

Combo Application Completion - SFY 2027

[Link to current version](#) 

CREATED BY

Laura Quasney

CREATED AT

March 27, 2026

If you are a new organization or individual needing to register for WebGrants, please refer to this [User Guide](#).

 Go to [WebGrants](#).



- 1 This is the home page that appears after you have logged into the system.
- 

 SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
prevention — protection — enforcement

Test(Laura) Test(Quasney)
External User
Subrecipient Staff

Dashboard

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Calendar

Alerts

Document Repository

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Work Assignment

All currently assigned work

Work Assignment

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Approaching Deadlines - Next 30 Days

View Overdue Approaching Deadlines

This section displays the documents with due dates arriving in the next 30 days or overdue.

Due Date	Document	Sub-Type	ID	Status	Title	Program Area	Funding Opportunity
04/15/2026	Reporting	Quarterly Report	1211-022	Editing	Testing 07/11/2025	Victims' Assistance	1004-Combo - SFY 2026

Recent Negotiations - Due Within 30 Days

This section displays the documents that you negotiated in the last 30 days.

Due Date	Document Type	Sub Type/Round	ID	Status	Title	Organization	Program Area	Funding Opportunity
No data available in table								

Recent Correspondence - Within the Last 30 Days

Sent Date	Flag	From	To	Subject	Message
No data available in table					

Organization Compliance

Status	Type	Due Date	Description	Compliance Date	Resolution	Duration	Attachment 1	Attachment 2	Attachment 3	Comments	Submitted By	Submitted Date
No data available in table												

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Full Screen

Home

Refresh

Help

2 Click on Funding Opportunities





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Work Assignment

All currently assigned work

Work Assignment

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Status	Type	Due Date	Description	Compliance Date	Resolution	Duration	Attachment 1	Attachment 2	Attachment 3	Comments	Submitted By	Su
No data available in table												

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Home

Refresh

Help

3 Click on Combo - SFY 2027





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Funding Opportunities

List of all current Funding Opportunities

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Currently Posted Funding Opportunities

All currently posted opportunities appear below. The Application Deadline indicates the due date for the application submission. You will be unable to submit your application after this date.

Search:

ID	Status	Agency	Program Area	Title	Posted Date	Final-Application Due Date
1755	Posted	South Dakota Department of Public Safety	Test Program Area	*****LQ TEST AREA*****	Feb 13, 2026 9:37 AM	Not Applicable
2888	Posted	South Dakota Department of Public Safety	Victims' Assistance	Combo - SFY 2027	Mar 27, 2026 11:54 AM	Apr 30, 2026 4:59 PM

Showing 1 to 2 of 2 entries







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4 Click on Start New Application



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Funding Opportunities

List of all current Funding Opportunities

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Current Applications

Any previously created applications, for this opportunity, appear below. To start a new application for this opportunity, Click the Start New Application button or to copy data from an existing application, click on the Copy Existing Application button.

ID	Application Title	Organization	Status
3100	LQ4	BaseLine TESTER Organization	Submitted
3126	LQ 03/18/26	BaseLine TESTER Organization	Submitted
3132	LQ 03/20/26	BaseLine TESTER Organization	Editing
3133	#2 03/20/26	BaseLine TESTER Organization	Submitted
3151	SFY27 COMBO Test	BaseLine TESTER Organization	Editing
3152	Instructional	BaseLine TESTER Organization	Editing

Funding Opportunity Details

Ask a Question

Start New Application

2888 - Combo - SFY 2027

Funding Opportunity Details

Victims' Assistance

Final Application Deadline: Apr 30, 2026 4:59 PM

Status:

Posted

Program Officer:

Anette Beasley

Posted Date:

Mar 27, 2026 11:54 AM

Phone:

(605) 773-3109 x

Award Amount

Not Applicable

Email:

Anette.Beasley@state.sd.us

Range:

Project Dates:

07/01/2026 - 06/30/2027

Award Announcement Date:

Description

5 Application Title



For the Application Title, you can make this whatever you would like. Good examples would be your organization's name and grant year.

The screenshot shows the 'Submitted Applications' page of the South Dakota Department of Public Safety's application system. The user is 'Test(Laura) Test(Quasney)', an External User. The left sidebar contains navigation links: Dashboard, Funding Opportunities, Applications (highlighted), Grants, Reports, and My Profile. The main content area is titled 'Submitted Applications' and lists all current submitted applications. Below this, the 'Application Creation Wizard - Step: 1' is displayed. The wizard provides instructions for the application creation process and shows the 'Application - General Information' form. The form includes a text field for 'Application Title*' (containing 'Instructional for Comb'), a dropdown for 'Applicant*' (selected as 'Test(Laura) Test(Quasney)'), and fields for 'Organization*' and 'Additional Contacts*'. A 'Save Form Information' button is located at the top right of the form. A red circle with a question mark is visible in the bottom left corner of the screenshot.

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Submitted Applications
List of all current submitted Applications

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Application Creation Wizard - Step: 1

- The Application creation process is a short wizard.
- Step 1: Enter your Application title and select your Applicant. Click 'Save Form Information' to show the next field.
- Step 2: Select the Organization for which you will be submitting this Application. Click 'Save Form Information' to show the next field.
- Step 3: This is an optional step. Select any additional contacts with which you would like to share your Application. Click 'Save Form Information' to show the next field.

Application - General Information Save Form Information

The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application.
Select the organization, if you belong to more than one, for which you will be submitting this application.

Application Title*: Instructional for Comb

Applicant*: Test(Laura) Test(Quasney)

Organization*:

Additional Contacts*:

6 Application Point of Contact



Use your name as the Applicant if you are completing the application. Your name will fill in automatically. If someone else should be the point of contact for this application, select their name from the drop-down menu.

The screenshot shows the South Dakota Department of Public Safety application system. The header includes the logo and the text "SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY" with the tagline "prevention — protection — enforcement". The user is logged in as "Test(Laura) Test(Quasney)" with the role "External User Subrecipient Staff". The main navigation menu includes "Dashboard", "Funding Opportunities", "Applications" (highlighted), "Grants", "Reports", and "My Profile". The "Submitted Applications" section shows a list of all current submitted applications. The "Application Creation Wizard - Step: 1" is displayed, providing instructions for the application process. The "Application - General Information" section includes a "Save Form Information" button and a text box for the Primary Contact. The "Application Title" field is set to "Instructional for Combo". The "Applicant" dropdown menu is open, showing a list of names: "Test(Laura) Test(Quasney)", "Cassie Neer", "Laura Quasney", "Shannon(test) Johnson(test)", "System Administrator", "Test Tester", "Test(Laura) Test(Quasney)" (highlighted), and "Zak McZakson".

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Submitted Applications
List of all current submitted Applications

Application Creation Wizard - Step: 1

- The Application creation process is a short wizard.
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- Step 2: Select the Organization for which you will be submitting this Application. Click 'Save Form Information' to show the next field.
- Step 3: This is an optional step. Select any additional contacts with which you would like to share your Application. Click 'Save Form Information' to show the next field.

Application - General Information [Save Form Information](#)

The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application.
Select the organization, if you belong to more than one, for which you will be submitting this application.

Application Title*: Instructional for Combo

Applicant*: Test(Laura) Test(Quasney)

Organization*:

Additional Contacts*:

- Cassie Neer
- Laura Quasney
- Shannon(test) Johnson(test)
- System Administrator
- Test Tester
- Test(Laura) Test(Quasney)**
- Zak McZakson

7 Click on Save Form Information





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 **Test(Laura) Test(Quasney)**
External User
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Submitted Applications

List of all current submitted Applications

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Application Creation Wizard - Step: 1

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- Step 2: Select the Organization for which you will be submitting this Application. Click 'Save Form Information' to show the next field.
- Step 3: This is an optional step. Select any additional contacts with which you would like to share your Application. Click 'Save Form Information' to show the next field.

Application - General Information



The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application.
Select the organization, if you belong to more than one, for which you will be submitting this application.

Application Title*:

Applicant*:

Organization*:

Additional Contacts*:





8 Organization associated with application



The system will display all organizations you are associated with. If you are linked to more than one organization or program, use the dropdown menu to select the appropriate one for this application.

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Application Creation Wizard - Step: 2

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- The Application creation process is a short wizard.
- Step 1: Enter your Application title and select your Applicant. Click 'Save Form Information' to show the next field.
- Step 2: Select the Organization for which you will be submitting this Application. Click 'Save Form Information' to show the next field.
- Step 3: This is an optional step. Select any additional contacts with which you would like to share your Application. Click 'Save Form Information' to show the next field.

Application - General Information [Save Form Information](#)

The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application.
Select the organization, if you belong to more than one, for which you will be submitting this application.

Application ID: 3153

Program Area*: Victims' Assistance

Funding Opportunity*: 2888-Combo - SFY 2027

Application Stage*: Final Application

Application Status*: Editing

Application Title*: Instructional for Combo

Applicant*: Test(Laura) Test(Quasney)

Organization*: BaseLine TESTER Organization

Additional Contacts*: BaseLine TESTER Organization

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Home ? Scroll

9 Click on Save Form Information





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Application Creation Wizard - Step: 2

- The Application creation process is a short wizard.
- Step 1: Enter your Application title and select your Applicant. Click 'Save Form Information' to show the next field.
- Step 2: Select the Organization for which you will be submitting this Application. Click 'Save Form Information' to show the next field.
- Step 3: This is an optional step. Select any additional contacts with which you would like to share your Application. Click 'Save Form Information' to show the next field.

Application - General Information

Save Form Information

The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application. Select the organization, if you belong to more than one, for which you will be submitting this application.

Application ID:

3153

Program Area*:

Victims' Assistance

Funding Opportunity*:

2888-Combo - SFY 2027

Application Stage*:

Final Application

Application Status*:

Editing

Application Title*:

Instructional for Combo

Applicant*:

Test(Laura) Test(Quasney)

Organization*:

BaseLine TESTER Organization

Additional Contacts*:

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10 Additional Contacts



This section lists all individuals associated with the applying organization. If others within the organization should be able to view the application, select each person who should have access.

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- The Application creation process is a short wizard.
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Application - General Information

Save Form Information

The Primary Contact is the individual in your organization who will be designated as the primary person responsible for this application from your organization. This individual will receive automated email notifications when your attention is needed on this application.
Select the organization, if you belong to more than one, for which you will be submitting this application.

Application ID:

3153

Program Area*:

Victims' Assistance

Funding Opportunity*:

2888-Combo - SFY 2027

Application Stage*:

Final Application

Application Status*:

Editing

Application Title*:

Applicant*:

Cassie Neer

Laura Quasney

Shannon(test)

Johnson(test)

System Administrator

Test Tester

Test(Laura) Test(Quasney)

Organization*:

Select any additional contacts to claims and status reports if

to manage this grant. Include all contacts that will need access

Additional Contacts:



11 Additional Contacts



It is important to select all individuals who may need to view or access this application.

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Application - General Information

Save Form Information

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Select the organization, if you belong to more than one, for which you will be submitting this application.

Application ID: 3153

Program Area*: Victims' Assistance

Funding Opportunity*: 2888-Combo - SFY 2027

Application Stage*: Final Application

Application Status*: Editing

Application Title*: Instructional for Combo

Applicant*: Cassie Neer
Laura Quasney

Organization*: Shannon(test) Johnson(test)
System Administrator
Zak McZakson

Select any additional contacts to claims and status reports if

Additional Contacts: ☐ Test Tester ☒ Test(Laura) Test(Quasney)

12 Click on Save Form Information





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- The Application creation process is a short wizard.
- Step 1: Enter your Application title and select your Applicant. Click 'Save Form Information' to show the next field.
- Step 2: Select the Organization for which you will be submitting this Application. Click 'Save Form Information' to show the next field.
- Step 3: This is an optional step. Select any additional contacts with which you would like to share your Application. Click 'Save Form Information' to show the next field.

Application - General Information

Save Form Information

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Select the organization, if you belong to more than one, for which you will be submitting this application.

