# REQUEST FOR FUNDING PROPOSALS & FUNDING PROPOSAL FORM

Tribal Victim Services Program

The Alaska Native Women's Resource Center (AKNWRC) is currently soliciting Funding Proposals (Proposals) for funding assistance to support victim-centered Tribal Victim Services and Responses. Funding may be used for a wide variety of activities that support victims of crime, centered on the Tribe's values. AKNWRC will consider Proposals that:

1. Design, develop, and integrate victim-centered systemic tribal responses; this may include tribal courts, social and family programming capacity-building efforts.
2. Establish new victim service programs (planning activities).
3. Address gaps within existing victim service programs (i.e., supplies, healing cultural camps, staffing, victim services training and travel, victim transitional housing).
4. Expand existing victim service programs.
5. Are short-term, immediate start, and will complete the proposed project by September 30, 2026.

*To submit application materials or for additional information or questions about the AKNWRC Tribal Victims Services Program Funding opportunity,* ***please contact grants@aknwrc.org.***

| | |
|---|---|
| **Eligible Applicants:** | Eligible applicants include Federally Recognized Tribes or authorized designees of Federally Recognized Tribes. Authorized designees must provide proof of non-profit status and must provide a current relevant tribal resolution. |
| **Award Amounts:** | Approximately $500,000 is available; Total award amount per applicant may not exceed $250,000. |
| **Performance Period:** | June 1, 2026 - September 30, 2026 (4 months) |
| **Application Deadline:** | June 30, 2026. |
| **Reporting Requirements:** | Monthly financial and programmatic reporting, and closeout reports. |
| **Funding Source:** | Office of Victims of Crime Tribal Victim Services Set-Aside NCAI Passthrough Award No. 2019-VO-GX-K145 |
| **Other:** | Awards will be paid on a reimbursement basis; payments will be made based on the submission of monthly invoices with supporting documents and monthly progress reports. |

## REVIEW AND EVALUATION PROCESS

Proposals received by June 30, 2026, will receive priority, and any proposals received after this date will be accepted and reviewed if funds are available. Additionally, proposals from Tribes or Authorized Designees that are not current Office of Victims of Crime (OVC) grantees will receive preference.

A committee will conduct a review and evaluation of each Funding Proposal. Selected applicants will be invited to discuss grant awards by July 15, 2026.

## SCORING OF APPLICATIONS

| Application Content | Point Preference |
|---|---|
| Tribe/Authorized Designee Information | 1 point |
| Funding Request & Narrative | 30 points |
| Current Funding for Similar Projects | 5 points |
| Budget | 25 points |
| Audit Statements | 2 points |
| Authorizing Resolution | 2 points |
| Required Attachments | 25 points |
| Total Points | / 90 points |

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# FUNDING PROPOSAL FORM & REQUIRED ATTACHMENTS

(Applicants may attach additional documents to a submitted Funding Proposal if needed)

## TRIBE/AUTHORIZED DESIGNEE INFORMATION (1 point)

| | |
|---|---|
| Applicant Name (Tribe/ Tribal Designee): | |
| Applicant's Representative (person): | |
| E-Mail: | |
| Telephone Number: | |
| UEI: | |
| EIN: | |
| Applicant's Authorizing Tribe: | |

## FUNDING PROPOSAL & NARRATIVE (30 points)

| | |
|---|---|
| Total Proposal Request: | |
| Project Period: | |
| Describe the community/population that will be served: | |

| | |
|---|---|
| Identify the need: | |
| Describe the project: | |

## **CURRENT FUNDING FOR SIMILAR PROJECTS** (5 points)

Insert "n/a" if no other funding

| Funding Agency | Award Number | Performance Period | Award Amount | Remaining Balance of Award |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

(Applicants may attach additional documents to a submitted Funding Proposal if needed)

## **REQUIRED ATTACHMENTS** (25 points)

- Budget (see required template)
- Previous two (2) years of audit financial statements (if available)
- Authorizing Resolution
- Pre-award risk assessment questionnaire
- W-9
- Indirect Cost Rate Agreement (IDCRA), if applicable
- Executive Compensation Form
- Vendor Direct Deposit Form
- Contact Information Form
- Financial & Procurement Policies and Procedures
- Confidentiality Policy and Procedures


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**AKNWRC Subrecipient Pre-Award Risk Assessment Questionnaire**

Purpose: This questionnaire is used to assist Alaska Native Women's Resource Center (AKNWRC) in determining a potential Sub-recipient's financial and management strength, which helps assess risk and dictates the monitoring plan for Sub-recipients. This questionnaire must be completed prior to entering into a sub-award agreement. AKNWRC may contact the potential Sub-recipient regarding the responses to this questionnaire.

