requested field in Project Information before starting your Budget, you will get the following message under Total Overall Budget Cost.

This just means you'll need to navigate back to the Project Information page and enter the required information.

Revenue Budget		
Grant Funding		
Award Requested	\$0.00	\$0.00
Subtotal	\$0.00	\$0.00
Non-Grant Funding		
Subtotal		\$0.00
Total Revenue Budget Cost		\$0.00
Total Overall Budget Cost		\$39,972.40
The grant funded total cannot exceed the award requested on the Project Information page.		
The Total Overall Budget Cost must be \$0.00		

5. Add the rest of your line items:

New Line Item

Budget Item Information

Category

Fringe Benefits

Fringe benefits should be based on actual known costs.

Item Type

Non-Personnel

Name*

Fringe Benefits - Taylor Smith

Direct Cost*

\$7,982.00

Total Budgeted

\$7,982.00





Narrative

Total Fringe Benefits for Taylor Smith

Create

Cancel

Your Total Overall Budget Cost must equal \$0.00 before you can click "Mark as Complete".

Expense Budget			
Category		Grant Funded	Total Budgeted
+ Personnel		\$31,990.40	\$31,990.40
Taylor Smith	 	\$31,990.40	\$31,990.40
+ Fringe Benefits		\$7,982.00	\$7,982.00
Fringe Benefits - Taylor Smith	 	\$7,982.00	\$7,982.00
+ Travel		\$0.00	\$0.00
+ Equipment		\$0.00	\$0.00
+ Supplies		\$0.00	\$0.00
+ Contracted Services		\$0.00	\$0.00
+ Other		\$0.00	\$0.00
Total Expense Budget Cost		\$39,972.40	\$39,972.40
Revenue Budget			
Grant Funding			
Award Requested		\$39,972.40	\$39,972.40
Subtotal		\$39,972.40	\$39,972.40
Non-Grant Funding			
Subtotal			\$0.00
Total Revenue Budget Cost		(\$39,972.40)	
Total Overall Budget Cost		\$0.00	

Budget (Match Required)

Budget

HelpDownloadSave & Continue

Budget View Settings

Options

☒ Line Items☒ Non-Grant Funded

Proposed Budget

Expense Budget

Category	Grant Funded	Non-Grant Funded	Total Budgeted
+ Personnel	\$0.00	\$0.00	\$0.00
+ Fringe Benefits	\$0.00	\$0.00	\$0.00
+ Travel	\$0.00	\$0.00	\$0.00
+ Equipment	\$0.00	\$0.00	\$0.00
+ Supplies	\$0.00	\$0.00	\$0.00
+ Contracted Services	\$0.00	\$0.00	\$0.00
+ Indirect	\$0.00	\$0.00	\$0.00
+ Other	\$0.00	\$0.00	\$0.00
Total Expense Budget Cost	\$0.00	\$0.00	\$0.00

Revenue Budget

Grant Funding

Award Requested	\$19,986.20	\$19,986.20
Subtotal	\$19,986.20	\$19,986.20

Non-Grant Funding

Cash Match	\$19,986.20	\$19,986.20
In-Kind Match	\$0.00	\$0.00
Subtotal	\$19,986.20	\$19,986.20

Total Revenue Budget Cost (\$39,972.40)

Total Overall Budget Cost (\$39,972.40)

The Total Overall Budget Cost must be \$0.00

✓ Mark as CompleteSave & Continue

1. Click the "+" icon next to one of the Categories to add a new line item.

Expense Budget

Category	Grant Funded	Non-Grant Funded	Total Budgeted
+ Personnel	\$0.00	\$0.00	\$0.00

The New Line Item window will pop open:

New Line Item

Budget Item Information

Category: Personnel ▼

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project.

Item Type: Non-Personnel ▼

Name*:

Direct Cost*:

Non-Grant Funded: No ▼

Total Budgeted: \$0.00

Narrative:

Create Cancel

2. Ensure the correct Item Type is selected:

Budget Item Information

Category: Personnel ▼

List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project.

