

# 2023 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)**
- 2023 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:**

<b>Projected Number of Clients to be Served During the Grant Cycle</b>			
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			
<b>Number of Trainings, Outreach and Collaboration Events Provided During the Grant Cycle</b>			
2 Year Grant	Trainings	Outreach Events	Collaboration Events
Year One			
Year Two			