| **1. AKNWRC Contact Information** | |
|---|---|
| Name of Authorized Representative:<br>Project Name:<br>Grant Number: | CFDA Number: 16.841 |
| **2. Sub-recipient Contact Information** | |
| Full Legal Organization/Business Name:<br>Address:<br>Telephone number:<br>Fax number:<br>Name of person completing this form:<br>E-mail address:<br>Website:<br>Incorporated in:<br>Number of employees:<br>UEI number:<br>EIN (Employer ID Number):<br>Fiscal Year (Month/Year): | Incorporated Date: |
| **3. Sub-recipient Type of Organization (select one):** | |
| ☐ Government ☐ Nonprofit corporation ☐ Other corporation ☐ Individual | |
| **4. Sub-recipient Organization Classification (select all that apply)** | |
| ☐ Large Business | ☐ Small Business |
| ☐ Historically Black College/University | ☐ Small Disadvantaged Business |
| ☐ Historically Underutilized Business Zone | ☐ Woman-Owned Business |


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| | |
|---|---|
| ☐ Minority Institution/Owned | ☐ Tribal |
| ☐ Veteran Owned | ☐ Other: |
| **5. Sub-recipient Personnel Contact Information** | |
| Project Director for Sub-award<br>Name:<br>Title:<br>Telephone Number:<br>E-mail Address: | |
| Additional Contact for Sub-award (if applicable)<br>Name:<br>Title:<br>Telephone Number:<br>E-mail Address: | |
| **6. Sub-recipient Indirect Costs** | |
| Fiscal Year (Month/Year):<br>Negotiated Federal Indirect Cost Rate? ☐ Yes ☐ No ☐ 10% De Minimis Rate<br>(if yes, please attach a copy of your current rate agreement)<br>Name of Designated Federal Cognizant Agency (if applicable): | |
| **7. Has Sub-recipient received an award or sub-award to conduct programs similar to those covered under this proposed sub-award agreement in the last two (2) fiscal years? If yes, provide a list of all such awards or sub-awards.** | |
| ☐ Yes | ☐ No |
| **8. Was Sub-recipient required to comply with the Single Audit requirement of the Uniform Guidance in the last two (2) fiscal years?** (Compliance with 2 C.F.R. Part 200, Subpart F required if Sub-recipient expends $750,000 or more in federal awards in a fiscal year). | |
| ☐ Yes | ☐ No |
| Auditor Contact Name and Title: | |
| **9. Have Sub-recipient's annual financial statements been audited by an independent audit firm? If yes, provide a copy of the statements for the last two (2) fiscal years.** | |


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|---|---|
| ☐ Yes | ☐ No |
| **10. If the answers to Questions 8 or 9 is yes, were there any findings or questioned costs in the last two (2) fiscal years?** If yes, please explain any findings or questioned costs with respect to an award or sub-award to conduct programs similar to those covered by this proposed sub-award agreement. | |
| ☐ Yes | ☐ No |
| Explanation (if applicable): | |
| **11. Does Sub-recipient have a financial management system that provides records that can identify the source and application of funds for award-supported activities?** | |
| ☐ Yes | ☐ No |
| **12. Does Sub-recipient's financial system provide for the effective control over and accountability for all funds, property, and other assets (including but not limited to: (1) comparison of expenditures with budget amounts for each award; and (2) recording of each grant/contract by the budget cost categories shown in the approved budget)?** | |
| ☐ Yes | ☐ No |
| **13. Other than financial statements, has any aspect of the Sub-recipient's activities been subject to an audit, examination, or monitoring within the last two (2) years by a governmental agency (e.g., Inspector General, state or local government auditors, etc.)?** If yes, please explain any audit or monitoring findings or deficiencies with respect to an award or sub-award to conduct programs similar to those covered by the proposed sub-award agreement. | |
| ☐ Yes | ☐ No |
| Explanation (if applicable): | |
| **14. Are all disbursements properly documented with evidence of receipt of goods or performance of services?** | |
| ☐ Yes | ☐ No |


| | | |
|---|---|---|
| **15. Are all bank accounts reconciled monthly?** | | |
| ☐ Yes | ☐ No | |
| **16. Does Sub-recipient's accounting system include budgetary controls to preclude obligations in excess of:** | | |
| The total funds available for a grant? | ☐ Yes | ☐ No |
| The total funds available for a budget Cost category (e.g., Personnel, Travel)? | ☐ Yes | ☐ No |
| **17. Does Sub-recipient have a cash forecasting process which will minimize the time elapsed between the drawing down of funds and the disbursement of those funds?** | | |
| ☐ Yes | ☐ No | |
| **18. Does Sub-recipient have a system in place to determine that it has met its cost sharing goals, if applicable?** | | |
| ☐ Yes | ☐ No | |
| **19. In the last 12 months, has Sub-recipient hired new senior management personnel (e.g., Executive Director/CEO, Finance Director/CFO) and/or program personnel who would be working on this proposed sub-award?** If yes, please explain. | | |
| ☐ Yes ☐ No<br>Explanation (if applicable): | | |
| **20. In the last 12 months, has Sub-recipient implemented new or substantial change systems related to its federal grant management?** If yes, please explain. | | |
| ☐ Yes ☐ No<br>Explanation (if applicable): | | |
| **21. Does Sub-recipient have policies that address the following?** | | |
| Pay Rates and Benefits<br>Leave | ☐ Yes | ☐ No |

| | | |
|---|---|---|
| Conflict of Interest<br>Purchasing/Procurement<br>Capitalization/depreciation | ☐ Yes<br>☐ Yes<br>☐ Yes<br>☐ Yes | ☐ No<br>☐ No<br>☐ No<br>☐ No |