Application ID:

3153

Program Area*:

Victims' Assistance

Funding Opportunity*:

2888-Combo - SFY 2027

Application Stage*:

Final Application

Application Status*:

Editing

Application Title*:

Instructional for Combo

Applicant*:

Test(Laura) Test(Quasney)

Organization*:

BaseLine TESTER Organization

Select any additional contacts within your organization that will also manage this grant. Include all contacts that will need access to claims and status reports if this project is awarded.

Additional Contacts:

Test Tester

Test(Laura) Test(Quasney)

Shannon(test) Johnson(test)

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13 Click on Project Information



This section asks for details about the specific project you are requesting funding for. Describe what the project will do, who will benefit, and the needs it is intended to address. Throughout the application, tooltips are available. Hover over any field and if a tooltip is available, you will be able to view additional guidance designed to help you answer the question correctly.



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3153 - Instructional for Combo

Status: **Editing**

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

See all application components below. Click on the component that you would like to edit or see in more detail. You can click the "Online Help" button in the toolbar at the top of the screen for a description of this section and all available actions.

Application Preview

Attachments

Alert History

Map

Application Details

Preview Application

Ask a Question

Withdraw

Application cannot be Submitted Currently

- Opportunity in Test status and user not a Tester
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Mar 27, 2026 11:55 AM - Test(Laura) Test(Quasney)
Project Information	-	
Program-Specific Details	-	
Budget	-	
Risk Assessment	-	
Board of Directors Information	-	
Required Uploads & Certification	-	

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14 Indicate the primary focus of the organization.



Select Sexual Assault, Domestic Violence, or Dual (Sexual Assault/Domestic Violence). If you hover over the dropdown, a tooltip will provide additional information about each option to help you choose the correct one.

The screenshot shows the South Dakota Department of Public Safety web application. The user is logged in as 'Test(Laura) Test(Quasney)'. The main navigation menu includes Dashboard, Funding Opportunities, Applications, Grants, Reports, and My Profile. The 'Applications' section is active, showing a list of funding opportunities. A dropdown menu is open for the 'Indicate the primary focus of your organization' field. The dropdown options are: Sexual Assault, Domestic Violence, and Dual (Sexual Assault/Domestic Violence). A tooltip is visible over the dropdown, providing detailed information for each option:

- Sexual Assault Program:** Select this option if your organization's primary mission, services, and funding focus on supporting victims/survivors of sexual assault. This typically includes services such as advocacy, crisis response, accompaniment, and prevention work specifically centered on sexual violence.
- Domestic Violence Program:** Choose this option if your organization primarily focuses on serving victims/survivors of domestic violence or intimate partner violence. This generally includes crisis intervention, shelter, safety planning, advocacy, and other services centered on domestic violence.
- Dual Program:** Select this if your organization intentionally provides comprehensive services to both sexual assault and domestic violence victims/survivors, and identifies as serving both populations through its mission, structure, staffing, training, and programming.

The form also includes sections for 'Service Area Information' and 'Grant Use Proposal'.

15 Have you previously received SDVS funding?



If you have ever received SDVS funding, select Yes. This includes anyone who received funding in the past, even if you are not a current subrecipient.

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Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

Project Information - Current Version

The Combined Grant Funding Opportunity includes some questions that use conditional logic. Based on your answers, the form will show only the questions that apply to you and hide the ones that do not.

Project Information

Save Form

In this section, please give a brief overview of the project you are seeking funding for. Explain what the project will do, who will benefit, and the needs it is intended to meet. Keep your responses specific to this project rather than your organization as a whole.

Indicate the primary focus of your organization*:

Have you previously received SDVS funding?*:

Yes

No

Service Area Information

How is the service area determined?
None selected

Select all that apply.*:

Please provide an explanation of your organization's other method for determining its service area:

250 character(s) left

Select your service area.*:

Grant Use Proposal

Purpose of funding

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16 Service Area Determination



Please answer how the service area is determined and select all that apply.

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Funding Opportunity: 2888-Combo - SFY 2027
Organization: BaseLine TESTER Organization
Requested Total:

Project Information - Current Version

The Combined Grant Funding Opportunity includes some questions that use conditional logic. Based on your answers, the form will show only the questions that apply to you and hide the ones that do not.

Project Information

Save Form

In this section, please give a brief overview of the project you are seeking funding for. Explain what the project will do, who will benefit, and the needs it is intended to meet. Keep your responses specific to this project rather than your organization as a whole.

Indicate the primary focus of your organization*:
Have you previously received SDVS funding?*:
Service Area Information
How is the service area determined?
Select all that apply.*:
Please provide an explanation of your organization's other method for determining its service area:
Select your service area.*:
Grant Use Proposal
Purpose of funding:

17 Service Area Determination: Other



If you selected Other for how your service area is determined, please explain the method you use. If you did not select Other, you may skip this field.

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Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

Project Information - Current Version

The Combined Grant Funding Opportunity includes some questions that use conditional logic. Based on your answers, the form will show only the questions that apply to you and hide the ones that do not.

Project Information

Save Form

In this section, please give a brief overview of the project you are seeking funding for. Explain what the project will do, who will benefit, and the needs it is intended to meet. Keep your responses specific to this project rather than your organization as a whole.

Indicate the primary focus of your organization*:

Have you previously received SDVS funding?*:

Service Area Information

How is the service area determined?
None selected ▾

Select all that apply.*:

Please provide an explanation of your organization's other method for determining its service area:

250 character(s) left

Select your service area.*:

Grant Use Proposal

Purpose of funding

18 Click on Select your service area.



If your service area is not Statewide, please select Specific Area.

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Project Information Save Form

In this section, please give a brief overview of the project you are seeking funding for. Explain what the project will do, who will benefit, and the needs it is intended to meet. Keep your responses specific to this project rather than your organization as a whole.

Indicate the primary focus of your organization*:

Have you previously received SDVS funding?*:

Service Area Information

How is the service area determined?

Select all that apply.*:

Please provide an explanation of your organization's other method for determining its service area(s):

Select your service area.*:

Grant Use Proposal

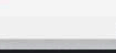
Purpose of funding
Explain why funding is essential for sustaining the organization's operations and ensuring continued support for victims and survivors. Describe how the requested funds will be used.

1000 character(s) left

If your service area is not Statewide, please select Specific Area

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Scroll



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Note: Based on your answers, the form will show only the questions that apply to you and hide the ones that do not.

User Profile:

Test(Laura) Test(Quasney)
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- Funding Opportunities >
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Project Information

Save Form

In this section, please give a brief overview of the project you are seeking funding for. Explain what the project will do, who will benefit, and the needs it is intended to meet. Keep your responses specific to this project rather than your organization as a whole.

Indicate the primary focus of your organization*:

Have you previously received SDVS funding?* Yes No

Service Area Information

How is the service area determined? None selected ▾

Select all that apply.*:

Please provide an explanation of your organization's other method for determining its service area:

250 character(s) left

Select your service area.*: Specific Area ▾

Counties in service area
Select all that apply.

None selected ▾

- ☐ Aurora County
- ☐ Beadle County
- ☐ Bennett County
- ☐ Bon Homme County
- ☐ Brookings County
- ☐ Brown County
- ☐ Brule County
- ☐ Buffalo County
- ☐ Butte County

Grant Use Proposal

Purpose of funding
Explain why funding is essential for sustaining the organization's operations and ensuring continued support for victims and survivors. Describe how the

20 Purpose of Funding



Briefly explain why the funding is essential and how the requested funds will be used.

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Select all that apply.*:

Please provide an explanation of your organization's other method for determining its service area:

250 character(s) left

Select your service area.*:

Specific Area

Counties in service area

None selected

Select all that apply.

Grant Use Proposal

Purpose of funding

Explain why funding is essential for sustaining the organization's operations and ensuring continued support for victims and survivors. Describe how the requested funds will be used.

1000 character(s) left

Underserved Populations

"For the purposes of this funding opportunity, "underserved populations" are those who face obstacles to accessing victim services because of their location, culture, language, disability, identity, economic circumstances, or the nature of their victimization.

Examples include rural and Tribal survivors, individuals with disabilities, limited-English-proficient individuals, LGBTQ+ survivors, racial and ethnic minority groups, older adults, youth, undocumented individuals, low-income survivors, and victims of less frequently addressed crime types."

Select underserved populations to be served

None selected

Select the types of underserved populations intending to be served under the proposed funding from the list

Tips for clarity:

- Be concise and focus on the key details of your project.
- Use plain language so your responses are easy to understand.
- Provide specific examples when helpful.
- If any part of your project is still in development, explain what is planned.

30

Navigation icons: back, home, search, refresh, help, scroll

21 Click on Underserved Populations



For the purposes of this funding opportunity, “underserved populations” are those who face obstacles to accessing victim services because of their location, culture, language, disability, identity, economic circumstances, or the nature of their victimization. Select all applicable types of underserved populations you intend to serve under the proposed funding.

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Counties in service area
None selected ▾
Select all that apply.

Grant Use Proposal

Purpose of funding
Explain why funding is essential for sustaining the organization's operations and ensuring continued support for victims and survivors. Describe how the requested funds will be used.
1000 character(s) left

Underserved Populations

"For the purposes of this funding opportunity, “underserved populations” are those who face obstacles to accessing victim services because of their location, culture, language, disability, identity, economic circumstances, or the nature of their victimization.
Examples include rural and Tribal survivors, individuals with disabilities, limited-English-proficient individuals, LGBTQ+ survivors, racial and ethnic minority groups, older adults, youth, undocumented individuals, low-income survivors, and victims of less frequently addressed crime types."

Select underserved populations to be served
Select the types of underserved populations intending to be served under the proposed funding from the list.
Select all that apply.

Detail the services and programming that will be utilized to reach the underserved populations stated above.
Describe which populations will be reached with that

None selected ▾

- ☐ None of the demographics provided will be served
- ☐ Victims of sexual abuse - assault
- ☐ At-risk or homeless youth
- ☐ Victims of elder abuse - neglect
- ☐ Victims of domestic/family violence
- ☐ Victims of child abuse
- ☐ Victims from rural areas
- ☐ Native American victims
- ☐ Deaf/hard of hearing victims
- ☐ Homeless victims
- ☐ Veteran victims
- ☐ Victims with disabilities (cognitive/physical/mental)

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⏮ ⏪ ⏩ ⏭ ⏮ ⏪ ⏩ ⏭ ↺ ? ⬆ Scroll

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1000 character(s) left

Underserved Populations

"For the purposes of this funding opportunity, "underserved populations" are those who face obstacles to accessing victim services because of their location, culture, language, disability, identity, economic circumstances, or the nature of their victimization.
Examples include rural and Tribal survivors, individuals with disabilities, limited-English-proficient individuals, LGBTQ+ survivors, racial and ethnic minority groups, older adults, youth, undocumented individuals, low-income survivors, and victims of less frequently addressed crime types."

Select underserved populations to be served

Select the types of underserved populations intending to be served under the proposed funding from the list.

Select all that apply.

None selected ▾

Helpful Hints:

- Be specific about the services and programming you will use to reach underserved populations.

- Clearly connect each service or activity to the population it is intended to reach.

- If multiple populations will be served, describe how each group will benefit.

- Include examples when helpful, such as outreach methods or program components.

- If any services are new or expanded, briefly note that in your explanation.

Detail the services and programming that will be utilized to reach the underserved populations stated above.

Describe which populations will be reached with that programming.

500 character(s) left

Describe CHALLENGES your victim assistance program experienced over the past year, including services victims or survivors requested but could not be provided.

Explain the factors that prevented delivering those services or any other relevant challenges.

1000 character(s) left

23 Program Challenges



Describe the challenges your program faced over the past year, including any services victims or survivors requested but could not be provided, and explain the factors that prevented those services from being delivered.

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Detail the services and programming that will be utilized to reach the underserved populations stated above.

Describe which populations will be reached with that programming.

500 character(s) left

Describe **CHALLENGES** your victim assistance program experienced over the past year, including services victims or survivors requested but could not be provided.

Explain the factors that prevented delivering those services or any other relevant challenges.

1000 character(s) left

Describe **SUCCESSSES** your victim assistance program experienced over the past year.