Item Type: Non-Personnel ▼

Name*:

Non-Personnel

Personnel

3. Add the total amount required to fund this line item (amount requested from MBCC + your match) in the Direct Cost text entry field.

The screenshot shows a web form titled "New Line Item". Under the "Budget Item Information" section, the following fields are visible:

- Category:** Personnel (selected from a dropdown)
- Item Type:** Personnel (selected from a dropdown)
- Name*:** Taylor Smith
- Direct Cost*:** \$31,990.40
- Non-Grant Funded:** No (selected from a dropdown)
- Total Budgeted:** \$31,990.40
- Narrative:** (empty text area)

At the bottom right of the form are two buttons: "Create" (green) and "Cancel" (grey).

In this example, the grand total needed to fund Taylor Smith's position is \$31,990.40 (\$15,995.20 MBCC funding, \$15,995.20 cash match). Therefore, \$31,990.40 should be entered into the Direct Cost field.

4. Next, select "Yes," from the Non-Grant Funded drop-down menu:

This image is a close-up of the "Non-Grant Funded" dropdown menu. The menu is open, showing three options: "No", "Yes", and "No". The "Yes" option is highlighted in blue. To the left of the dropdown, the text "Non-Grant Funded" and "Total Budgeted" are visible.

This will cause the Cash Match and In-Kind Match fields to appear:

A screenshot of a grant application form. The 'Non-Grant Funded' dropdown is set to 'Yes'. The 'Grant Funded' field shows '\$31,990.40'. The 'Cash Match' and 'In-Kind Match' fields both show '\$0.00'. To the right of each match field are 'Dollar' and 'Percentage' buttons, with 'Dollar' being the active selection. The 'Total Budgeted' field shows '\$31,990.40'. The 'Narrative' field is empty.

Non-Grant Funded	Yes		
Grant Funded	\$31,990.40		
Cash Match	\$0.00	Dollar	Percentage
In-Kind Match	\$0.00	Dollar	Percentage
Total Budgeted	\$31,990.40		
Narrative			

5. Since \$15,995.20 of the total will be covered by match, enter \$15,995.20 into the Cash Match field.

A screenshot of the same grant application form, but with updated values. The 'Direct Cost*' field now shows '\$31,990.40'. The 'Non-Grant Funded' dropdown remains 'Yes'. The 'Grant Funded' field is now '\$15,995.20' and is highlighted with a red box. The 'Cash Match' field is now '\$15,995.20'. The 'In-Kind Match' field remains '\$0.00'. The 'Total Budgeted' field remains '\$31,990.40'. The 'Narrative' field now contains text: 'Personnel -Sally Smith's full-time equivalent position at \$31,990.40 per year: Position Title (i.e. Victim Advocate) - Sally Smith 1 FTE @ \$15.38/hr. \$31,990.40 MBCC funding = .5 FTE (1040 hrs.) @'. The 'Dollar' buttons are still active.

Direct Cost*	\$31,990.40		
Non-Grant Funded	Yes		
Grant Funded	\$15,995.20		
Cash Match	\$15,995.20	Dollar	Percentage
In-Kind Match	\$0.00	Dollar	Percentage
Total Budgeted	\$31,990.40		
Narrative	Personnel -Sally Smith's full-time equivalent position at \$31,990.40 per year: Position Title (i.e. Victim Advocate) - Sally Smith 1 FTE @ \$15.38/hr. \$31,990.40 MBCC funding = .5 FTE (1040 hrs.) @		

As you can see above, the Grant Funded portion is now calculated and displayed.

