**New York State Office of Victim Services**

**2022 Application Checklist for Victims of Crime Act (VOCA)**

**Victim Services RFA**

|  |  |
| --- | --- |
| **Organization Name:** |  |
| **Program Name:** |  |

**Have you…….**

|  |  |
| --- | --- |
| **Task** | **Check if Complete** |
| **Confirmed that you will be able to meet the match requirement in Year 2 and Year 3?**  |[ ]
| **Verified that you are prequalified in the Grants Gateway on the application due date? (If applicable)** |[ ]
| **Completed all elements of the application in the RFA?** |[ ]
| **Completed & uploaded the “Performance Measurement Tool” form into the Consolidated Funding Application?** |[ ]
| **Completed & uploaded the “Volunteer Form” into the Consolidated Funding Application?** |[ ]
| **Completed & uploaded the “Annual Funding from All Other Sources” form into the Consolidated Funding Application?** |[ ]
| **Completed & uploaded the “Position Description Form” (PDF) that includes each position funded (and used as match) by this grant into the Consolidated Funding Application?** |[ ]
| **Completed & uploaded the “Future Funding” form, containing 2nd and 3rd year budgets into the Consolidated Funding Application?** |[ ]
| **Completed & uploaded the “Prorating Form” into the Consolidated Funding Application? (If applicable)**  |[ ]
| **Completed & uploaded the “Annual Fringe Benefits Budget Form” into the Consolidated Funding Application? (If applicable)**  |[ ]
| **Completed & uploaded the “Program Information Form” into the Consolidated Funding Application?** |[ ]
| **Completed & uploaded the “Priorities Categories” form into the Consolidated Funding Application?**  |[ ]
| **Completed & uploaded the “Counties Served” form into the Consolidated Funding Application?**  |[ ]