If successes involve clients, do not include personally-identifying information.

1000 character(s) left

Will your program be providing shelter services?

If shelter services are provided on-site or assistance with hotel/motels, please select

YES

Helpful Hints:

- Focus on specific challenges your program faced in the past year, not general or ongoing issues.
- Clearly describe any services that victims/survivors requested but your program could not provide.
- Explain the reasons those services could not be delivered, such as staffing limitations, funding gaps, training needs, community barriers, or capacity constraints.
- If challenges affected particular populations or service areas, note that as well.
- Provide concrete examples when appropriate, but keep them brief and non-identifying.
- If steps were taken to address or lessen the challenges, you may include that information to give context.

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Home

Physical

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24 Program Successes



Describe the successes your program experienced over the past year. If successes involve clients, do not include any personally identifying information.

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Detail the services and programming that will be utilized to reach the underserved populations stated above.

Describe which populations will be reached with that programming.

500 character(s) left

Describe **CHALLENGES** your victim assistance program experienced over the past year, including services victims or survivors requested but could not be provided.

Explain the factors that prevented delivering those services or any other relevant challenges.

1000 character(s) left

Describe **SUCCESSES** your victim assistance program experienced over the past year.

If successes involve clients, do not include personally-identifying information.

1000 character(s) left

Will your program be providing shelter services?

If shelter services are provided on-site or assistance with hotel/motels, please select **YES**

YES

Helpful Hints:

- Focus on specific accomplishments from the past year that strengthened your program or improved services.
- Highlight successes that show positive outcomes for victims or survivors, program improvements, or effective partnerships.
- If you mention client-related successes, be sure to avoid any personally identifying information.
- Share examples that show impact, such as expanded services, increased access, or improved processes.
- Keep descriptions brief and clear, focusing on what made the success meaningful.

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Navigation icons: Home, Back, Forward, Search, etc.

Scroll

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25 Shelter Services



Will your program provide shelter services? Select Yes if you offer on-site shelter or provide hotel/motel assistance.

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over the past year,
including services
victims or survivors
requested but could
not be provided.
Explain the factors that
prevented delivering those
services or any other
relevant challenges.

1000 character(s) left

Describe **SUCCESSES**
your victim assistance
program experienced
over the past year.
If successes involve clients,
do not include personally-
identifying information.

1000 character(s) left

Will your program be
providing shelter
services?
If shelter services are
provided on-site or
assistance with
hotel/motels, please select
YES

On-site Shelter Provided
Shelter Provided Off-site (Hotel/Motel)
No Shelter Services Provided

Does your program
maintain a physical
office location?:

Yes No

Do you provide
services to crime
victims at no charge?*

Yes No

Are services to clients
voluntary, with no
requirements such as
background checks or
sobriety tests to
receive services?*

Yes No

Please provide the total
of UNDUPLICATED

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26 If Shelter Provided Off-Site



If you selected that shelter is provided off-site, you must indicate whether your program maintains a physical office location. Select No if you do not have a designated office space for providing client services.

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over the past year, including services victims or survivors requested but could not be provided.
Explain the factors that prevented delivering those services or any other relevant challenges.

1000 character(s) left

Describe **SUCCESSES** your victim assistance program experienced over the past year.
If successes involve clients, do not include personally-identifying information.

1000 character(s) left

Will your program be providing shelter services?
If shelter services are provided on-site or assistance with hotel/motels, please select
YES

Shelter Provided Off-site (Hotel/Motel) ▾

Does your program maintain a physical office location?:

Yes No

Do you provide services to crime victims at no charge?*

Yes No

Are services to clients voluntary, with no requirements such as background checks or sobriety tests to receive services?*

Yes No

Please provide the total # of UNDUPLICATED

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Navigation icons: back, home, forward, search, etc.

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27 Services Provided Free of Charge?



Do you provide services to crime victims at no charge? Select Yes or No.

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identifying information.
*:
1000 character(s) left

Will your program be providing shelter services?
If shelter services are provided on-site or assistance with hotel/motels, please select
YES
*:
Does your program maintain a physical office location?:
Yes No

Do you provide services to crime victims at no charge?*:
Yes No

Are services to clients voluntary, with no requirements such as background checks or sobriety tests to receive services?*:
Yes No

Please provide the total # of UNDUPLICATED victims/survivors served in the previous year*:
[input field]

Please estimate the # of unduplicated victims/survivors anticipated to be served with this funding*:
[input field]

Save Form

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Crime Victims/Survivors to be Served - Edit

Scroll

28 More Information



If you answered No, you will be required to explain how victims or survivors are charged for services.

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identifying information.
*:

1000 character(s) left

Will your program be providing shelter services?
If shelter services are provided on-site or assistance with hotel/motels, please select
YES
*:
Does your program maintain a physical office location?:

Do you provide services to crime victims at no charge?:

Please provide more information about services charged to victims and survivors:

Are services to clients voluntary, with no requirements such as background checks or sobriety tests to receive services?*:

Please provide the total # of UNDUPLICATED victims/survivors served in the previous year*:

Please estimate the # of unduplicated victims/survivors anticipated to be served with this funding*:

Helpful Hints:

- Clearly explain whether your program charges crime victims or survivors for any services.
- If any services have fees, describe which services they are and under what circumstances a charge may occur.
- If fees are rare or only apply in specific situations, briefly explain those situations.
- If your program offers waivers, sliding scales, or alternative funding to ensure victims are not denied services, you may include that information.
- Keep explanations focused on program policy, not individual cases.





Scroll

29 Voluntary Services



Answer Yes or No to indicate whether services are voluntary with no requirements, such as background checks or sobriety tests, to receive services.

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Please provide more information about services charged to victims and survivors:

Are services to clients voluntary, with no requirements such as background checks or sobriety tests to receive services?*

Yes No

Please provide the total # of **UNDUPLICATED** victims/survivors served in the previous year*:

Please estimate the # of unduplicated victims/survivors anticipated to be served with this funding*:

Save Form

Types of Crime Victims/Survivors to be Served - Edit

Save Grid

Select the types of crime victims and survivors who will be served with this funding.
Enter the percentage of funds that will support each crime type.

The total of all percentages should equal 100%

Victimization Type	% of Clients to be Served
Domestic/Dating Violence	0
Sexual Assault	0
Physical Child Abuse	0
Sexual Child Abuse	0
Stalking	0

30 If No was answered on previous question.



You will be required to provide more information on your program's eligibility requirements to receive services.



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Please provide more information about services charged to victims and survivors:

Are services to clients voluntary, with no requirements such as background checks or sobriety tests to receive services?*

Yes

No

Please provide more information on eligibility requirements and service standards.:

100 character(s) left

Please provide the total # of UNDUPLICATED victims/survivors served in the previous year*:

Please estimate the # of unduplicated victims/survivors anticipated to be served with this funding*:

Save Form

Types of Crime Victims/Survivors to be Served - Edit

Save Grid

Select the types of crime victims and survivors who will be served with this funding.
Enter the percentage of funds that will support each crime type.

The total of all percentages should equal 100%

Victimization Type	% of Clients to be Served
Domestic/Dating Violence	0
Sexual Assault	

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31 Unduplicated Clients Served Last Year



Please provide the total number of unduplicated victims/ survivors served in the previous year. Count each person only once, even if they received multiple services.

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Please provide more information about services charged to victims and survivors:

Are services to clients voluntary, with no requirements such as background checks or sobriety tests to receive services?*

Please provide more information on eligibility and service:

Please provide the total # of **UNDULICATED** victims/survivors served in the previous year*:

Please estimate the # of unduplicated victims/survivors anticipated to be served with this funding*:

Save Form

Enter the total number of individual victims or survivors your program served last year. Count each person only once, even if they received multiple services.

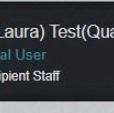
Types of Crime Victims/Survivors to be Served - Edit

Save Grid

Select the types of crime victims and survivors who will be served with this funding. Enter the percentage of funds that will support each crime type.

The total of all percentages should equal 100%

Victimization Type	% of Clients to be Served
Domestic/Dating Violence	0
Sexual Assault	



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Please provide more information about services charged to victims and survivors:

Are services to clients voluntary, with no requirements such as background checks or sobriety tests to receive services?*

Yes

No

Please provide more information on eligibility requirements and service standards.:

100 character(s) left

Please provide the total # of UNDUPLICATED victims/survivors served in

Estimate the total number of different individuals you expect to serve using these funds. Do not count anyone more than once.

Please estimate the # of unduplicated victims/survivors anticipated to be served with this funding*:

Save Form

Types of Crime Victims/Survivors to be Served - Edit

Save Grid

Select the types of crime victims and survivors who will be served with this funding. Enter the percentage of funds that will support each crime type.

The total of all percentages should equal 100%

Victimization Type	% of Clients to be Served
Domestic/Dating Violence	0
Sexual Assault	

33 Types of Crime Victims/Survivors to be Served



From the list provided, please enter the percentage of clients you are anticipating to be served with this funding for each crime type. All of the percentages should equal 100%. The total will calculate when the Save Grid button is clicked.

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year*:
Please estimate the # of unduplicated victims/survivors anticipated to be served with this funding*:

Save Form

Types of Crime Victims/Survivors to be Served - Edit
Save Grid

Select the types of crime victims and survivors who will be served with this funding.
Enter the percentage of funds that will support each crime type.
The total of all percentages should equal 100%

Victimization Type	% of Clients to be Served
Domestic/Dating Violence	0
Sexual Assault	0
Physical Child Abuse	0
Sexual Child Abuse	0
Stalking	0
Human Trafficking	0
Other Violent Crimes	0
Total	.00%

Save Grid

Budget Narratives
Save Form

Answer each question about the budget category and indicate whether you are requesting funding for it.
If you select **YES**, provide a clear explanation of the expenses in that category and how SDVS funds will be

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34 Budget Narratives



This section asks how you anticipate using the requested funding.

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Budget Narratives

Save Form

Answer each question about the budget category and indicate whether you are requesting funding for it.
If you select **YES**, provide a clear explanation of the expenses in that category and how SDVS funds will be used.

Personnel/Benefits

Are you requesting SDVS to support costs associated with Personnel and Benefits?*

Yes

No

of total employees at organization

Include full-time, part-time, and contracted in employees of the agency.
*:

Contractors/Subcontractors/Vendors

Will funding be used to pay contractors/subcontractors?*

Yes

No

*:

Save Form

Job Descriptions - Multi-List

Please upload a job description for each position that may be funded through SDVS.
If multiple staff members share the same job description, upload it once and indicate the number of individuals.

Job Description Upload	Job Category	Other Job Category Description	Total # of employees SDVS funding would support in this position
No Data for Table			

50

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?

⬆️ Scroll

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35 Personnel/Benefits



Are you requesting SDVS funds to support Personnel and Benefits costs? Answer Yes or No.

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Budget Narratives Save Form

Answer each question about the budget category and indicate whether you are requesting funding for it. If you select **YES**, provide a clear explanation of the expenses in that category and how SDVS funds will be used.

Personnel/Benefits

Are you requesting SDVS to support costs associated with Personnel and Benefits?*:

of total employees at organization
Include full-time, part-time, and contracted in employees of the agency.
*:

Contractors/Subcontractors/Vendors

Will funding be used to pay contractors/subcontractors?

*:

Save Form

Job Descriptions - Multi-List

Please upload a job description for each position that may be funded through SDVS.

If multiple staff members share the same job description, upload it once and indicate the number of individuals.

Job Description Upload	Job Category	Other Job Category Description	Total # of employees SDVS funding would support in this position
No Data for Table			

52 Home Refresh Help Scroll

36 # of Total Employees at Organization



Enter the number of full-time, part-time and contracted employees at the program. If the program is part of a larger, umbrella program, we are looking for the number of individuals within the victim services project.