Direct Cost*	<input type="text" value="\$31,990.40"/>	
Non-Grant Funded	<input type="button" value="Yes"/>	
Grant Funded	<input type="text" value="\$15,995.20"/>	
Cash Match	<input type="text" value="\$15,995.20"/>	<input checked="" type="button" value="Dollar"/> <input type="button" value="Percentage"/>
In-Kind Match	<input type="text" value="\$0.00"/>	<input type="button" value="Dollar"/> <input type="button" value="Percentage"/>
Total Budgeted	<input type="text" value="\$31,990.40"/>	
Narrative	<div> • Personnel -Sally Smith's full-time equivalent position at \$31,990.40 per year: Position Title (i.e. Victim Advocate) – Sally Smith 1 FTE @ \$15.38/hr. \$31,990.40 MBCC funding = .5 FTE (1040 hrs.) @ </div>	

Important Note: make sure "Dollar" is selected next to "Cash Match" or "In-Kind Match." Please do not select "Percentage" at this time. Currently, there is a bug in AmpliFund that causes a rounding error when Cash Match or In-Kind Match are entered as percentages. As a result, you will get the following error when you try to submit your application:

2021 STOP Violence Against Women Act (VAWA)

☒ Opportunity Details
 ☒ Project Information
 ☒ Application Forms
 ☒ Budget*
 ☒ Performance Plan*
 ☐ Submit

You are about to submit your application [REDACTED]

Take the time to review your application by using the timeline above. You can select any section and jump to that page

When the application is fully complete, please select the "Submit" button. This will submit your final application to the funder.

Your budget has errors that require your attention!

The **CORRECT** way to enter Cash Match or In-Kind Match (as a dollar amount):

Budget Item Information	
Category	Personnel
List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project.	
Item Type	Personnel
Name*	
Direct Cost*	\$90,487.98
Non-Grant Funded	Yes
Grant Funded	\$67,865.98
Cash Match	\$22,622.00
In-Kind Match	\$0.00
Total Budgeted	\$90,487.98

CORRECT

The **INCORRECT** way to enter Cash Match or In-Kind Match (as a percentage):

Budget Item Information	
Category	Personnel
List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project.	
Item Type	Personnel
Name*	
Direct Cost*	\$57,726.29
Non-Grant Funded	Yes
Grant Funded	\$43,294.72
Cash Match	25.00%
In-Kind Match	\$0.00
Total Budgeted	\$57,726.29

INCORRECT

6. Provide narrative detail about what the requested funds are for in the Narrative text-entry field.

Example: for the Taylor Smith personnel line item above, you could add the following to the Narrative field: "Taylor will be the Victim Advocate for Agency X. 50% funding requested for this position. The remaining funding will come from foundation funds as match".

7. Click "Create."

Proposed Budget			
Expense Budget			
Category	Grant Funded	Non-Grant Funded	Total Budgeted
+ Personnel	\$15,995.20	\$15,995.20	\$31,990.40
Taylor Smith	\$15,995.20	\$15,995.20	\$31,990.40
+ Fringe Benefits	\$0.00	\$0.00	\$0.00
+ Travel	\$0.00	\$0.00	\$0.00
+ Equipment	\$0.00	\$0.00	\$0.00
+ Supplies	\$0.00	\$0.00	\$0.00
+ Contracted Services	\$0.00	\$0.00	\$0.00
+ Indirect	\$0.00	\$0.00	\$0.00
+ Other	\$0.00	\$0.00	\$0.00
Total Expense Budget Cost	\$15,995.20	\$15,995.20	\$31,990.40
Revenue Budget			
Grant Funding			
Award Requested	\$19,986.20		\$19,986.20
Subtotal	\$19,986.20		\$19,986.20
Non-Grant Funding			
Cash Match		\$19,986.20	\$19,986.20
In-Kind Match		\$0.00	\$0.00
Subtotal		\$19,986.20	\$19,986.20
Total Revenue Budget Cost			(\$39,972.40)
Total Overall Budget Cost			(\$7,982.00)

As you can see, the line item was added, and we still have \$7,982.00 to account for.

2021 Victims of Crime Act (VOCA)



Project Information

Application Information

Application Name* 2021 VOCA ✓

How much are you requesting from the funder?

Award Requested*	\$19,986.20
------------------	-------------

How much are you planning to contribute to the budget?

