

ELIGIBILITY CHECKLIST

Agency Name: _____

Egrants ID#: _____

In order to apply for and receive funds under the SAVS grant program, organizations must check the box next to all of the following. Inability to check any statement will disqualify the application.

- Applicant is a nonprofit corporation or public agency.
- Applicant provides or proposes to provide all of the following sexual assault victim services:
- Advocacy and counseling services
 - Crisis telephone service, 24 hours per day, 7 days per week
 - Professional intervention and prevention education programs for sexual assault victims and the community
 - Services for victims with special needs or who are hard to reach including people living in rural areas, men, children, people who are elderly, people with disabilities, minority groups, etc. (Applicants are not required to provide services to any group of persons that does not reside in the applicant's service area.)
- Applicant does not provide the entire list of victim services (above) by contract, subcontract, service agreement or collaborative agreement with other organizations, entities or individuals.
- Applicant does not receive more than 70% of its operating budget from this grant program.

The undersigned is authorized to submit the application on behalf of the applicant agency. The information contained herein is, to the best of my knowledge and belief, complete and accurate. I also affirm that this agency meets the criteria stated above.

Signature of Authorizing Official

Date