The screenshot displays the South Dakota Department of Public Safety web application. The header includes the department's logo and name, along with navigation links for prevention, protection, and enforcement. A user profile sidebar on the left identifies the user as Test(Laura) Test(Quasney), an External User and Subrecipient Staff, with links to Dashboard, Funding Opportunities, Applications, Grants, Reports, and My Profile. The main content area is titled "Budget Narratives" and includes a "Save Form" button. A light blue instruction box states: "Answer each question about the budget category and indicate whether you are requesting funding for it. If you select **YES**, provide a clear explanation of the expenses in that category and how SDVS funds will be used." The "Personnel/Benefits" section contains three questions:

- Are you requesting SDVS to support costs associated with Personnel and Benefits?***: This question has "Yes" and "No" radio button options.
- # of total employees at organization**: This question asks for the number of full-time, part-time, and contracted employees of the agency. It includes a text input field and an asterisk indicating it is a required field.
- # of employees funded by SDVS**: This question asks for the number of employees whose salaries or wages will be supported by SDVS funding, including those partially covered. It includes a text input field with the value "0" and an asterisk indicating it is a required field.

Below these questions, the "Proposed support of SDVS funding for personnel expenses:" section features a dropdown menu labeled "Select the types of costs to support Personnel/Benefits expenses with SDVS funding." with the option "None selected" chosen. A note below the dropdown says "Select all that apply." and is followed by a colon. At the bottom left of the application, there is a red circular icon with a white bullseye and the number "53". The footer contains navigation icons for back, home, refresh, help, and a "Scroll" button.

37 Click on # of employees funded by SDVS



Provide the number of employees this funding will support.

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Budget Narratives

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Answer each question about the budget category and indicate whether you are requesting funding for it.
If you select **YES**, provide a clear explanation of the expenses in that category and how SDVS funds will be used.

Personnel/Benefits

Are you requesting SDVS to support costs associated with Personnel and Benefits?*

Yes

No

of total employees at organization

Include full-time, part-time, and contracted in employees of the agency.
*:

of employees funded by SDVS

0

Provide the number of employees whose salaries or wages will be supported with SDVS funding.
Include employees whose salaries or wages may only be partially covered.
*:

Proposed support of SDVS funding for personnel expenses:

Select the types of costs to support Personnel/Benefits expenses with SDVS funding.
Select all that apply.
:

None selected

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38 Proposed support of SDVS funding for personnel expenses



Once the page is saved, the system will calculate the percentage of personnel positions supported by SDVS funding.

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Are you requesting SDVS to support costs associated with Personnel and Benefits?*

YesNo

of total employees at organization

Include full-time, part-time, and contracted in employees of the agency.

*

of employees funded by SDVS

0

Provide the number of employees whose salaries or wages will be supported with SDVS funding. Include employees whose salaries or wages may only be partially covered.

*

Proposed support of SDVS funding for personnel expenses:

Select the types of costs to support Personnel/Benefits expenses with SDVS funding.
Select all that apply.

None selected ▾

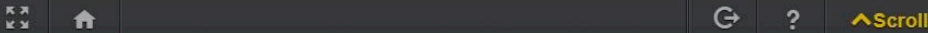
Contractors/Subcontractors/Vendors

Will funding be used to pay contractors/subcontractors?*

YesNo

Save Form

55



39 Types of Benefits



Select all types of benefits your program provides that may be covered by this funding.

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employees of the agency.

of employees funded by SDVS
Provide the number of employees whose salaries or wages will be supported with SDVS funding. Include employees whose salaries or wages may only be partially covered.

0

Proposed support of SDVS funding for personnel expenses:

Select the types of costs to support Personnel/Benefits expenses with SDVS funding.
Select all that apply.

None selected

☐ FICA

☐ Medicare

☐ Social Security

☐ Worker's Compensation

☐ Retirement

☐ Unemployment Compensation

☐ Medical

☐ Dental

☐ Vision

☐ Disability

☐ Life Insurance

Contractors/Subcontractors

Will funding be used to pay contractors/subcontractors?

Save Form

Job Descriptions - Multi-List

Please upload a job description for each position that may be funded through SDVS.
If multiple staff members share the same job description, upload it once and indicate the number of individuals.

Job Description Upload	Job Category	Other Job Category Description	Total # of employees SDVS funding would support in this position
------------------------	--------------	--------------------------------	--

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40 Contractors/Subcontractors/Vendors



Answer Yes or No to indicate whether this funding will be used to support contractors or subcontractors.

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employees of the agency.

of employees funded by SDVS

0

Provide the number of employees whose salaries or wages will be supported with SDVS funding. Include employees whose salaries or wages may only be partially covered.

Proposed support of SDVS funding for personnel expenses:

Select the types of costs to support Personnel/Benefits expenses with SDVS funding.

None selected

Select all that apply.

Contractors/Subcontractors/Vendors

Will funding be used to pay contractors/subcontractors?

Yes No

Save Form

Job Descriptions - Multi-List

Please upload a job description for each position that may be funded through SDVS.

If multiple staff members share the same job description, upload it once and indicate the number of individuals.

Job Description Upload	Job Category	Other Job Category Description	Total # of employees SDVS funding would support in this position

41 Debarment and Suspension



Confirm whether all contracts and vendors have been screened to ensure they are not suspended or debarred from receiving federal funds.

To ensure compliance with federal grant requirements, all vendors and contractors must be screened to confirm they are not suspended or debarred from receiving federal funds. This protects the program from using federal dollars with entities that have been prohibited due to fraud, misuse of funds, or other serious violations. The required check is performed through the federal SAM.gov Exclusions database (System for Award Management), where organizations can be searched to verify that they do not have an active exclusion before any contract or purchase is approved.

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prevention — protection — enforcement

Test(Laura) Test(Quasney)
External User
Subrecipient Staff

Dashboard >
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SDVS funding for
personnel expenses:

Select the types of costs to support Personnel/Benefits expenses with SDVS funding.
Select all that apply.

None selected ▾

Contractors/Subcontractors/Vendors

Will funding be used to pay contractors/subcontractors?
Yes No

Have all contracts and vendors been screened for suspension or debarment from receiving federal funds?:
Yes No

Save Form

Job Descriptions - Multi-List

Please upload a job description for each position that may be funded through SDVS.
If multiple staff members share the same job description, upload it once and indicate the number of individuals.

Job Description Upload	Job Category	Other Job Category Description	Total # of employees SDVS funding would support in this position
No Data for Table			

42 Job Descriptions

Please upload the job description for each position that may be supported with SDVS funds. If multiple staff members perform the same role and share an identical job description, upload the document once and specify the number of individuals to whom it applies. Job descriptions must clearly outline the duties, responsibilities, and required qualifications associated with each position.



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Select the types of costs to support Personnel/Benefits expenses with SDVS funding.
Select all that apply.
:

FICA

Contractors/Subcontractors/Vendors

Will funding be used to pay contractors/subcontractors?

Yes

Have all contracts and vendors been screened for suspension or debarment from receiving federal funds?:

Yes

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:02 PM

Edit Form

Job Descriptions - Multi-List

Mark as Complete

Add Entry

Please upload a job description for each position that may be funded through SDVS.
If multiple staff members share the same job description, upload it once and indicate the number of individuals.

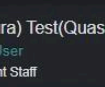
Job Description Upload	Job Category	Other Job Category Description	Total # of employees SDVS funding would support in this position
No Data for Table			

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:02 PM

Add Entry

Previous

Next



SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
prevention — protection — enforcement



Test(Laura) Test(Quasney)
External User
Subrecipient Staff

Dashboard >

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Reports >

My Profile >

Select the types of costs to support Personnel/Benefits expenses with SDVS funding.
Select all that apply.

FICA

Contractors/Subcontractors/Vendors

Will funding be used to pay contractors/subcontractors?

Yes

Have all contracts and vendors been screened for suspension or debarment from receiving federal funds?:

Yes

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:02 PM

Edit Form

Job Descriptions - Multi-List

Mark as Complete

Add Entry

Please upload a job description for each position that may be funded through SDVS.
If multiple staff members share the same job description, upload it once and indicate the number of individuals.

Job Description Upload	Job Category	Other Job Category Description	Total # of employees SDVS funding would support in this position
No Data for Table			

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:02 PM

Add Entry

Previous

Next

44 Click on Select File





SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY

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Test(Laura) Test(Quasney)
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Submitted Applications

List of all current submitted Applications

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Online Help

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Log Out

3153 - Instructional for Combo

Status: **Editing**

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

Job Descriptions

Save Row

Please upload a job description for each position that may be funded through SDVS.

If multiple staff members share the same job description, upload it once and indicate the number of individuals.

Job Description Upload:

Select file

Job Category:

Total # of employees SDVS funding would support in this position:

Save Row

45

45 Job Category



Select from the drop down, the category of the position.

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Submitted Applications
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3153 - Instructional for Combo

Status: Editing

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

Job Descriptions

Save Row

Please upload a job description for each position that may be funded through SDVS.
If multiple staff members share the same job description, upload it once and indicate the number of individuals.

Job Description Upload:

Select file

Job Category:

Direct Service Roles

Administrative/Program Support Roles

Fiscal/Compliance Roles

Leadership Roles

Community/System-Based Roles

Other

Total # of employees SDVS funding would support in this position:

Save Row

46

46 Total # of Employees



Enter the total number of employees in this position.

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3153 - Instructional for Combo

Status: Editing

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

Job Descriptions

Save Row

Please upload a job description for each position that may be funded through SDVS.
If multiple staff members share the same job description, upload it once and indicate the number of individuals.

Job Description Upload:

Select file

Job Category:

Total # of employees SDVS funding would support in this position:

Save Row

47

47 Click on Save Row



Repeat this step as needed to upload additional job descriptions.

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 **Submitted Applications**
List of all current submitted Applications

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3153 - Instructional for Combo

Status: **Editing**

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

Job Descriptions

Save Row

Please upload a job description for each position that may be funded through SDVS.
If multiple staff members share the same job description, upload it once and indicate the number of individuals.

Job Description Upload:

Select file

Job Category:

Total # of employees SDVS funding would support in this position:

Save Row

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Home



49 Application Details



Once you have completed a section, resolved all errors, and marked it as complete, the Application Details screen will display a green check mark for that section. If a green check mark is not shown, the section still requires attention and is not yet complete or error-free.

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Submitted Applications
List of all current submitted Applications

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3153 - Instructional for Combo

Status: Editing

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

See all application components below. Click on the component that you would like to edit or see in more detail. You can click the "Online Help" button in the toolbar at the top of the screen for a description of this section and all available actions.

Application Preview Attachments Alert History Map

Application Details Preview Application Ask a Question Withdraw

Application cannot be Submitted Currently

- Opportunity in Test status and user not a Tester
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Mar 27, 2026 11:55 AM - Test(Laura) Test(Quasney)
Project Information	✓	Mar 27, 2026 12:03 PM - Test(Laura) Test(Quasney)
Program-Specific Details	-	
Budget	-	
Risk Assessment	-	
Board of Directors Information	-	
Required Uploads & Certification	-	

50 Click on Program-Specific Details



This section includes questions specific to each grant program and the allowable uses of funding.

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3153 - Instructional for Combo

Status: **Editing**

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

See all application components below. Click on the component that you would like to edit or see in more detail. You can click the "Online Help" button in the toolbar at the top of the screen for a description of this section and all available actions.

Application Preview | Attachments | Alert History | Map

Application Details [Preview Application](#) [Ask a Question](#) [Withdraw](#)

Application cannot be Submitted Currently

- Opportunity in Test status and user not a Tester
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Mar 27, 2026 11:55 AM - Test(Laura) Test(Quasney)
Project Information	✓	Mar 27, 2026 12:03 PM - Test(Laura) Test(Quasney)
Program-Specific Details	-	-
Budget	-	-
Risk Assessment	-	-
Board of Directors Information	-	-
Required Uploads & Certification	-	-

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⏮ ⏪ ⏩ ⏭ ⏮ ⏪ ⏩ ⏭ ↺ ? ⬆ Scroll

All applicants must indicate whether they are applying for VOCA funding. If applying for VOCA, applicants must also select whether the organization is a Tribal or Non-Tribal entity. This designation determines the match rate required under VOCA.