Cash Match Requirement \$0.00

Cash Match Contributions*	\$19,986.20
---------------------------	-------------

In-Kind Match Requirement	\$0.00	
---------------------------	--------	---

In-Kind Match Contributions*	\$0.00
------------------------------	--------

Total Award Budget \$39,972.40

8. Add the rest of your line items:

New Line Item

Budget Item Information

Category

Fringe Benefits

Fringe benefits should be based on actual known costs.

Item Type

Non-Personnel

Name*

Fringe Benefits for Taylor Smith

Direct Cost*

\$7,982.00

Non-Grant Funded

Yes

Grant Funded

\$3,991.00

Cash Match

\$3,991.00

Dollar

Percentage

In-Kind Match

\$0.00

Dollar

Percentage

Total Budgeted

\$7,982.00





Narrative

costs for a full-time position.
MBCC funding = $\$7,982 \times .5 = \$3,991.00$
Other funding source (Foundation) =
 $\$7,982 \times .25 = \$1,995.50$
Other funding source (QVW Rural grant) =
 $\$7,982 \times .25 = \$1,995.50$

Create

Cancel

Your Total Overall Budget Cost must equal \$0.00 before you can click "Mark as Complete".

Expense Budget				
Category		Grant Funded	Non-Grant Funded	Total Budgeted
+ Personnel		\$15,995.20	\$15,995.20	\$31,990.40
Taylor Smith	 	\$15,995.20	\$15,995.20	\$31,990.40
+ Fringe Benefits		\$3,991.00	\$3,991.00	\$7,982.00
Fringe Benefits for Taylor Smith	 	\$3,991.00	\$3,991.00	\$7,982.00
+ Travel		\$0.00	\$0.00	\$0.00
+ Equipment		\$0.00	\$0.00	\$0.00
+ Supplies		\$0.00	\$0.00	\$0.00
+ Contracted Services		\$0.00	\$0.00	\$0.00
+ Indirect		\$0.00	\$0.00	\$0.00
+ Other		\$0.00	\$0.00	\$0.00
Total Expense Budget Cost		\$19,986.20	\$19,986.20	\$39,972.40
Revenue Budget				
Grant Funding				
Award Requested		\$19,986.20		\$19,986.20
Subtotal		\$19,986.20		\$19,986.20
Non-Grant Funding				
Cash Match			\$19,986.20	\$19,986.20
In-Kind Match			\$0.00	\$0.00
Subtotal			\$19,986.20	\$19,986.20
Total Revenue Budget Cost				(\$39,972.40)
Total Overall Budget Cost				\$0.00

If you did not enter anything in the Award Requested field in Project Information before starting your Budget, you will get the following message under Total Overall Budget Cost.

This just means you'll need to navigate back to the Project Information page and enter the required information.

Revenue Budget			
Grant Funding			
Award Requested	\$0.00		\$0.00
Subtotal	\$0.00		\$0.00
Non-Grant Funding			
Cash Match		\$0.00	\$0.00
In-Kind Match		\$0.00	\$0.00
Subtotal		\$0.00	\$0.00
Total Revenue Budget Cost			\$0.00
Total Overall Budget Cost			\$31,990.40
The cash match total cannot exceed the cash match on the Project Information page.			
The grant funded total cannot exceed the award requested on the Project Information page.			
The Total Overall Budget Cost must be \$0.00			

Performance Plan

In the Performance Plan of the application, you will identify the goals for your project. You will be required to report quarterly on your goals to evaluate the progress of your project.

The screenshot shows a web interface titled "Performance Plan". At the top right are three buttons: "Help", "Download", and "Save & Continue". Below the title is a tab labeled "Proposed Performance Plan". The main content area contains the text: "DVI Strategy: To develop or continue a misdemeanor probation or offender intervention program for offenders convicted of Partner Family Member Assault to increase offender accountability and victim safety and reduce recidivism.*". Below this text is a green "+ Add Goal" button. A note states: "A minimum of three and a maximum of five goals are required." Below the note is the text "No items for strategy". At the bottom of the form are two buttons: "✓ Mark as Complete" and "Save & Continue".

