

# STATE VIOLENCE PREVENTION GRANT PROGRAM APPLICATION



## CATEGORY C – CRIMINAL JUSTICE-BASED INITIATIVES

The State Violence Prevention Grant Program is administered by the Wisconsin Department of Administration (DOA) and supported by up to \$10 million in American Rescue Plan Act of 2021 (ARPA) federal funding. The purpose of this Program is to provide funding to support, replicate, and expand effective, evidence-based or evidence-informed violence reduction initiatives, particularly in communities disproportionately impacted by violence.

Additional details, including the Grant Announcement, a link to this Application, and Application Instructions are available on the Program website: <https://doa.wi.gov/Pages/ViolencePrevention.aspx>. Applicants must submit one (1) electronic copy of all required materials no later than **January 16, 2026, at 2:00 PM** Central Time via the electronic application portal. Please reach out to [ovp@wisconsin.gov](mailto:ovp@wisconsin.gov) with any questions regarding this form.

### SECTION 1. APPLICANT INFORMATION

Organization Legal Name: \_\_\_\_\_

Doing Business As (Optional): \_\_\_\_\_

Organization Street Address: \_\_\_\_\_

Organization City: \_\_\_\_\_

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Organization State: \_\_\_\_\_ Organization Zip code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Organization Website, if any (URL): \_\_\_\_\_

DFI Entity ID: \_\_\_\_\_ EIN: \_\_\_\_\_

**SECTION 1. APPLICANT INFORMATION** *(continued)*

Remit Contact Person (If different from contact person above): \_\_\_\_\_

Remit Organization Street Address: \_\_\_\_\_

Remit City: \_\_\_\_\_

Remit State: \_\_\_\_\_

Remit Zip code: \_\_\_\_\_

Please list the Wisconsin counties in which the organization operates:

\_\_\_\_\_

Program category you are applying for:

**Category C: Criminal Justice-Based Initiatives**

Applicants shall apply for funding in one category per application.

An applicant may apply for funding in multiple categories through submission of separate specific category applications.

Please see the Grant Announcement, Section 6.0 Narrative, for example activities for each category.

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## SECTION 2. NARRATIVE

The purpose of this section is to provide the State with a basis for evaluating the applicant's eligibility for funding and ability to carry out the project. This portion of the application will be scored so please answer all questions completely and be specific when answering. Applicants shall concisely provide responses for EACH question. Please see the Grant Announcement document under Section 6.0 Narrative for example activities by Category. Applicants shall provide no more than 1750 characters (approximately 300 words) for each response, unless otherwise noted.

**2.1.1 Applicant Mission.** Please describe the mission of the applicant organization and as it relates to providing services and programming to promote criminal justice-based violence prevention initiatives.  
*(1750 characters maximum, approx. 300 words)*

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**2.1.2 Organizational Experience.** Describe the organization's experience implementing and managing criminal justice-based violence reduction initiatives, services, and programming. Identify specific communities served and outcomes of programming. If the applicant is contracting with an organization to provide services, please include a description of that agency's expertise in the related field, if known, and if unknown how a qualified subcontracted organization will be selected (including proposed subcontracting application material). Additionally, if a subcontractor will be used, please identify the project deliverables to be carried out by the subcontractor. *(2250 characters maximum, approx. 375 words)*

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**2.1.3 Services/Programming Proposed.** Provide a detailed narrative of services and/or programming to be provided during the grant period and how the services and/or programming will work within the criminal justice system to promote safer communities and focus on violence prevention and intervention strategies. Please include a timeline of activities and any known staff assigned to activities. If staff are identified, please be sure to briefly explain their qualifications to carry out the activities. (2250 *characters maximum, approx. 375 words*)

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**2.1.4 Populations Intended to be Served.** Describe the community or population(s) intended for the activities, along with a description of the existing barriers to safety experienced by them and how these barriers will be addressed by the services and/or programming provided. *(1750 characters maximum, approx. 300 words)*

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**2.1.5 Estimated Number of Wisconsin Residents Served.** Explain the number of Wisconsin residents in qualified census tracts or communities disproportionately impacted by the COVID-19 pandemic served by your organization currently and the estimated number that will be served during the grant period. *(1750 characters maximum, approx. 300 words)*

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### SECTION 3. BUDGET

In Section 3, identify eligible expenses for which grant funding is requested. Similar expenses may be grouped. For example, salary and fringe for multiple staff performing similar duties may be combined on a single line.

The Program will accept anticipated dates, anticipated vendors/sources and anticipated amounts for expenses that have not yet been incurred but will be incurred prior to the end of the eligible period.

Further details regarding eligible expenses can be found in the Grant Announcement.

