

# Domestic Violence Services in Un-Served Communities

## Department of Social Services

### Request for Proposals Number CVS – 11 – 011

Grant Program:	<i>Domestic Violence Services in Un-Served Communities</i>		
Applicant:			
Mailing Address:			
Applicant Federal ID Number:			
Program Title:			
Grant Period:	January 1, 2011 – June 30, 2012		
Application Type:	<input type="checkbox"/> New (not currently providing domestic violence services funded by VDSS)  <input type="checkbox"/> Established (currently VDSS funded domestic violence program)		
	<b>Project Director</b>	<b>Project Administrator</b>	<b>Finance Officer</b>
Name:			
Title:			
Address			
Phone:			
Fax:			
Email:			
<b>Budget Request:</b>	<b>Total Requested from VDSS</b>	<b>Match (20% or 30%)</b>	<b>Total Project Budget</b>
<input type="checkbox"/> Check this box if the program will be invoicing on a <b>Quarterly</b> basis <input type="checkbox"/> Check this box if the program requests to invoice on a <b>Monthly</b> basis. Attach hardship letter.			

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**Signature of Project Administrator**

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**Date**