1. Click "Add Goal."

The New Goal window will pop open:

The screenshot shows a web interface titled "New Goal". Below the title is a tab labeled "Goal Information". The form contains the following fields: "Goal Type*" with a dropdown menu showing "Milestone"; "Name*" with a text input field; "Description" with a larger text input area; and "Due Date" with a text input field and a calendar icon. At the bottom left of the form is a green "Save" button.

-
2. Select the Goal Type that best fits your goal:

Milestone: track completion of grant milestones (i.e. will you complete X?). This adds the Due Date field:

A screenshot of a web form for creating a 'Milestone' goal. The form includes the following fields: 'Goal Type*' with a dropdown menu showing 'Milestone' selected; 'Name*' with a dropdown menu showing 'Milestone' and 'Numeric' options, and an adjacent text input field; 'Description' with a large text area; and 'Due Date' with a text input field and a calendar icon.

Numeric: capture a narrative response (i.e. How will you complete X?). This adds the Number To Be Achieved field:

A screenshot of a web form for creating a 'Numeric' goal. The form includes the following fields: 'Goal Type*' with a dropdown menu showing 'Numeric' selected; 'Name*' with a text input field containing 'Provide advocacy services to 150 primary c'; 'Number To Be Achieved*' with a text input field containing '150'; and 'Description' with a text area containing the text: 'The victims advocate will track each client using VS track. Our goal of 150 clients is an increase from the 120 individuals served from 2019-2021.'

3. Add all required information:

To achieve 95% average program completion rate by the end of the grant period.

Goal Information

Goal Type* Milestone

Name* To achieve 95% average program completi

Description Program manager will track the at-risk youth enrolled in the delinquency prevention program and work with providers to identify and address

Due Date 6/30/2024

Save

4. Click "Save."

The Goal will be added in the Proposed Performance Plan section:

Performance Plan Help Download Save & Continue

Proposed Performance Plan

DVI Strategy: To develop or continue a misdemeanor probation or offender intervention program for offenders convicted of Partner Family Member Assault to increase offender accountability and victim safety and reduce recidivism.*

+ Add Goal

A minimum of three and a maximum of five goals are required.

Provide advocacy services to 150 primary or secondary victims in Lewis and Clark County by the end of the grant period. 📝 🗑️

Numeric

The victims advocate will track each client using VS track. Our goal of 150 clients is an increase from the 120 individuals served from 2019-2021.

To achieve 95% average program completion rate by the end of the grant period. 📝 🗑️

Milestone

Program manager will track the at-risk youth enrolled in the delinquency prevention program and work with providers to identify and address barriers to completion. The program's current average completion rate is 85%.

✓ Mark as Complete **Save & Continue**

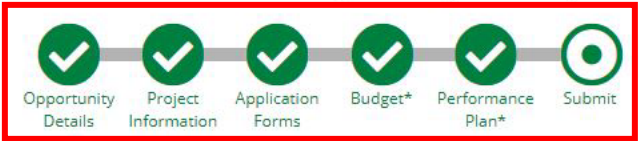
5. Click "Add Goal" to add the rest of your Goals.

You must enter a minimum of three goals--up to a maximum of five goals--before you can click the "Mark as Complete" button.

SUBMITTING YOUR APPLICATION

The application may be submitted when all sections (besides "Submit") on the progress tracker have green check marks:

2021 Sexual Assault Services Program (SASP)



You are about to submit your application, **2021 SASP Application**, to **Montana Board of Crime Control**.

Take the time to review your application by using the timeline above. You can select any section and jump to that page.

When the application is fully complete, please select the "Submit" button. This will submit your final application to the funder.