#### **ARPA ALLOWABLE EXPENSES**

DOA will review Section 3. Budget and the application and will make awards for budget items that are reasonably consistent with ARPA requirements and Program provisions. DOA's award of such funds, however, is not dispositive as to whether any particular cost or expense meets the criteria set forth in the ARPA. Per the State Violence Prevention Grant Program ("Program") Grant Announcement and forthcoming language in resulting Grant Agreements, organizations retain responsibility for demonstrating eligibility of expenses and are required to hold DOA harmless for any audit disallowance related to the eligibility of expenses, including repayment of ineligible amounts. Organizations should consult with their own legal counsel to discuss whether any particular cost meets the eligibility criteria set forth in the ARPA.

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### Section 3.1 C: Criminal Justice-Based Initiatives

Identify eligible expenses for which grant funding is requested (December 5, 2025, through December 31, 2026). Similar expenses may be grouped. For example, salary and fringe for multiple staff performing similar duties may be combined on a single line.

Anticipated Expense Date	Expense Description	Anticipated Expense Amount
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	Category C: Anticipated Total for Eligible Expenses (auto populated):	

### **3.2 Budget Summary**

Category C Request Amount (auto populated): \_\_\_\_\_

Total Request Amount (auto populated): \_\_\_\_\_

**Applicants shall apply for funding in one category per application.**

**An applicant may apply for funding in multiple categories through submission of separate specific category applications.**

**Please see the Grant Announcement, Section 6.0 Narrative, for example activities for each category.**

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#### SECTION 4. ATTESTATIONS AND REQUIRED SIGNATURE

##### Applicant Attestations

In accordance with applicable provisions of the Federal American Rescue Plan Act of 2021 and State Violence Prevention Grant Announcement provisions, eligible applicants must certify the following:

YES NO

		1. The applicant has been in operation since at least January 1, 2024.
		2. The applicant is registered with the Wisconsin Department of Financial Institutions and has one of the following statuses as of the Grant Announcement closing date: “restored to good standing”, “incorporated/qualified/ registered”, “organized”, or “registered”.
		3. The applicant conducts operations and has an administrative presence in Wisconsin.
		4. The organization will maintain for at least five years records sufficient to demonstrate that the expenses were compliant with applicable American Rescue Plan Act provisions.
		5. The organization has exercised reasonable care and made all reasonable efforts to obtain and submit accurate information.

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### Financial Capability Questionnaire

Due to the condensed grant period, applicants must complete the financial capability questionnaire below.

YES	NO	
		1. Has your organization received federal assistance funds (either as a direct recipient or from a pass-through entity such as the State of Wisconsin) in the last five years? 1a. If yes, list the following for each grant: awarding agency, amount awarded, and funding type (reimbursement, advance payment, or combination).
		2. Within the last five years, have the individuals responsible for administering grant funds had experience in regular financial and programmatic progress reporting (such as completing desk monitoring, properly supporting grant expenditures through sufficient documentation during financial monitoring and auditing, and timely responding) to a grantor?
		3. Has the organization ever had frequent (more than twice a year) delinquent reports (15 days or greater past due) or <a href="#">questioned costs</a> ? 3a. If yes, please provide further details including: awarding agency, fund source, what were the delinquencies or deficiencies, and how were the delinquencies and deficiencies remedied?
		4. Has the organization ever had a federal award suspended or terminated for non-compliance? 4a. If yes, please provide further details including: awarding agency, fund source, and specific reason for suspension or termination.
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5. Which of the following best describes the organization's accounting system?		
Manual	Automated	Combination
6. To manage the increased reporting requirements, does the organization perform financial management in-house (by specialized accounting staff), outsource to specialized contracted individuals, or neither?		
In-House	Outsourced/Contracted	Neither

Any additional information pertaining to financial capabilities that the applicant would like to include:

**Applicant Authorized Representative – Grant Preparer**

The signatory below certifies that, to the best of his/her knowledge and belief, the information contained in the ARPA State Violence Prevention Grant Program Application, including all attestations and attachments, is true, accurate, and complete. The undersigned has authority to make the above attestations and the intent and legal authorization to agree to them on the organization's behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Additional Authorized Representative -If Applicable**

The signatory below certifies that, to the best of his/her knowledge and belief, the information contained in the ARPA State Violence Prevention Grant Program Application, including all attestations and attachments, are true, accurate, and complete. The undersigned has authority to make the above attestations and the intent and legal authorization to agree to them on the organization's behalf.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## **SECTION 5. APPLICATION ATTACHMENTS**

- Attachment A: IRS Form W-9 **(Required)**
- Attachment B: Form DOA 3027: Designation of Confidential and Proprietary Information (Optional)
- Attachment C: Proposed Subcontract Material (Optional)

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