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Program-Specific Details - Current Version

VOCA Save Form

The VOCA (Victims of Crime Act) grant program is administered by the Department of Justice Office for Victims of Crime.

The primary purpose of VOCA is to provide direct assistance to innocent victims of violent crime throughout the nation.

- * Sub-recipients must provide services to victims of federal crimes on the same basis as to victims of crimes under State or local law.
- * To assist victims of crime as soon as possible after the crime occurs to reduce the severity of the psychological consequences of the victimization.
- * To demonstrate ongoing support for victims in coping with the impact of victimization
- * VOCA funds awarded to the State, and by the State to eligible crime victim assistance programs, will not be used to supplant State and local government funds otherwise available for crime victim assistance.
- * Sub-recipients may provide direct services regardless of a victim's participation in the criminal justice process.
- * Victim eligibility under this program for direct services is not dependent on the victim's immigration status.

The statutory authority for this program is 34 U.S.C. § 20103(a)

Are you applying for VOCA?:

VOCA requires subrecipient reason to waive this require A "compelling reason" may counselors/victims' informa maintain volunteers after a sustained effort.

state grantee determines there is a compelling concerning liability or confidentiality of n positions, or the inability to recruit and

Will you need to request a waiver of the VOCA Volunteer Requirement?:

Will you need to request a waiver of the VOCA Match requirement?:

Save Form

52 Would you accept VOCA funding if available?



Please indicate whether you would accept VOCA funding if it is the available funding source to support your project. Select Yes or No.

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Program-Specific Details - Current Version

VOCA

Save Form

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The statutory authority for this program is 34 U.S.C. § 20103(a)

Are you applying for VOCA?: Not Applying for VOCA

Please indicate whether you would accept VOCA funding if it were the funding source available to support your project.:

YesNo

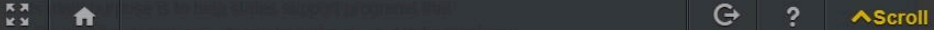
Save Form

FVPSA

Save Form

The Family Violence Prevention and Services Act (FVPSA) is administered by the Department of Health & Human Services Office of Family Violence Prevention and Services within the Administration for Children and Families.

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53 Not Applying for VOCA



If you indicate that you are not applying for VOCA funding, the VOCA-specific questions will be hidden.

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VOCA

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- * Victim eligibility under this program for direct services is not dependent on the victim's immigration status.

The statutory authority for this program is 34 U.S.C. § 20103(a)

Are you applying for VOCA?:

Not Applying for VOCA

Please indicate whether you would accept VOCA funding if it were the funding source available to support your project.:

Not Applying for VOCA

Applying for VOCA (Non-Tribal Entity)

Applying for VOCA (Tribal Entity)

Save Form

FVPSA

Save Form

The Family Violence Prevention and Services Act (FVPSA) is administered by the Department of Health & Human Services Office of Family Violence Prevention and Services within the Administration for Children and Families.

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54 Applying for VOCA



If you have selected that you are applying for VOCA funding, the VOCA-specific questions will be displayed.

The screenshot shows the 'Program-Specific Details' page for the VOCA (Victims of Crime Act) grant program. The header includes the South Dakota Department of Public Safety logo and the tagline 'prevention - protection - enforcement'. The user is logged in as 'Test(Laura) Test(Quasney)' with the role 'External User Subrecipient Staff'. The left sidebar contains navigation links: Dashboard, Funding Opportunities, Applications (highlighted), Grants, Reports, and My Profile. The main content area is titled 'VOCA' and includes a 'Save Form' button. A blue information box explains the VOCA program and lists eligibility criteria. Below this, a dropdown menu for 'Are you applying for VOCA?*' is open, showing options: 'Applying for VOCA (Non-Tribal Entity)', 'Not Applying for VOCA', 'Applying for VOCA (Non-Tribal Entity)' (highlighted), and 'Applying for VOCA (Tribal Entity)'. Below the dropdown are two sets of 'Yes/No' buttons for waiver requests: 'Will you need to request a waiver of the VOCA Volunteer Requirement?' and 'Will you need to request a waiver of the VOCA Match requirement?'. A second 'Save Form' button is at the bottom right. The footer contains navigation icons and a 'Scroll' button.

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Program-Specific Details - Current Version

VOCA Save Form

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- * Sub-recipients may provide direct services regardless of a victim's participation in the criminal justice process.
- * Victim eligibility under this program for direct services is not dependent on the victim's immigration status.

The statutory authority for this program is 34 U.S.C. § 20103(a)

Are you applying for VOCA?*: Applying for VOCA (Non-Tribal Entity) ▼

VOCA requires subrecipient state grantee determines there is a compelling reason to waive this requirement. A "compelling reason" may concerning liability or confidentiality of counselors/victims' information positions, or the inability to recruit and maintain volunteers after a sustained effort.

Will you need to request a waiver of the VOCA Volunteer Requirement?: Yes No

Will you need to request a waiver of the VOCA Match requirement?: Yes No

Save Form

55 VOCA Volunteer Requirement



VOCA requires subrecipients to use volunteers unless a compelling reason for a waiver is approved. Please indicate whether you will need to request a waiver of the VOCA Volunteer Requirement. Select Yes or No.

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VOCA

Save Form

The VOCA (Victims of Crime Act) grant program is administered by the Department of Justice Office for Victims of Crime.

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- * To demonstrate ongoing support for victims in coping with the impact of victimization
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- * Sub-recipients may provide direct services regardless of a victim's participation in the criminal justice process.
- * Victim eligibility under this program for direct services is not dependent on the victim's immigration status.

The statutory authority for this program is 34 U.S.C. § 20103(a)

Are you applying for VOCA?:

Applying for VOCA (Tribal Entity)

VOCA requires subrecipient organizations to use volunteers unless the state grantee determines there is a compelling reason to waive this requirement.
A "compelling reason" may be a statutory or contractual provision concerning liability or confidentiality of counselors/victims' information, which bars using volunteers for certain positions, or the inability to recruit and maintain volunteers after a sustained effort.

Will you need to request a waiver of the VOCA Volunteer Requirement?:

Yes

No

Will you need to request a waiver of the VOCA Match requirement?:

Yes

No

Save Form

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⌕

Home

↶

?

Scroll

56 If you answered Yes to needing a VOCA Volunteer Waiver



Explain the reasons a waiver is necessary.

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VOCA

The VOCA (Victims of Crime Act) grant program is administered by the Department of Justice Office for Victims of Crime.

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- * Sub-recipients may provide direct services regardless of a victim's participation in the criminal justice process.
- * Victim eligibility under this program for direct services is not dependent on the victim's immigration status.

The statutory authority for this program is 34 U.S.C. § 20103(a)

Are you applying for VOCA?:

Applying for VOCA (Tribal Entity)

VOCA requires subrecipient organizations to use volunteers unless the state grantee determines there is a compelling reason to waive this requirement.

A "compelling reason" may be a statutory or contractual provision concerning liability or confidentiality of counselors/victims' information, which bars using volunteers for certain positions, or the inability to recruit and maintain volunteers after a sustained effort.

Will you need to request a waiver of the VOCA Volunteer Requirement?:

Yes

No

Match Waiver Justification:

500 character(s) left

Will you need to request a waiver of the VOCA Match

Yes

No

Home

Scroll

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57 VOCA Match Waiver

Indicate Yes or No to specify whether a Match Waiver is being requested.

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VOCA requires subrecipient organizations to use volunteers unless the state grantee determines there is a compelling reason to waive this requirement.

A "compelling reason" may be a statutory or contractual provision concerning liability or confidentiality of counselors/victims' information, which bars using volunteers for certain positions, or the inability to recruit and maintain volunteers after a sustained effort.

Will you need to request a waiver of the VOCA Volunteer Requirement?:

Yes

No

Explain the reasons a waiver is necessary.

Match Waiver Justification:

500 character(s) left

Will you need to request a waiver of the VOCA Match requirement?:

Yes

No

Save Form

FVPSA

Save Form

The Family Violence Prevention and Services Act (FVPSA) is administered by the Department of Health & Human Services Office of Family Violence Prevention and Services within the Administration for Children and Families.

Its main purpose is to help states support programs that:

- Prevent family violence, domestic violence, and dating violence.
- Provide immediate shelter, supportive services, and connections to community resources for victims and their children.
- Offer specialized services for children exposed to violence, especially those from underserved populations.

The statutory authority for this program is 42 U.S.C. 10401 et seq.

Are you applying for FVPSA?:

Select the activities proposed to be

None selected

80

Navigation icons: back, home, forward, search, scroll

58 VOCA Match Waiver Requested



Provide a brief description of the agency, the project, and the services to be delivered, such as crisis intervention, advocacy, shelter services, safety planning, support groups, or community education.

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Match Waiver Justification:

500 character(s) left

Will you need to request a waiver of the VOCA Match requirement?:

YesNo

Provide a brief description of the agency, project, and the services to be provided.:

500 character(s) left

Provide a justification explaining the hardship reason for the match waiver request.:

500 character(s) left

The total amount of VOCA match that would be required based on the amount requested within the application.:

0

The amount of VOCA match the agency is able to provide and whether it is in-kind or cash.:

0

SDVS will review your VOCA Match waiver request and complete the determination and decision here.

SDVS Decision of Match Waiver Request:

Save Form

59 VOCA Match Waiver Requested



Provide a brief explanation of the hardship that is causing you to request a match waiver. Examples include limited local funding, budget challenges, serving a rural or high-need area, or unexpected financial difficulties that make it hard to meet the match requirement.

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Match Waiver Justification:

500 character(s) left

Will you need to request a waiver of the VOCA Match requirement?:

YesNo

Provide a brief description of the agency, project, and the services to be provided.:

500 character(s) left

Provide a justification explaining the hardship reason for the match waiver request.:

500 character(s) left

The total amount of VOCA match that would be required based on the amount requested within the application.:

0

The amount of VOCA match the agency is able to provide and whether it is in-kind or cash.:

0

SDVS will review your VOCA Match waiver request and complete the determination and decision here.

SDVS Decision of Match Waiver Request:

Save Form

60 VOCA Match Waiver Requested



Enter the total match amount required based on the VOCA funds requested in this application. To calculate the match: Requested VOCA amount * 0.25 = match required.

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Dashboard

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Match Waiver Justification:

500 character(s) left

Will you need to request a waiver of the VOCA Match requirement?:

YesNo

Provide a brief description of the agency, project, and the services to be provided.:

500 character(s) left

Provide a justification explaining the hardship reason for the match waiver request.:

500 character(s) left

The total amount of VOCA match that would be required based on the amount requested within the application.:

0

The amount of VOCA match the agency is able to provide and whether it is in-kind or cash.:

0

SDVS will review your VOCA Match waiver request and complete the determination and decision here.

SDVS Decision of Match Waiver Request:

Save Form



Test(Laura) Test(Quasney)

External User

Subrecipient Staff

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Match Waiver Justification:

500 character(s) left

Will you need to request a waiver of the VOCA Match requirement?:

Yes

No

Provide a brief description of the agency, project, and the services to be provided.:

500 character(s) left

Provide a justification explaining the hardship reason for the match waiver request.:

500 character(s) left

The total amount of VOCA match that would be required based on the amount requested within the application.:

0

The amount of VOCA match the agency is able to provide and whether it is in-kind or cash.:

0

SDVS will review your VOCA Match waiver request and complete the determination and decision here.

SDVS Decision of Match Waiver Request:

Save Form

62 SDVS Match Waiver Determination



After SDVS reviews your match waiver request, the final determination will be entered in this section.

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Subrecipient Staff

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Match Waiver Justification:

500 character(s) left

Will you need to request a waiver of the VOCA Match requirement?:

YesNo

Provide a brief description of the agency, project, and the services to be provided.:

500 character(s) left

Provide a justification explaining the hardship reason for the match waiver request.:

500 character(s) left

The total amount of VOCA match that would be required based on the amount requested within the application.:

0

The amount of VOCA match the agency is able to provide and whether it is in-kind or cash.:

0

SDVS will review your VOCA Match waiver request and complete the determination and decision here.