[Review](#) [Submit](#)

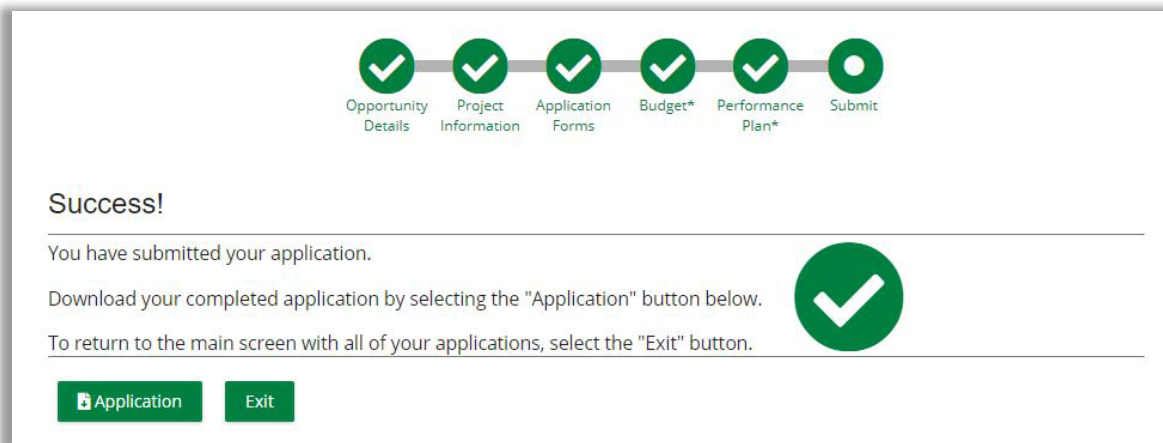
IMPORTANT NOTE: *once the application is submitted, applicants cannot go back in and edit any of the sections. Therefore, before submitting the application, it is recommended that the applicant either:*

Click each section on the progress tracker and review each section; and/or

Click the "Review" button to download and review a PDF version of the application and all uploaded documents.

When you are ready to submit your application, click the "Submit" button.

You will get the following message when you have successfully submitted your application:



An email will be sent to the primary contact listed on the Project Information (**not** the email address used for registration) stating that the application was successfully submitted.

IMPORTANT NOTE: *applicants cannot edit an application once submitted.*

While the applicants can withdraw an application and make edits to the withdrawn application, a withdrawn application can never be re-submitted.

QUESTION AND ANSWER SUBMISSION

Question and Answer Submission information can be found in the Question Submission Information section on the Opportunity Details page within each funding opportunity in AmpliFund.

1. Navigate to the [Funding Opportunities](#) page on the MBCC website:

MBCC Funding Opportunities

The grants listed below are the foundation for our *Building Blocks* to reduce crime and improve safety for Montana communities. Open the grant to view what the grant is about and what is required to apply.

****As MTIBRS is temporarily down, please use the [Crime in Montana Data Request Form](#)****

For more information about each grant program, please visit our [Grant Descriptions page](#).

2021 Funding Opportunities: [VOCA](#) | [VAWA](#) | [SASP](#) | [DVI](#) | [CESE](#)
2020 Funding Opportunities: [JRJ](#) | [VAWA Court](#) | [Tribal VOCA](#) | [Title II](#) | [RSAT](#) | [JAG](#)

2021 Funding Opportunities

[2021 VICTIMS OF CRIME ACT \(VOCA\)](#)

The funding opportunity is now open.

Apply: <https://tinyurl.com/mbcc-2021-voca>


Open Date: December 21, 2020
Close Date: February 1, 2021 at 12:00 p.m. noon
Questions & Answers: [VOCA Q&A](#)
The Question & Answer period is **open until January 22, 2021**.

Offeror's Call: Tuesday, January 5, 2020 - 11:00 a.m - 12:00 p.m.

- [Join Zoom Meeting](#)
- **Join by phone:** +1 646 558 8656 or +1 406 444 9999
- **Meeting ID:** 975 0790 2815
- **Password:** 837369

2. Locate the funding opportunity you would like to ask a question about and click the link next to "Apply."

You will be taken to the Opportunity Details page for the selected funding opportunity in AmpliFund:

Log In

2021 Victims of Crime Act (VOCA)

[Print](#)[Help](#)[Download](#)[Save](#)[Apply](#)

