

**STATE OF SOUTH CAROLINA  
DEPARTMENT OF PUBLIC SAFETY  
VICTIMS OF CRIME ACT GRANT APPLICATION**

Grant #   
App # T16553

**To Be Completed by Project Director**

**Section 1**

County Name: 23 - GREENVILLE   
Other county/counties this project will serve:

**Section 2**

Grant Period:   
Begin: 4/1/2017  
End: 9/30/2017

**Section 3**

Project Title: Victim Advocate

**Section 4**

Project Summary (max. 300 characters): A Victim Advocate to work with crime victims in the Solicitor's Office

**Section 5**

Type of Application

a. Initial   
b. Year of Funds : 1   
Other:(Specify)   
c.

**Section 6**

a. Organization Type : County   
Other:(Specify)   
b. U. S. Congressional District 04

**Section 7**

Agency DUNS number\*:  
(fedgov.dnb.com/webform) 077991206

Has your agency registered with Central Contractor Registration (CCR)?\* **Yes**  
(www.sam.gov)

For **Central Contractor Registration (CCR) handbook** click here.

\* This data is not required to submit this application but will become necessary for federal reporting requirements if this project is awarded.

FEIN: 576000356  
Agency Name: County of Greenville  
Address: 301 University Ridge  
City: Greenville  
State: South Carolina

(Please use the Name/Address above instead of this field)  
Name and Address of Implementing Agency

10 Digit Zip   
 (Area) Phone #:   
 (Area) Fax #:

**COMPLETE PAGES 2&3 BEFORE COMPLETING THIS SECTION**

Section 8

**BUDGET**

Use whole dollars only (For example: \$1,500 not \$1,500.00)

a. BUDGET CATEGORIES	GRANTOR	AGENCY MATCH	TOTAL
Personnel	<input type="text" value="\$43,123"/>	<input type="text" value="\$10,781"/>	<input type="text" value="\$53,904"/>
Contractual Services	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Travel	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Equipment	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
Renovation/Construction	N/A	N/A	N/A
Other	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>	<input type="text" value="\$0"/>
<b>TOTAL:</b>	<input type="text" value="\$43,123"/>	<input type="text" value="\$10,781"/>	<input type="text" value="\$53,904"/>
b. PERCENTAGE	80%	20%	100%

Section 9

APPROPRIATION OF NON-GRANTOR MATCHING FUNDS

Other (Explain):

WHOLE DOLLARS ONLY		BUDGET DESCRIPTION				Page 2	
MATCHING FUNDS CATEGORIES			GRANTOR	CASH	IN-KIND	TOTAL	
<b>PERSONNEL</b>							
SALARIES							
Position Title	% of Time On Project	Quantity					
Victim Advocate	100	1	\$29,710	\$7,428	\$0		\$37,138
TOTAL SALARIES:			\$29,710	\$7,428	\$0		\$37,138
<b>EMPLOYER CONTRIBUTIONS (Fringe Benefits)</b>							
Social Security & Medicare (FICA)			\$2,274	\$568	\$0		\$2,842
Retirement			\$3,434	\$859	\$0		\$4,293
Worker's Compensation Insurance			\$101	\$25	\$0		\$126
Unemployment Insurance (on first \$7,000 only)			\$200	\$100	\$0		\$300
Health Insurance			\$7,256	\$1,814	\$0		\$9,070
Dental Insurance			\$246	\$62	\$0		\$308
Pre-Retirement Death Benefit			\$100	\$25	\$0		\$125
Accident Death Benefit (Police Officers)			\$0	\$0	\$0		\$0
Other Employer Contributions (Itemize)			\$0	\$0	\$0		\$0
<b>TOTAL EMPLOYER CONTRIBUTIONS:</b>			\$0	\$0	\$0		\$0
TOTAL PERSONNEL:			\$43,123	\$10,781	\$0		\$53,904
<b>CONTRACTUAL SERVICES:</b>							
(Itemize - DO NOT include professional fees for doctors, psychologists, etc. )							
			\$0	\$0	\$0		\$0
TOTAL CONTRACTUAL SERVICES			\$0	\$0	\$0		\$0
<b>TRAVEL:</b>							
(Itemize-include mileage, airline cost, lodging, per diem, parking, car rental)							
			\$0	\$0	\$0		\$0
TOTAL TRAVEL:			\$0	\$0	\$0		\$0