**22. Does Sub-recipient have policies that address the following?**

Explanation:

**23. Does Sub-recipient have an effective system of authorizing and approving capital equipment expenditures?**

☐ Yes ☐ No

**24. Does Sub-recipient keep detailed records of individual capital assets and periodically reconcile such records with the general ledger accounts?**

☐ Yes ☐ No

**25. Does Sub-recipient have effective procedures for authorizing and accounting for the disposal of property and equipment?**

☐ Yes ☐ No

**26. Does Sub-recipient periodically check its detailed property records against physical inventory?**

☐ Yes ☐ No

**27. Attachments: Please attach the following or check N/A if not applicable.**

| | Document | Attached | N/A |
|---|---|---|---|
| a. | Articles of Incorporation | ☐ | ☐ |
| b. | Bylaws | ☐ | ☐ |
| c. | IRS Determination Letter (granting income tax exemption under IRC § 501©(3)) | ☐ | ☐ |
| d. | Form 990 or 990-EZ from the last two (2) years, including Form 990- | ☐ | ☐ |

| | | | |
|---|---|---|---|
| | T and all supporting schedules and attachments | | |
| e. | Copies of results from audits, examinations, or monitoring procedures performed during the last two (2) fiscal years on any direct federal award received by Sub-recipient | ☐ | ☐ |
| f. | Indirect cost rate agreement | ☐ | ☐ |
| g. | List of all sub-awards to conduct programs similar to those covered under this proposed sub-award agreement to Sub-recipient from any funder during the last two (2) years | ☐ | ☐ |

**By its authorized signatory below, Subrecipient hereby certifies and attests to the accuracy of the above responses and all corresponding information attached.**

Signature: _____

Printed Name: _____

Title: _____

Date: _____

**Executive Compensation**

In accordance with the Federal Funding Accountability and Transparency Act (FFATA), for each contract made for $25,000 or more, the following additional information must be completed by the subrecipient organization.

| | |
|---|---|
| Official Name of Subrecipient | |
| DBA Name of Subrecipient (if applicable) | |
| Amount of Contract/Agreement | |
| Project Description | |
| Subrecipient UEI Number | |
| Subrecipient Address including Congressional District | |
| Subrecipient Parent UEI Number (if applicable) | |
| Subrecipient Principal Place of Performance including Congressional District (If different from the address above) | |
| Names & Total Compensation of Top 5 Most Highly Compensated Executives of Subrecipient organization if:<br>1. In the subrecipient's preceding fiscal year, 80% or more of annual gross revenue of the entire organization (including parent organization, branches, and all affiliates world-wide) was received from U.S. federal contracts, sub-contracts, loans, grants, sub-grants, and/or cooperative agreements **AND**<br>2. Those revenues are greater than $25,000,000.00 **AND**<br>3. The public does not already have access to the information about the compensation of the top 5 most highly paid executives through periodic reports filed under section 13(a) or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. | #1 Name:<br>Amount:<br>#2 Name:<br>Amount:<br>#3 Name:<br>Amount:<br>#4 Name:<br>Amount:<br>#5 Name:<br>Amount: |

☐ Our organization does not meet these three criteria, therefore executive compensation reporting is not required. (please check box).

_____ _____

**Signature of Authorized Official** **Date**


# DIRECT DEPOSIT FORM

| | |
|---|---|
| Vendor Name: | |
| Bank Name: | |
| Bank Address: | |
| Bank Phone: | |
| Account # | Checking / Savings (circle one) |
| Routing # | |

Please process all payments to the organization listed above via direct deposit to the bank account provided.

Authorized Signature: _____ Date: _____



Alaska Native Women Resource Center
P.O. Box 80382
Fairbanks, AK 99708
907-328-9399


## Subrecipient Contact Information

| | |
|---|---|
| Organization Name: | |
| Physical Address: | |
| Mailing Address: | |
| Phone: | |
| Fax: | |
| Website: | |

| Financial Point of Contact - Primary | |
|---|---|
| Name & Title: | |
| Phone: | |
| Email: | |

| Financial Point of Contact - Alternate | |
|---|---|
| Name & Title: | |
| Phone: | |
| Email: | |

| Programmatic Point of Contact - Primary | |
|---|---|
| Name & Title: | |
| Phone: | |
| Email: | |

| Programmatic Point of Contact - Alternate | |
|---|---|
| Name & Title: | |
| Phone: | |
| Email: | |



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