## Organization Information and History:

1. Applicant’s Legal Name:
2. What month and year did your organization begin offering comprehensive services to survivors of family violence, domestic violence and dating violence and their children?
3. What is the mission of your organization?
4. How many unduplicated family violence clients, including adults and children, received services in fiscal year 2024 (September 2023 – August 2024)?
5. Does your organization operate a 24-hour-a-day shelter?
   1. If no, skip to the next section.

### **For Shelter Applicants Only**

1. What month and year did your organization begin offering shelter to survivors of family violence, domestic violence and dating violence and their children? If you have multiple shelters, please list the month and year for each shelter. Please be consistent in how you identify each shelter throughout your application.
2. What type(s) of emergency housing do you provide? Select All that apply:
   1. Emergency shelter
   2. A dedicated wing within another type of shelter
      1. Please describe:
   3. Hotel or motel
   4. Safe homes
   5. Other
      1. Please describe:
3. What is the total number of beds available in shelter? Please identify each shelter separately, and do not include cribs in your bed count.
4. What is the maximum number of people that you can provide shelter to at one time? Please identify each shelter separately.
5. How many unduplicated family violence clients, including adults and children, received shelter in fiscal year 2024 (September 2023 – August 2024)? Please provide information about each shelter separately.

## Demonstration of Unmet Community Need

1. How does your organization’s shelter and/or services identify and address unmet geographic **and** service needs in your community? Your community is defined as the primary counties you list as serving in Form XX: Counties Served and Services Chart.
2. How is the community made aware of your organization and its services?
3. How do survivors access your services? When are survivors able to access your services (ex. time of day).
4. Describe the coordination and support between your organization and other community services and local systems.

### If your organization has an Additional Shelter(s):

1. How does your additional shelter(s) address an unmet geographic or underserved need in the community where the shelter is located?

## Program Requirements and Service Delivery

1. Describe how your organization plans to provide a service model that is a) voluntary b) trauma-informed and c) respects individual’s needs. Please also describe how you train staff on this service model and monitor for effectiveness of this service model.
2. Describe how your organization works to meet the self-identified needs of clients, including how your organization provides the following services:
   1. 24-hour-a-day shelter if applying for a shelter center grant, or access to a 24-hour-a-day shelter if applying for a nonresidential center grant.
   2. 24-hour-a-day crisis hotline if applying for a shelter center grant, or access to a 24-hour-a-day hotline if applying for a nonresidential center grant.
   3. Access to emergency medical care
   4. Crisis and intervention services, including understanding and support, information, education, referrals, and other resources assistance
   5. Access to emergency transportation
   6. Economic and housing stability advocacy
   7. Physical, behavioral, and mental health advocacy
   8. Advocacy focused on the needs of children who are victims and the children of victims
   9. Advocacy focused on the civil and criminal legal system, including:
      1. Identifying individual needs, legal rights, and legal options, and
      2. Providing support and accompaniment in pursuing those options
   10. Ongoing safety planning services in collaboration with the self-stated priorities and needs of the victims of family violence
   11. Community education regarding family violence and family violence prevention efforts
   12. Counseling services
   13. Peer support services led by victims of family violence, including activities and other efforts that facilitate connections and the creation of community among victims of family violence.

## Program Administration and Readiness

1. Describe your organization’s length of services policy, and your organization’s length of stay policy if you have shelter(s). What are exceptions to this policy? What is the process when someone is exited from services?
2. How does your organization measure program and service effectiveness? Please include in your answer how you plan to comply with the requirements included in 2.8, Performance Measures and Monitoring, of this RFA.
3. How will your organization comply with the confidentiality requirements of the Family Violence Prevention and Services Act (FVPSA) and Chapter 93 of the Texas Family Code, Victim-Advocate Privilege?

## Organizational and Fiscal Stability

1. Describe your organization's accounting system and accounting processes. Include any accounting personnel on staff and their number of years of experience. If subcontracting for accounting services, identify the number of years your organization has contracted with this firm.
2. In the most recent independent audit, were any deficiencies identified?
   1. If yes, describe the deficiencies and the corrective actions taken to rectify the deficiency.
3. Per Human Resources Code §51.003, HHSC Grants awarded to Family Violence Centers shall not initially provide for more than 75 percent of the cost of the Family Violence Center, declining over a six-year period with no more than 50 percent of a family violence center program's funding to be provided by the state after the sixth year. Please describe how you will ensure HHSC is not providing for more than the allowable percentage of funding, as applicable to the corresponding contract year of your organization.

## Proposal Attachments

Applicants must submit the following with the completed Form C: Narrative Proposal

* Current organizational chart which includes staff title and any vacancies at the time of application.
* Current Board structure and member information including vacancies at the time of application. Please include the name, email address, telephone number, title and occupation of each member of the Board of Directors or any other principal officers. Indicate the office held by each member.
* One (1) letter of support from the Board, addressed to HHSC, regarding the work of your organization that demonstrates the Applicants ability to perform the services described in the RFA.
* One (1) letter of support, on supporting agency’s letterhead, addressed to HHSC, regarding the work of your organization that demonstrates the Applicants ability to perform the services described in the RFA. The letter of support may be from other funding agencies or community organizations.
* Most recent two (2) years of independent audited financial statements or single audits.
* If applicable, a copy of the certificate of the approved indirect cost rate.
* Proof of coverage of all applicable required insurance for the organization, including Workers’ Compensation, Commercial General Liability, Comprehensive Automobile, Umbrella, Cyber/Privacy Liability, and Professional Liability.