

2022 CaVCB Trauma Recovery Center (TRC) Grant Application

APPLICATION PACKAGE CHECKLIST

- Title Page: Fill in responses to 1 – 10 and attach to the front of the Program Narrative
- Program Narrative: Numbered responses to narrative qualifications 1-6 (no more than two pages per response) **(60 points)**
- 2022 Budget Worksheet **(10 points)**
- Budget Narrative (include description of additional funding sources) **(10 points)**
- Time Task Plan **(7 points)**
- Client Flow Chart **(5 points)**
- Organizational Chart **(5 Points)**
- Letters of Support (no more than three with at least one from a law enforcement agency and one from a community-based organization) **(3 Points)**

1. **Legal name of the applicant organization:**
2. **Proposed (or current) 3-letter abbreviation for CaVCB internal use (please use when referring to your TRC throughout this application):**
3. **Total amount requested for the 2-year grant cycle:**
4. **Location(s) at which services shall be provided:**
5. **Mailing address:**
6. **Schedule of days of the week and hours during which services shall be provided:**
7. **Project representative: (Name, Phone, Fax, Email)**
8. **Project contact with signing authority: (Name, Organization, Address, Phone, Fax, Email)**
9. **Geographic area the applicant will serve, including crime rate:**
10. **Performance Measures Estimates:**



Projected Number of Clients to be Served During the Grant Cycle

2 Year Grant	Number of New Clients	Unduplicated Clients to Receive Mental Health Treatment	Unduplicated Clients to Receive Case Management Services
Year One			
Year Two			

Number of Trainings, Outreach and Collaboration Events Provided During the Grant Cycle

2 Year Grant	Trainings	Outreach Events	Collaboration Events
Year One			
Year Two			