Sexual Assault Forensic Exam Grant Program Summary Data Sheet

The Summary Data Sheet must be completed and submitted as an attachment with your application under the Additional Application Components section in JustGrants.

1. Provide the following information for the grant point-of-contact, who must be an employee of the applicant: **Name, title, address, telephone number, and email address**.

2. Is the applicant (the organization whose unique entity identifier is being used for the application) serving as a fiscal agent? A fiscal agent is an entity that does not participate in implementation of the project and passes ***all*** funds through to subrecipients, conducting minimal administrative activities. The fiscal agent must be an eligible applicant for the program. **(Yes or No. If yes, list all subrecipients.)**

   Note: A fiscal agency must include a statement acknowledging that it will be responsible for all applicable statutory, fiscal, and programmatic requirements, including those of 2 C.F.R. Part 200, as well as all project deliverables.

3. Has the applicant expended $1,000,000 or more in federal funds in the applicant's past fiscal year? **(Yes or No. If yes, specify the end date of the applicant's fiscal year.)**

4. Does the application propose to advance any of the following priorities (as applicable within the scope of this funding opportunity):

    A. 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. **(Yes or No)**

    B. Projects dedicated to direct victim services and/or criminal justice responses—including investigation, arrest, prosecution, and enforcement of protective orders—particularly in small towns and rural, remote, and Tribal communities. **(Yes or No)**

5. Is the applicant a nonprofit organization that holds money in offshore accounts for the purpose of avoiding paying the tax described in section 511(a) of the Internal Revenue Code? **(Yes or No)**

6. Is the applicant a nonprofit organization that uses the Internal Revenue Service's three-step safe-harbor procedure to establish a rebuttable presumption that its executives' compensation is reasonable? Note: If yes, the applicant must upload the Disclosure of Process Related to Executive Compensation in the Budget/Financial Attachments section of JustGrants. **(Yes or No)**

    For additional information about the safe-harbor procedure, see the Disclosure of Process Related to Executive Compensation section of the Application Companion Guide.

7. Identify applicant type. **Select one of the following**:

    - State government
    - Tribal government
    - Local government
    - Sexual assault examination program, including those that provide SANE or SAFE training
    - State sexual assault coalition
    - Health care facility (includes hospitals)
    - Community-based program that provides sexual assault forensic examinations outside of a traditional health care setting

8. Is the applicant a nonprofit, nongovernmental, or Tribal organization that provides sexual assault forensic examinations by a qualified or certified SANE or SAFE outside of a traditional health care setting? **(Yes or No. If yes, describe the length of time the organization has provided sexual assault forensic examinations.)**

    Note: The term "sexual assault forensic examiner" or "SAFE" means an individual who has specialized forensic training in treating sexual assault survivors and conducting medical forensic

examinations. The term "sexual assault nurse examiner" or "SANE" means a registered or advanced practice nurse who has specialized training conducting medical forensic examinations. See 34 U.S.C. § 40723(a)(10) & (12); see also id. § 40723(a)(3) (defining "medical forensic examination").

9. Which of the following statutory purposes does the application address:

    A. To establish qualified regional SANE training programs--

        (i) to provide clinical education for SANE students. **(Yes or No)**

        (ii) to provide salaries for full and part-time SANE instructors, including those specializing in pediatrics and working in a multidisciplinary team setting, to help with the clinical training of SANEs. **(Yes or No)**

        (iii) To provide access to simulation laboratories and other resources necessary for clinical education. **(Yes or No)**

    B. To provide full- and part-time salaries for SANEs and SAFEs, including pediatric SANEs and SAFEs, as well as victim advocates to support victims before, during, and after examinations. **(Yes or No)**

10. Does the proposed project include sexual assault medical forensic services for, or SANE or SAFE clinical education about, the following populations:

    A. Adult/Adolescent Patients **(Yes or No)**

    B. Pediatric Patients **(Yes or No)**