Opportunity Information

Title	2021 Victims of Crime Act (VOCA)
Description	<p>MBCC is soliciting proposals to offer comprehensive specialized services, tailored to the distinct needs of victims of crime under the Victims of Crime Act (VOCA), to be funded by the U.S. Department of Justice, Office of Justice Programs, Office for Victims of Crime. VOCA Federal Guidelines state that services are defined as those efforts that: 1.) respond to the emotional and physical needs of crime victims; 2.) assist primary and secondary victims of crime to stabilize their lives after a victimization; 3.) assist victims to understand and participate in the criminal justice system; and 4.) provide victims of crime with a measure of safety and security. For the purposes of this program, a crime victim is a "person who has suffered physical, sexual, financial, or emotional harm as a result of the commission of a crime." The four federally required service categories include victims of child abuse, victims of domestic violence, victims of sexual assault, and underserved victim populations.</p> <p>The application process is competitive. Previous funding does not guarantee an award during this funding cycle. Approximately \$5.4 million will be available during the project period, depending upon availability of federal funds. Because federal funds are not always available immediately following the award date, applicants should prepare for this contingency.</p> <p>Matching contributions of 20% (cash or in-kind) of the total cost of the VOCA project (federal funds plus local match) are required and must be derived from non-federal sources. All funds designated as match are restricted to the same uses as the federal funds and must be expended within the grant period. Applicants that are a Federally Recognized Tribe or provide services on a Native American reservation are not required to provide match. A match waiver may be requested through the MBCC. For more information, please refer to B-07 on the MBCC Policies and Bylaws webpage.</p>
Awarding Agency Name	Montana Board of Crime Control
Agency Contact Phone	444-3604
Agency Contact Email	mbcc-voca@mt.gov
Opportunity Manager	Casey Peck
Public Link	https://mt.amplifund.com/Public/Opportunities/Details/e73802ab-f9d4-4bde-abf7-5d14d1a9a01b

3. Scroll down to the Question Submission Information section:

Question Submission Information

Question Submission Close Date	1/22/2021 5:00 PM
Question Submission Email Address	mbcc-voca@mt.gov
Question Submission Additional Information	<p>Applicants having questions or requiring clarification or interpretation of any section within this application must address these issues via the email address listed above by the by the date listed above. Clear reference to the application section and item in question must be included in the request. Questions received after the close date will not be considered. Program-specific questions cannot be addressed during the solicitation period.</p> <p>Written responses to all questions received by the deadline will be posted in the Opportunity Details section of this application within seven calendar days. Applicants should consult the Question Submission response prior to posting a question to avoid duplication and prior to submitting an application to avoid missing potentially assistive material. Any other form of interpretation of this application will not be binding upon MBCC.</p>

[Attachments](#) [VOCA Q&A](#)

4. Follow the steps outlined in the Question Submission Additional Information section.

MBCC staff will review your question and post the answer within the timeframe outlined.

