**ATTACHMENT 1**

**New York State Office of Victim Services**

**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, as per section 3.5 of the RFA?** |  |
| **Provided a justification for all the items requested in the budget?** |  |
| **Verified that you are prequalified in the Grants Gateway? (If applicable)** |  |
| **Completed all elements of the application in the RFA?** |  |
| **Completed & uploaded the “Performance Measurement Tool Form/Attachment C-1” into the Grants Gateway?** |  |
| **Completed & uploaded the “Volunteer Form” into the Grants Gateway?** |  |
| **Completed & uploaded the “Annual Funding from All Other Sources” form into the Grants Gateway?** |  |
| **Completed & uploaded the “Position Description Form” (PDF) that includes each position funded (and used as match) by this grant into the Grants Gateway?** |  |
| **Completed & uploaded the Excel spreadsheet, Futurefunding.xls, containing 2nd and 3rd year budgets?** |  |
| **Completed & uploaded the “De Minimis Rate Calculation” form? (if applicable)** |  |
| **Completed & uploaded the “Program Information Form”** |  |
| **Completed & uploaded the “Letter of Certification” form?** |  |
| **Completed & uploaded the Attachment 2- “Priorities Category”?** |  |
| **Completed & uploaded the Attachment B-Budget Worksheet- fringe, space, and telephone forms (if applicable)** |  |
| **Included this completed checklist in your submission?** |  |