

Appendix C: Proposal Narrative Template

OVW FY 2025 Tribal Sexual Assault Services Program Application: Proposal Narrative Template

Grants.gov Opportunity Number: O-OVW-2025-172403

The Grants.gov deadline is 11:59 PM ET, September 23, 2025, and the JustGrants deadline is 8:59 PM ET, September 25, 2025.

- This Proposal Narrative Template may be submitted to meet the Proposal Narrative application requirement for the FY 2025 Tribal Sexual Assault Services Program (TSASP) grant application.
- This document may be saved and uploaded to JustGrants with the application as a Word or PDF file.

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

Required Sections: Applicants may choose to submit the standard Proposal Narrative **OR** this Proposal Narrative Template. Guidance can be found in the [Proposal Narrative](#) section of the FY 2025 TSASP NOFO available on the [OVW Open NOFOs page](#).

Please note that **ALL** three sections within this template must be completed if submitting as the application Proposal Narrative. The three sections include:

1. Purpose of Proposal
2. What Will Be Done
3. Who Will Implement

Can applicants edit or change this proposal narrative template?

Applicants can make the following changes to this template:

- Delete table rows that are not applicable (ex: delete table rows for areas of intervention that are not being addressed)
- Switch the orientation to portrait instead of landscape
- Delete the instruction page and any additional instructions on subsequent pages
- Add or delete tables as necessary

In general, edits can be made to this document if they comply with the formatting requirements provided in the NOFO.

I. Purpose of the Proposal

New: 40 points

Continuation: 60 points

Complete this section in its entirety.

| | |
|---|---|
| Purpose of the Proposal: | |
| Applicant Name | |
| 1. Application Type (To review the application types, refer to the Types of Applications section of the NOFO.) | <input type="checkbox"/> New, 36-month project period <input type="checkbox"/> Continuation, 36-month project period |
| 2. Briefly discuss the need in the community for sexual assault services intervention and related assistance. | |

Purpose of the Proposal: Project Purpose Area(s) and Explanation of Need

| 3. Areas of Intervention and Related Assistance: Check all applicable areas of intervention and related assistance that will be funded by this project. | | 4. Explanation of Need: Provide an explanation for the selected area(s) of intervention and related assistance. Explanations may include how the proposed project is responding to a current, or emerging, need; how the project is complementing other services; how the project is filling service gaps; how the project is improving services for victims; etc. |
|--|--|---|
| <input type="checkbox"/> | 1. 24-hour hotline services providing crisis intervention services and referral | |
| <input type="checkbox"/> | 2. Accompaniment and advocacy through medical, criminal justice, and social support systems, including medical facilities, police, and court proceedings | |
| <input type="checkbox"/> | 3. Crisis intervention, short-term individual and group support services, direct payments, and comprehensive service coordination and supervision to assist sexual assault victims and family or household members | |
| <input type="checkbox"/> | 4. Information and referral to assist the sexual assault victim and family or household members | |
| <input type="checkbox"/> | 5. Community-based, culturally specific services and support mechanisms, including outreach activities for underserved communities; and | |
| <input type="checkbox"/> | 6. The development and distribution of materials on issues related to the services described in (1) – (5). | |

II. What Will be Done

New: 60 points

Continuation: 40 points

The application must provide a clear link between the proposed activities and the need identified in the “Purpose of the Proposal” section, above. Do not include any of the activities listed as unallowable costs in the Funding Restrictions section of this NOFO. Applicants can add tables to capture all project Goals, if needed, as well as delete these instructions, or unused tables.

1. State the project goals and what purpose area they address, activities, deliverables (if applicable), project timeline, staff/partner responsible, and how you will know you have achieved the stated goal.

| What Will be Done | |
|--|--|
| Goal 1 | |
| Purpose area addressed by this goal | |
| Activities | |
| Deliverables (if applicable) | |
| Timeline | |
| Staff(position/title)/partner responsible | |
| How will you know you have achieved this goal? | |

| What Will be Done | |
|--|--|
| Goal 2 | |
| Purpose area addressed by this goal | |
| Activities | |
| Deliverables (if applicable) | |
| Timeline | |
| Staff(position/title)/partner responsible | |
| How will you know you have achieved this goal? | |

| What Will be Done | |
|--|--|
| Goal 3 | |
| Purpose area addressed by this goal | |
| Activities | |
| Deliverables (if applicable) | |
| Timeline | |
| Staff(position/title)/partner responsible | |
| How will you know you have achieved this goal? | |

| What Will be Done | |
|---|--|
| Steps the applicant and any proposed partner(s) will take to make services accessible to people with disabilities, people with limited English proficiency, and people who are Deaf or hard of hearing. | |

III. WHO WILL IMPLEMENT

New and continuation: 10 points

Applicants can add tables to capture all staff and partners, if needed.

1. Identify the key people and organizations, including project partners involved in the proposed project. Provide their position title, percentage of time allocated to the project, duties/responsibilities, and qualifications.

| Who Will Implement: Key People and Partners | |
|--|--|
| Staff member (if known) or partner organization | |
| Position/title | |
| Percentage of time/effort allocated to the project | |
| Summary of duties/responsibilities | |
| Qualifications | |

| Who Will Implement: Key People and Partners | |
|--|--|
| Staff member (if known) or partner organization | |
| Position/title | |
| Percentage of time/effort allocated to the project | |
| Summary of duties/responsibilities | |
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