SDVS Decision of Match Waiver Request:

Save Form



63 Applying for FVPSA



If you have selected that you are applying for FVPSA funding, the FVPSA-specific questions will be displayed.

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Its main purpose is to help states support programs that:

- Prevent family violence, domestic violence, and dating violence.
- Provide immediate shelter, supportive services, and connections to community resources for victims and their children.
- Offer specialized services for children exposed to violence, especially those from underserved populations.

The statutory authority for this program is 42 U.S.C. 10401 et seq.

Are you applying for FVPSA?*

▼

Not Applying for FVPSA

Applying for FVPSA (Non-Tribal Entity)

Applying for FVPSA (Tribal Entity) without Signed Tribal Resolution

Applying for FVPSA (Tribal Entity) with Signed Tribal Resolution

Select the activities proposed to be supported with FVPSA funding.

Select all that apply:

Define the **WHO** will provide the services through this project. :

500 character(s) left

Please describe how the services will be provided and who will benefit from the services.:

500 character(s) left

Save Form

STOP

Save Form

The STOP (Services, Training, Officers, and Prosecutors) Violence Against Women Formula Grant Program is administered by the Department of Justice Office on Violence Against Women.

STOP supports local communities, including Indian tribal governments and Alaska Native villages, in their efforts to develop and strengthen effective responses to domestic violence, dating violence, sexual assault, and stalking. STOP grants are awarded to states and territories.

The statutory authority for this program is 34 U.S. C. §§ 10441, 10446 – 10451, 10454

64 Would you accept FVPSA funding if available?



Please indicate whether you would accept FVPSA funding if it is the available funding source to support your project. Select Yes or No.

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Its main purpose is to help states support programs that:

- Prevent family violence, domestic violence, and dating violence.
- Provide immediate shelter, supportive services, and connections to community resources for victims and their children.
- Offer specialized services for children exposed to violence, especially those from underserved populations.

The statutory authority for this program is 42 U.S.C. 10401 et seq.

Are you applying for FVPSA?* Not Applying for FVPSA

Please indicate whether you would accept FVPSA funding if it were the funding source available to support your project.:

Yes No

Save Form

STOP

Save Form

The STOP (Services, Training, Officers, and Prosecutors) Violence Against Women Formula Grant Program is administered by the Department of Justice Office on Violence Against Women.

STOP supports local communities, including Indian tribal governments and Alaska Native villages, in their efforts to develop and strengthen effective responses to domestic violence, dating violence, sexual assault, and stalking. STOP grants are awarded to states and territories.

The statutory authority for this program is 34 U.S. C. §§ 10441, 10446 – 10451, 10454

Are you applying for STOP?

If applying for STOP, please select the STOP program that best applies to you.

Pursuant to 34 U.S. C. §§ 10441(b), funds under this program must be used for one or more of the following purposes:

Select Yes/No to indicate whether the proposed funding will support each purpose area.

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Area 1 system

Yes No

Scroll

65 Applying for FVPSA



If you are applying for FVPSA, please indicate whether your program is a Tribal or Non-Tribal entity and whether you have a current, signed Tribal Resolution.

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Subrecipient Staff

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Its main purpose is to help states support programs that:

- Prevent family violence, domestic violence, and dating violence.
- Provide immediate shelter, supportive services, and connections to community resources for victims and their children.
- Offer specialized services for children exposed to violence, especially those from underserved populations.

The statutory authority for this program is 42 U.S.C. 10401 et seq.

Are you applying for FVPSA?*

Select the activities proposed to be supported with FVPSA funding.

Select all that apply:

Define the **WHO** will provide the services through this project. :

Please describe how the services will be provided and who will benefit from the services.:

STOP

The STOP (Services, Training, Officers, and Prosecutors) Violence Against Women Formula Grant Program is administered by the Department of Justice Office on Violence Against Women.

STOP supports local communities, including Indian tribal governments and Alaska Native villages, in their efforts to develop and strengthen effective responses to domestic violence, dating violence, sexual assault, and stalking. STOP grants are awarded to states and territories.

The statutory authority for this program is 34 U.S. C. §§ 10441, 10446 – 10451, 10454



66 If Applying for FVPSA and Signed Tribal Resolution



If you have selected this option, you will be required to upload the signed Tribal Resolution.

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Its main purpose is to help states support programs that:

- Prevent family violence, domestic violence, and dating violence.
- Provide immediate shelter, supportive services, and connections to community resources for victims and their children.
- Offer specialized services for children exposed to violence, especially those from underserved populations.

The statutory authority for this program is 42 U.S.C. 10401 et seq.

Are you applying for FVPSA?: Applying for FVPSA (Tribal Entity) with Signed Tribal Resolution

Please upload the Signed Tribal Resolution.: Select file

Select the activities proposed to be supported with FVPSA funding. Select all that apply.: None selected

Define the **WHO** will provide the services through this project. :
500 character(s) left

Please describe how the services will be provided and who will benefit from the services.:
500 character(s) left

Save Form

STOP Save Form

The STOP (Services, Training, Officers, and Prosecutors) Violence Against Women Formula Grant Program is administered by the Department of Justice Office on Violence Against Women.

STOP supports local communities, including Indian tribal governments and Alaska Native villages, in their efforts to develop and strengthen effective responses to domestic violence, dating violence, sexual assault, and

67 Select the activities to be provided.



The activities listed are allowable FVPSA activities. Select all that apply.

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Its main purpose is to help states support programs that:

- Prevent family violence, domestic violence, and dating violence.
- Provide immediate shelter, supportive services, and connections to community resources for victims and their children.
- Offer specialized services for children exposed to violence, especially those from underserved populations.

The statutory authority for this program is 42 U.S.C. 10401 et seq.

Are you applying for FVPSA?:

Applying for FVPSA (Tribal Entity) with Signed Tribal Resolution

Please upload the Signed Tribal Resolution.:

Select file

Select the activities proposed to be supported with FVPSA funding.
Select all that apply.:

Define the **WHO** will provide the services through this project. :

Please describe how the services will be provided and who will benefit from the services.:

500 character(s) left

Save Form

STOP

Save Form

The STOP (Services, Training, Officers, and Prosecutors) Violence Against Women Formula Grant Program is administered by the Department of Justice Office on Violence Against Women.

STOP supports local communities, including Indian tribal governments and Alaska Native villages, in their

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Its main purpose is to help states support programs that:

- Prevent family violence, domestic violence, and dating violence.
- Provide immediate shelter, supportive services, and connections to community resources for victims and their children.
- Offer specialized services for children exposed to violence, especially those from underserved populations.

The statutory authority for this program is 42 U.S.C. 10401 et seq.

Are you applying for FVPESA?*

▼

Please upload the Signed Tribal Resolution.:

Select file

Select the activities proposed to be supported with FVPESA funding.
Select all that apply.:

▼

Define the **WHO** will provide the services through this project. :

500 character(s) left

Please describe how the services will be provided and who will benefit from the services.:

500 character(s) left

Save Form



STOP

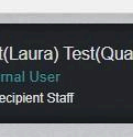
Save Form

The STOP (Services, Training, Officers, and Prosecutors) Violence Against Women Formula Grant Program is administered by the Department of Justice Office on Violence Against Women.

STOP supports local communities, including Indian tribal governments and Alaska Native villages, in their efforts to develop and strengthen effective responses to domestic violence, dating violence, sexual assault, and

69 FVPSA Services

Please describe how the proposed services will be delivered, including the methods, activities, and processes involved. In your response, also identify who will benefit from these services by explaining the target population, community, or groups the project is intended to support.



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Its main purpose is to help states support programs that:

- Prevent family violence, domestic violence, and dating violence.
- Provide immediate shelter, supportive services, and connections to community resources for victims and their children.
- Offer specialized services for children exposed to violence, especially those from underserved populations.

The statutory authority for this program is 42 U.S.C. 10401 et seq.

Are you applying for FVPSA?*: Applying for FVPSA (Tribal Entity) with Signed Tribal Resolution ▾

Please upload the Signed Tribal Resolution.: Select file

Select the activities proposed to be supported with FVPSA funding.
Select all that apply.: None selected ▾

Define the **WHO** will provide the services through this project. :
500 character(s) left

Please describe how the services will be provided and who will benefit from the services.:
500 character(s) left

Save Form

 **STOP** Save Form

The STOP (Services, Training, Officers, and Prosecutors) Violence Against Women Formula Grant Program is administered by the Department of Justice Office on Violence Against Women.

STOP supports local communities, including Indian tribal governments and Alaska Native villages, in their efforts to develop and strengthen effective responses to domestic violence, dating violence, sexual assault, and

70 Applying for STOP



If you are applying for STOP funding, please select the appropriate type of program/services.



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STOP supports local communities, including Indian tribal governments and Alaska Native villages, in their efforts to develop and strengthen effective responses to domestic violence, dating violence, sexual assault, and stalking. STOP grants are awarded to states and territories.

The statutory authority for this program is 34 U.S. C. §§ 10441, 10446 – 10451, 10454

Are you applying for STOP?

If applying for STOP, please select the STOP program that best applies to you.

Pursuant to 34 U.S. C. § 10441, the STOP program must be used for one or more of the following purposes:

Select Yes/No to indicate whether the proposed funding will support each purpose area.

Purpose Area 1:
Training justice system professionals to better identify and respond to violent crimes against women:

Yes

No

Purpose Area 2:
Expanding or improving specialized justice-system units focused on violent crimes against women.:

Yes

No

Purpose Area 3:
Improving police, court, and prosecution policies and services to better prevent, identify, and respond to violent crimes against women.:

Yes

No

Purpose Area 4:
Improving data systems that link justice agencies to track arrests, protection orders, violations,

Yes

No





prevention, and

protection, and

enforcement for violent



Scroll

71 Would you accept STOP funding if available?



Please indicate if you would accept STOP funding if it is the available funding source to support your project. Select Yes or No.

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STOP supports local communities, including Indian tribal governments and Alaska Native villages, in their efforts to develop and strengthen effective responses to domestic violence, dating violence, sexual assault, and stalking. STOP grants are awarded to states and territories.

The statutory authority for this program is 34 U.S. C. §§ 10441, 10446 – 10451, 10454

Are you applying for STOP?

If applying for STOP, please select the STOP program that best applies to you.

Please indicate whether you would accept STOP funding if it were the funding source available to support your project.:

Save Form

SASP

Save Form

The Sexual Assault Services Formula Program (SASP) was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005).

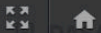
SASP provides grant dollars to states and territories to assist them in supporting rape crisis centers and other nonprofit, nongovernmental organizations, or tribal programs that provide direct intervention and related assistance to victims of sexual assault, without regard to age.

This program is authorized by 34 U.S.C § 12511.

Are you applying for SASP?*

Save Form











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72 STOP Purpose Areas



The STOP Program includes 24 specific purpose areas. For each purpose area, please indicate Yes or No to show whether you are requesting funding to support that purpose area within your project.

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STOP supports local communities, including Indian tribal governments and Alaska Native villages, in their efforts to develop and strengthen effective responses to domestic violence, dating violence, sexual assault, and stalking. STOP grants are awarded to states and territories.

The statutory authority for this program is 34 U.S. C. §§ 10441, 10446 – 10451, 10454

Are you applying for STOP?

Applying for STOP-Law Enforcement

If applying for STOP, please select the STOP program that best applies to you.

Pursuant to 34 U.S. C. §§ 10441(b), funds under this program must be used for one or more of the following purposes:

Select Yes/No to indicate whether the proposed funding will support each purpose area.

Purpose Area 1:
Training justice system professionals to better identify and respond to violent crimes against women:

YesNo

Purpose Area 2:
Expanding or improving specialized justice-system units focused on violent crimes against women.:

YesNo

Purpose Area 3:
Improving police, court, and prosecution policies and services to better prevent, identify, and respond to violent crimes against women.:

YesNo

Purpose Area 4:
Improving data systems that link justice agencies to track arrests, protection orders, violations,

YesNo

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prevention, protection, and enforcement for violent crimes

?

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73 If Yes is answered.