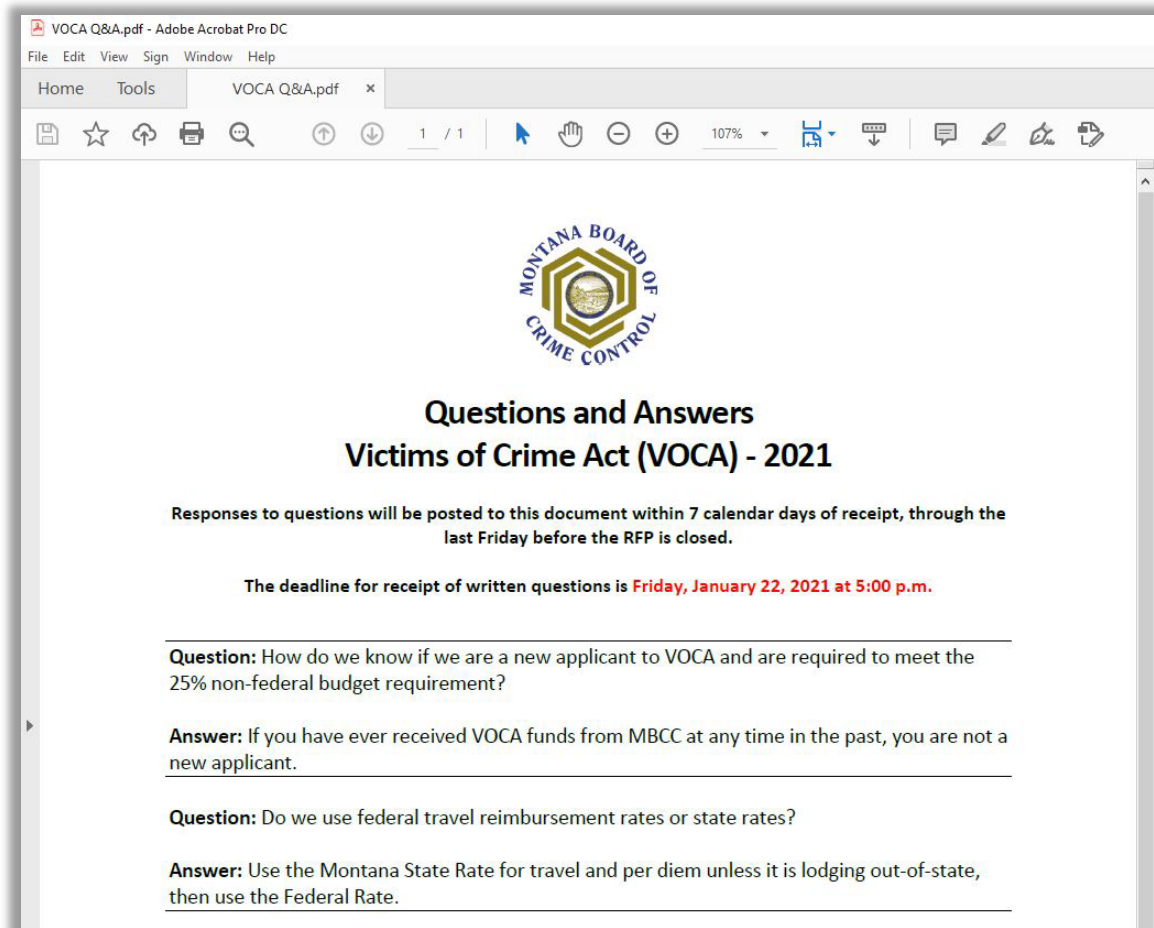
5. Your question and the answer will be posted in "Attachments:"

Question Submission Additional Information	<p>Applicants having questions or requiring clarification or interpretation of any section within this application must address these issues via the email address listed above by the by the date listed above. Clear reference to the application section and item in question must be included in the request. Questions received after the close date will not be considered. Program-specific questions cannot be addressed during the solicitation period.</p> <p>Written responses to all questions received by the deadline will be posted in the Opportunity Details section of this application within seven calendar days. Applicants should consult the Question Submission response prior to posting a question to avoid duplication and prior to submitting an application to avoid missing potentially assistive material. Any other form of interpretation of this application will not be binding upon MBCC.</p>
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[Attachments](#) [VOCA Q&A](#)

6. Click the link next to "Attachments" to download the Q&A document and view all questions and answers.

The Q&A document will be a PDF file that looks something like this:



If your question was not answered, please send an email to the address listed in the Opportunity Details page or by clicking the email link in the Q&A document.

Question Submission Information	
Question Submission Close Date	1/19/2024 5:00 PM
Question Submission Email Address	mbcc@mt.gov
Question Submission Additional Information	<p>Applicants having questions or requiring clarification or interpretation of any section within this opportunity must address these issues via the email address listed above by the date listed above. Clear reference to the application section and item in question must be included in the request. Questions received after the close date will not be considered. Program-specific questions cannot be addressed during the solicitation period.</p> <p>Written responses to all questions received by the deadline will be posted in the Opportunity Details section of this application within seven calendar days. Applicants should consult the Question Submission response prior to posting a question to avoid duplication and prior to submitting an application to avoid missing potentially assistive material. Any other form of interpretation of this application will not be binding upon MBCC.</p>
Attachments	DVI Q&A 2023-12-15