

OVW FY 2026 TRIBAL SEXUAL ASSAULT SERVICES PROGRAM APPLICATION: PROPOSAL NARRATIVE TEMPLATE

Grants.gov Opportunity Number: O-OVW-2026-172630

The Grants.gov deadline is September 1, 2026, 11:59 PM ET and the JustGrants deadline is September 3, 2026, 4:59 PM ET.

Instructions

This completed Proposal Narrative Template may be submitted to meet the Proposal Narrative application requirement for the FY 2026 Tribal Sexual Assault Services Program Notice of Funding Opportunity (NOFO) grant application. This document may be saved and uploaded to JustGrants with the application as a Word or PDF file.

The file should be saved as/named: APPLICANTNAME_TSASP_NARRATIVE and should not exceed 15 pages when submitted.

Applicants can make the following changes to this template:

- Delete table rows that are not applicable
- Delete the instruction page and any additional instructions on subsequent pages
- Add or delete tables as necessary

NOTE: Edits can be made to this document if they comply with the formatting requirements provided in the NOFO.

PURPOSE OF THE PROJECT

Purpose of the Project	
Applicant Name	
Describe the communities that will be served.	
Please indicate if you are addressing an Agency Funding Priority.	☐ Combatting human trafficking and transnational crime, particularly crimes linked to illegal immigration, transnational criminal organizations, and cartel operations, including projects that strengthen law enforcement investigation and prosecution while supporting safety and justice for trafficking victims who have also suffered domestic/dating violence, sexual assault, and/or stalking. ☐ Projects primarily dedicated to direct victim services, particularly in small towns and rural, remote, and Tribal communities.
Say why you are applying for the grant.	

WHAT WILL BE DONE

What Will be Done	
Project Goal #1	
Activities	
Deliverables (if applicable)	
Timeline	
Staff/Partner Responsible	
How will you know you have achieved this goal?	

What Will be Done	
Project Goal #2	
Activities	
Deliverables (if applicable)	
Timeline	
Staff/Partner Responsible	
How will you know you have achieved this goal?	

What Will be Done	
Project Goal #3	
Activities	
Deliverables (if applicable)	
Timeline	
Staff/Partner Responsible	
How will you know you have achieved this goal?	

WHO WILL IMPLEMENT THE PROJECT

Who Will Implement	
Staff Member (if known) or Partner Organization	
Position/Title	
Percentage of Time/Effort allocated to the project	
Summary of Duties/Responsibilities	
Qualifications	

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