A text box will appear for applicants to provide additional information on how funding will be used to support each selected purpose area. Context and clarification about the purpose area will be displayed above the text box to guide your response.

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STOP supports local communities, including Indian tribal governments and Alaska Native villages, in their efforts to develop and strengthen effective responses to domestic violence, dating violence, sexual assault, and stalking. STOP grants are awarded to states and territories.

The statutory authority for this program is 34 U.S. C. §§ 10441, 10446 – 10451, 10454

Are you applying for STOP?

If applying for STOP, please select the STOP program that best applies to you.

Applying for STOP-Law Enforcement

Pursuant to 34 U.S. C. §§ 10441(b), funds under this program must be used for one or more of the following purposes:

Select Yes/No to indicate whether the proposed funding will support each purpose area.

Purpose Area 1:
Training justice system professionals to better identify and respond to violent crimes against women:

Training law enforcement officers, judges, other court personnel, and prosecutors to more effectively identify and respond to violent crimes against women, including the crimes of domestic violence, dating violence, sexual assault, and stalking, including the appropriate use of nonimmigrant status under subparagraphs (T) and (U) of section 1101(a)(15) of the Immigration and Nationality Act (8 U.S.C. § 1101(a)(15)).

Please provide more information on how funding will support this purpose area.:

1000 character(s) left

Purpose Area 2:
Expanding or improving specialized justice-system units focused on violent crimes against women.:

Purpose Area 3:
Improving police, court, and prosecution policies and services to better prevent, identify,

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domestic and sexual violence.:

Purpose Area 24:
Paying government fees for victims or their children to obtain required birth certificates, passports, or state/Tribal ID cards.:

Yes

No

Save Form

SASP

Save Form

The Sexual Assault Services Formula Program (SASP) was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005).

SASP provides grant dollars to states and territories to assist them in supporting rape crisis centers and other nonprofit, nongovernmental organizations, or tribal programs that provide direct intervention and related assistance to victims of sexual assault, without regard to age.

This program is authorized by 34 U.S.C § 12511.

Are you applying for SASP?:

Save Form

DASA

Save Form

The DASA (Domestic and Sexual Abuse Program) grant is funded through the State of South Dakota general funds, with monies appropriated annually by the South Dakota State Legislature.

The primary purpose is to support shelter services for victims of domestic violence and sexual assault, provide training for shelter staff and volunteers, and advance prevention and educational initiatives related to domestic violence and sexual assault.

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Applying for

Scroll

75 Applying for SASP



If you have selected that you are applying for SASP funding, the SASP-specific questions will be displayed. If not applying for SASP, please indicate whether you would accept SASP funding if it is the available funding source to support your project.

The screenshot displays the South Dakota Department of Public Safety web application. The header includes the department's logo and name, along with navigation links for prevention, protection, and enforcement. A left sidebar shows the user's profile (Test(Laura) Test(Quasney), External User, Subrecipient Staff) and a menu with links to Dashboard, Funding Opportunities, Applications, Grants, Reports, and My Profile. The main content area is divided into three sections: 1. A section for domestic and sexual violence with a 'Purpose Area 24' question about paying government fees for victims or their children to obtain required birth certificates, passports, or state/Tribal ID cards. It has 'Yes' and 'No' radio buttons and a 'Save Form' button. 2. A section for SASP (Sexual Assault Services Formula Program) with a description of the program and its authorization. It includes a question 'Are you applying for SASP?' with a dropdown menu showing 'Not Applying for SASP' and 'Applying for SASP'. It also has a 'Save Form' button. 3. A section for DASA (Domestic and Sexual Abuse Program) with a description of the grant and its purpose. It also has a 'Save Form' button. A red circle with the number 107 is in the bottom left corner. The bottom of the page has a navigation bar with icons for home, back, forward, and a 'Scroll' button.

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domestic and sexual violence:

Purpose Area 24: Paying government fees for victims or their children to obtain required birth certificates, passports, or state/Tribal ID cards.: ☐ Yes ☐ No

SASP

The Sexual Assault Services Formula Program (SASP) was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005).

SASP provides grant dollars to states and territories to assist them in supporting rape crisis centers and other nonprofit, nongovernmental organizations, or tribal programs that provide direct intervention and related assistance to victims of sexual assault, without regard to age.

This program is authorized by 34 U.S.C § 12511.

Are you applying for SASP?:

Not Applying for SASP
Applying for SASP

DASA

The DASA (Domestic and Sexual Abuse Program) grant is funded through the State of South Dakota general funds, with monies appropriated annually by the South Dakota State Legislature.

The primary purpose is to support shelter services for victims of domestic violence and sexual assault, provide training for shelter staff and volunteers, and advance prevention and educational initiatives related to domestic violence and sexual assault.

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Home Back Forward ? Scroll

76 Applying for DASA



If you have selected that you are applying for DASA funding, the DASA-specific questions will be displayed.

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The Sexual Assault Services Formula Program (SASP) was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005).

SASP provides grant dollars to states and territories to assist them in supporting rape crisis centers and other nonprofit, nongovernmental organizations, or tribal programs that provide direct intervention and related assistance to victims of sexual assault, without regard to age.

This program is authorized by 34 U.S.C § 12511.

Are you applying for SASP?:

Not Applying for SASP

Please indicate whether you would accept SASP funding if it were the funding source available to support your project.:

YesNo

Save Form

DASA

Save Form

The DASA (Domestic and Sexual Abuse Program) grant is funded through the State of South Dakota general funds, with monies appropriated annually by the South Dakota State Legislature.

The primary purpose is to support shelter services for victims of domestic violence and sexual assault, provide training for shelter staff and volunteers, and advance prevention and educational initiatives related to domestic violence and sexual assault.

Are you applying for DASA?:

Save Form

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77 Would you accept DASA funding if available?



Please indicate whether you would accept DASA funding if it is the available funding source to support your project. Select Yes or No.

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The Sexual Assault Services Formula Program (SASP) was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005).

SASP provides grant dollars to states and territories to assist them in supporting rape crisis centers and other nonprofit, nongovernmental organizations, or tribal programs that provide direct intervention and related assistance to victims of sexual assault, without regard to age.

This program is authorized by 34 U.S.C § 12511.

Are you applying for SASP?:
Not Applying for SASP ▾

Please indicate whether you would accept SASP funding if it were the funding source available to support your project.:
Yes No

Save Form

DASA

Save Form

The DASA (Domestic and Sexual Abuse Program) grant is funded through the State of South Dakota general funds, with monies appropriated annually by the South Dakota State Legislature.

The primary purpose is to support shelter services for victims of domestic violence and sexual assault, provide training for shelter staff and volunteers, and advance prevention and educational initiatives related to domestic violence and sexual assault.

Are you applying for DASA?:
Not Applying for DASA ▾

Please indicate whether you would accept DASA funding if it were the funding source available to support your project.:
Yes No

Save Form







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The Sexual Assault Services Formula Program (SASP) was created by the Violence Against Women and Department of Justice Reauthorization Act of 2005 (VAWA 2005).

SASP provides grant dollars to states and territories to assist them in supporting rape crisis centers and other nonprofit, nongovernmental organizations, or tribal programs that provide direct intervention and related assistance to victims of sexual assault, without regard to age.

This program is authorized by 34 U.S.C § 12511.

Are you applying for SASP?:

Please indicate whether you would accept SASP funding if it were the funding source available to support your project.:

DASA

The DASA (Domestic and Sexual Abuse Program) grant is funded through the State of South Dakota general funds, with monies appropriated annually by the South Dakota State Legislature.

The primary purpose is to support shelter services for victims of domestic violence and sexual assault, provide training for shelter staff and volunteers, and advance prevention and educational initiatives related to domestic violence and sexual assault.

Are you applying for DASA?:

Please indicate whether you would accept DASA funding if it were the funding source available to support your project.:

79 Click on Mark as Complete



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External User
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Submitted Applications

List of all current submitted Applications

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3153 - Instructional for Combo

Status: Editing

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

[App List](#)
[Genera](#)
[Projec](#)
[Progra](#)
[Budget](#)
[Risk A](#)
[Board](#)
[Requi](#)

Program-Specific Details - Current Version

VOCA

[✓ Mark as Complete](#) [Edit Form](#)

The VOCA (Victims of Crime Act) grant program is administered by the Department of Justice Office for Victims of Crime.

The primary purpose of VOCA is to provide direct assistance to innocent victims of violent crime throughout the nation.

- * Sub-recipients must provide services to victims of federal crimes on the same basis as to victims of crimes under State or local law.
- * To assist victims of crime as soon as possible after the crime occurs to reduce the severity of the psychological consequences of the victimization.
- * To demonstrate ongoing support for victims in coping with the impact of victimization
- * VOCA funds awarded to the State, and by the State to eligible crime victim assistance programs, will not be used to supplant State and local government funds otherwise available for crime victim assistance.
- * Sub-recipients may provide direct services regardless of a victim's participation in the criminal justice process.
- * Victim eligibility under this program for direct services is not dependent on the victim's immigration status.

The statutory authority for this program is 34 U.S.C. § 20103(a)

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Applying for: Applying for VOCA (Tribal Entity)



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3153 - Instructional for Combo

Status: **Editing**

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

See all application components below. Click on the component that you would like to edit or see in more detail. You can click the "Online Help" button in the toolbar at the top of the screen for a description of this section and all available actions.

Application Preview

Attachments

Alert History

Map



Application Details

Preview Application

Ask a Question

Withdraw

Application cannot be Submitted Currently

- Opportunity in Test status and user not a Tester
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Mar 27, 2026 11:55 AM - Test(Laura) Test(Quasney)
Project Information	✓	Mar 27, 2026 12:03 PM - Test(Laura) Test(Quasney)
Program-Specific Details	✓	Mar 27, 2026 12:07 PM - Test(Laura) Test(Quasney)
Budget	-	
Risk Assessment	-	
Board of Directors Information	-	
Required Uploads & Certification	-	



81

81 Click on Budget



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Test(Laura) Test(Quasney)
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3153 - Instructional for Combo

Status: Editing

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

See all application components below. Click on the component that you would like to edit or see in more detail. You can click the "Online Help" button in the toolbar at the top of the screen for a description of this section and all available actions.

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Application Details

[Preview Application](#)
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[Withdraw](#)

Application cannot be Submitted Currently

- Opportunity in Test status and user not a Tester
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Mar 27, 2026 11:55 AM - Test(Laura) Test(Quasney)
Project Information	✓	Mar 27, 2026 12:03 PM - Test(Laura) Test(Quasney)
Program-Specific Details	✓	Mar 27, 2026 12:07 PM - Test(Laura) Test(Quasney)
Budget	-	-
Risk Assessment	-	-
Board of Directors Information	-	-
Required Uploads & Certification	-	-

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82 Click on Save Form



To unlock this page and begin answering questions, you must first click Save Form.

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Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

Budget - Current Version

SDVS - Multi-List

Select the grant program from the dropdown.
Select the budget category from the dropdown.
Provide a brief description of the use of funds.
Input the amount of funding requested to support the grant's budget category.

Grant Program	Budget Category	Brief Description	Requested Amount
No Data for Table			

Budget Narratives - Multi-List

Select the grant program and budget category that were requested in the previous section from the dropdown.
Provide a brief description of the proposed use of funds/ activities to be supported.

For **Match Reported** please provide in the narrative if match will be provided using in-kind or cash

Grant Program/ Budget Category	Proposed Use of Funds
No Data for Table	

Annual Budget

Use this section to input your approved annual operating budget.
SDVS Funding will be calculated based on the amounts input above.
Other Federal Funds are federal funding received to support the project not from SDVS.

Save Form

83 Click on Add Entry





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Status: Editing

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

[App List](#) [Genera](#) [Projec](#) [Progra](#) **Budget** [Risk A](#) [Board](#) [Requi](#)

Budget - Current Version

SDVS - Multi-List [Mark as Complete](#) [+ Add Entry](#)

Select the grant program from the dropdown.
Select the budget category from the dropdown.
Provide a brief description of the use of funds.
Input the amount of funding requested to support the grant's budget category.