USE WHOLE DOLLARS ONLY	BUDGET DESCRIPTION				Page 3
<b>MATCHING FUNDS</b>					
<b>CATEGORIES</b>	GRANTOR CASH	IN-KIND	TOTAL		
<b>EQUIPMENT (\$1,000 or more per Unit):</b>					
<small>(Itemize - DO NOT USE BRAND NAME.- Also, DO NOT include leased or rented items)</small>					
ITEM	QUANTITY				
<input style="width: 90%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 50px;" type="text" value="\$0"/>	<input style="width: 50px;" type="text" value="\$0"/>	<input style="width: 50px;" type="text" value="\$0"/>	<input style="width: 50px;" type="text" value="\$0"/>
TOTAL EQUIPMENT:		<input style="width: 50px;" type="text" value="\$0"/>	<input style="width: 50px;" type="text" value="\$0"/>	<input style="width: 50px;" type="text" value="\$0"/>	<input style="width: 50px;" type="text" value="\$0"/>
<b>RENOVATIONS/CONSTRUCTION: (Describe)</b>					
TOTAL RENOVATIONS/CONSTRUCTIONS:		N/A	N/A	N/A	N/A
<b>Other (Itemize)</b>					
<input style="width: 90%;" type="text"/>		<input style="width: 50px;" type="text" value="\$0"/>	<input style="width: 50px;" type="text" value="\$0"/>	<input style="width: 50px;" type="text" value="\$0"/>	<input style="width: 50px;" type="text" value="\$0"/>
TOTAL OTHER:		<input style="width: 50px;" type="text" value="\$0"/>	<input style="width: 50px;" type="text" value="\$0"/>	<input style="width: 50px;" type="text" value="\$0"/>	<input style="width: 50px;" type="text" value="\$0"/>

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<b>BUDGET NARRATIVE</b>
List items under each Budget Category heading. Explain exactly how each item in your budget (both grantor and match) will be utilized. It is important that the necessity of these items, as they relate to the operation of the project, be established. Dollar amounts DO NOT have to be provided.
The single budget item to be covered by both grantor and match funding will be for the salaried employment of a Victim's Advocate to assist victims of domestic violence and other crimes being prosecuted by the seven newly hired prosecutors.

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<b>BUDGET NARRATIVE (Continued)</b>
Funds will be used to provide salary and benefits for one Victim Advocate in the Thirteenth Judicial Circuit Solicitor's Office.

GRANT NO.

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### ACCEPTANCE OF AUDIT REQUIREMENTS

**PLEASE NOTE: State Agencies whose annual audit is covered by the State Auditor's office do not have to complete this form.**

We agree to have an audit conducted in compliance with OMB Circular A-133, whichever is applicable. If a compliance audit is not required, at the end of each audit period we will certify in writing that we have not expended the amount of federal funds that would require a compliance audit (\$500,000). If required, we will forward for review and clearance a copy of the completed audit(s), including the management letter if applicable, to:

Stephen Fulmer, Manager  
Accounting - Grants, D1  
S.C. Department of Public Safety  
P.O. Box 1993  
Blythewood, SC 29016

The following is information on the next organization-wide audit which will include this agency: (Use your Agency's fiscal year)

1. \*Audit Period: Beginning  Ending
2. Audit will be submitted to Accounting - Grants by:   
(Date)

**NOTE: The audit or written certification must be submitted to Accounting - Grants, S.C. Department of Public Safety, no later than the ninth month after the end of the audit period.**

Additionally, we have or will notify our auditor of the above audit requirements prior to performance of the audit for the period listed above. We will also ensure that, if required, the entire grant period will be covered by a compliance audit which in some cases will mean more than one audit must be submitted. We will advise the auditor to cite **specifically** that the audit was done in accordance with OMB Circular A-128 or OMB A-133 or in compliance with generally accepted accounting principles in accordance with the Government Auditing Standards, whichever is applicable.

Any information regarding the OMB Circular audit requirements will be furnished by Accounting - Grants, S.C. Department of Public Safety, upon request.

**\*NOTE: The Audit Period is the organization's fiscal or calendar year to be audited.**

**Failure to complete this form will result in your grant award being delayed and/or cancelled.**