Grant Program	Budget Category	Brief Description	Requested Amount
No Data for Table			

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:07 PM [+ Add Entry](#)

Budget Narratives - Multi-List [Mark as Complete](#) [+ Add Entry](#)

Select the grant program and budget category that were requested in the previous section from the dropdown.
Provide a brief description of the proposed use of funds/ activities to be supported.

For Match Reported please provide in the narrative if match will be provided using in-kind or cash

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84 Grant Program



Select from the dropdown list, which grant you are applying for.

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3153 - Instructional for Combo

Status: Editing

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Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

SDVS

Save Row

Select the grant program from the dropdown.

Select the budget category from the dropdown.

Provide a brief description of the use of funds.

Input the amount of funding requested to support the grant's budget category.

Grant Program*:

Budget Category*:

Brief Description:

Requested Amount: \$0

Save Row

118

85

85 Click on Budget Category



Select the applicable budget category from the dropdown list based on the grant program you chose in the previous question.

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3153 - Instructional for Combo

Status: **Editing**

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Funding Opportunity: 2888-Combo - SFY 2027

Organization: B

Requested Total: \$0

SDVS

Select the grant program
Select the budget category
Provide a brief description
Input the amount of funding

Grant Program*: **SDVS**

Budget Category*: **Personnel & Benefits**

Brief Description:

Requested Amount: \$0

Save Row

119

86 Enter Brief Description



Enter a brief description of the grant program and the budget categories you selected in the previous questions. Examples include: office rent, shelter phone, shelter utilities, and similar expenses.

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Status: Editing

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

SDVS

Save Row

Select the grant program from the dropdown.
Select the budget category from the dropdown.
Provide a brief description of the use of funds.
Input the amount of funding requested to support the grant's budget category.

Grant Program*: VOCA

Budget Category*: Ex. Office rent, shelter phone, shelter utilities, community events, hotel/motel stays, food for clients

Brief Description:

Requested Amount: \$0

Save Row

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87

87 Enter Amount Requested



Enter the amount of funding requested for the grant program, budget category and specific expenses described previously.

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Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

SDVS

Save Row

Select the grant program from the dropdown.

Select the budget category from the dropdown.

Provide a brief description of the use of funds.

Input the amount of funding requested to support the grant's budget category.

Grant Program*: VOCA

Budget Category*: Personnel & Benefits

Brief Description: Wages

Requested Amount: \$0

Save Row

122

Home

88

88 Click on Save Row



Repeat this step until all budget areas have been entered and requested.

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Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total:

SDVS

Save Row

Select the grant program from the dropdown.
Select the budget category from the dropdown.
Provide a brief description of the use of funds.
Input the amount of funding requested to support the grant's budget category.

Grant Program*: VOCA

Budget Category*: Personnel & Benefits

Brief Description: Wages

Requested Amount: 25000

Save Row

123

Full Screen

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89 Grant Subtotals



As expenses and budget line items are entered, the system will automatically calculate totals for each grant program and display a subtotal for that specific grant with a grand total of the total funds requested.

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SDVS - Multi-List

✓ Mark as Complete

+ Add Entry

Select the grant program from the dropdown.
Select the budget category from the dropdown.
Provide a brief description of the use of funds.
Input the amount of funding requested to support the grant's budget category.

Grant Program	Budget Category	Brief Description	Requested Amount
VOCA	Personnel & Benefits	Wages	\$25,000.00
Subtotal			\$25,000.00
			\$25,000.00

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:08 PM

+ Add Entry

Budget Narratives - Multi-List

✓ Mark as Complete

+ Add Entry

Select the grant program and budget category that were requested in the previous section from the dropdown.
Provide a brief description of the proposed use of funds/ activities to be supported.

For Match Reported please provide in the narrative if match will be provided using in-kind or cash

Grant Program/ Budget Category	Proposed Use of Funds
No Data for Table	

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:08 PM

+ Add Entry

Annual Budget

✓ Mark as Complete

Edit Form

Use this section to input your approved annual operating budget.
SDVS Funding will be calculated based on the amounts input above.
Other Federal Funds are federal funding received to support the project not from SDVS.
Marriage License/Divorce Fees should be utilized if the program receives county funding from Marriages and Divorces filed.
Other State Funds are other funds received from the State not including DASA.
Other Local Funds are other unrestricted funds from the local community.
Other Funds: Not Specified should only be used for portions of the budget not accounted for in other categories.

The Approved Annual Budget is the governing body (Board of Directors) most recent/ current operating budget.
This budget should reflect what has been input within this portion of the application.

SDVS is requesting information regarding fundraising activities and attempts. Please complete the information.

90 Click on Add Entry



Budget Narratives will be required for each grant program and budget category entered in the previous steps.

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SDVS - Multi-List

✓ Mark as Complete

+ Add Entry

Select the grant program from the dropdown.

Select the budget category from the dropdown.

Provide a brief description of the use of funds.

Input the amount of funding requested to support the grant's budget category.

Grant Program	Budget Category	Brief Description	Requested Amount
VOCA	Personnel & Benefits	Wages	\$25,000.00
Subtotal			\$25,000.00
			\$25,000.00

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:08 PM

+ Add Entry

Budget Narratives - Multi-List

✓ Mark as Complete

+ Add Entry

Select the grant program and budget category that were requested in the previous section from the dropdown.

Provide a brief description of the proposed use of funds/ activities to be supported.

For Match Reported please provide in the narrative if match will be provided using in-kind or cash

Grant Program/ Budget Category	Proposed Use of Funds
No Data for Table	

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:08 PM

+ Add Entry

Annual Budget

✓ Mark as Complete

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The Approved Annual Budget is the governing body (Board of Directors) most recent/ current operating budget.

This budget should reflect what has been input within this portion of the application.

SDVS is requesting information regarding fundraising activities and attempts. Please complete the information.

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⬆️ Scroll

91 Click on Grant Program/Budget Category

This section will display the items entered in the previous step. Select the appropriate option from the dropdown menu. Each grant program and budget category requested must have a corresponding budget narrative.

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3153 - Instructional for Combo

Status: Editing

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

Budget Narratives

Save Row

Select the grant program and budget category that were requested in the previous section from the dropdown. Provide a brief description of the proposed use of funds/ activities to be supported.

For Match Reported please provide in the narrative if match will be provided using in-kind or cash

Grant Program/ Budget Category*:
Proposed Use of Funds*:
VOCA-Personnel and Benefits

500 character(s) left

Save Row

92

92 Provide the budget narrative.



Provide a brief description of the proposed use of funds and the activities that will be supported under the selected grant program and budget category.



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Stage: Final Application

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Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

Budget Narratives

Save Row

Select the grant program and budget category that were requested in the previous section from the dropdown.
Provide a brief description of the proposed use of funds/ activities to be supported.

For **Match Reported** please provide in the narrative if match will be provided using in-kind or cash

Grant Program/ Budget Category*: VOCA-Personnel and Benefits

Proposed Use of Funds*:

500 character(s) left

Save Row

127



93

93 Click on Save Row



Repeat these steps until all applicable budget narratives have been provided.

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Status: Editing

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

Budget Narratives

Save Row

Select the grant program and budget category that were requested in the previous section from the dropdown. Provide a brief description of the proposed use of funds/ activities to be supported.

For Match Reported please provide in the narrative if match will be provided using in-kind or cash

Grant Program/ Budget Category*: VOCA-Personnel and Benefits

Proposed Use of Funds*: Test

496 character(s) left

Save Row

94

94 Click on Edit Form



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Budget Narratives - Multi-List

✓ Mark as Complete

+ Add Entry

Select the grant program and budget category that were requested in the previous section from the dropdown. Provide a brief description of the proposed use of funds/ activities to be supported.

For **Match Reported** please provide in the narrative if match will be provided using in-kind or cash

Grant Program/ Budget Category	Proposed Use of Funds
VOCA-Personnel and Benefits	Test

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:09 PM

+ Add Entry

Annual Budget

✓ Mark as Complete

Edit Form

Use this section to input your approved annual operating budget.

SDVS Funding will be calculated based on the amounts input above.

Other Federal Funds are federal funding received to support the project not from SDVS.

Marriage License/Divorce Fees should be utilized if the program receives county funding from Marriages and Divorces filed.

Other State Funds are other funds received from the State not including DASA.

Other Local Funds are other unrestricted funds from the local community.

Other Funds: Not Specified should only be used for portions of the budget not accounted for in other categories.

The Approved Annual Budget is the governing body (Board of Directors) most recent/ current operating budget. This budget should reflect what has been input within this portion of the application.

SDVS is requesting information regarding fundraising activities and attempts. Please complete the information requested regarding fundraising efforts.

SDVS Funding:

\$25,000.00

Other Federal Funds*:

\$0.00

Other State Funds

(not including DASA)*:

\$0.00

Other Local Funds*:

\$0.00

Other Funds: Not

Specified*:

\$0.00

Total Annual Budget:

\$25,000.00

Approved Annual Budget*:

Upload current approved operating budget

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95 SDVS Funding



This will auto calculate based on the budget input.

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Annual Budget

Save Form

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Use this section to input your approved annual operating budget.

SDVS Funding will be calculated based on the amounts input above.

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The Approved Annual Budget is the governing body (Board of Directors) most recent/ current operating budget.

This budget should reflect what has been input within this portion of the application.

SDVS is requesting information regarding fundraising activities and attempts. Please complete the information requested regarding fundraising efforts.

SDVS Funding: \$25,000.00

Other Federal Funds*: \$0.00

Other State Funds (not including DASA)*: \$0.00

Other Local Funds*: \$0.00

Other Funds: Not Specified*: \$0.00

Total Annual Budget: \$25,000.00

Approved Annual Budget*:

Select file

Upload current approved operating budget

Does the organization engage in fundraising? *

Yes No

SDVS Portion of Budget: 100.0%

Save Form

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96 Enter Other Federal Funds



Enter the amount of other federal funds received to support the project. Only include funds that do not come from SDVS. These may include federal funds passed through another state agency or a direct federal award provided to your program.

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SDVS Fund

Federal funding received to support the project not from SDVS

Other Federal Funds*:

\$0.00

Other State Funds (not including DASA)*:

\$0.00

Other Local Funds*:

\$0.00

Other Funds: Not Specified*:

\$0.00

Total Annual Budget:

\$25,000.00

Approved Annual Budget*:

Select file

Upload current approved operating budget

Does the organization engage in fundraising? *

Yes

No

SDVS Portion of Budget:

100.0%

Save Form

97 Enter Other State Funds



Enter the amount of funds received from the State of South Dakota. Only include funds that are not already accounted for within this application. Do not include DASA.

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Marriage License/Divorce Fees should be utilized if the program receives county funding from marriages and Divorces filed.

Other State Funds are other funds received from the State not including DASA.

Other Local Funds are other unrestricted funds from the local community.

Other Funds: Not Specified should only be used for portions of the budget not accounted for in other categories.

The Approved Annual Budget is the governing body (Board of Directors) most recent/ current operating budget. This budget should reflect what has been input within this portion of the application.

SDVS is requesting information regarding fundraising activities and attempts. Please complete the information requested regarding fundraising efforts.

SDVS Funding: \$25,000.00

Other Federal Funds*:

Funds received from the State of SD

Other State Funds (not including DASA)*:

Other Local Funds*:

Other Funds: Not Specified*:

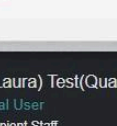
Total Annual Budget: \$25,000.00

Approved Annual Budget*:

Upload current approved operating budget

Does the organization engage in fundraising? *

SDVS Portion of Budget: 100.0%



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Marriage License/Divorce Fees should be utilized if the program receives county funding from marriages and Divorces filed.

Other State Funds are other funds received from the State not including DASA.

Other Local Funds are other unrestricted funds from the local community.

Other Funds: Not Specified should only be used for portions of the budget not accounted for in other categories.

The Approved Annual Budget is the governing body (Board of Directors) most recent/ current operating budget. This budget should reflect what has been input within this portion of the application.

SDVS is requesting information regarding fundraising activities and attempts. Please complete the information requested regarding fundraising efforts.

SDVS Funding:	\$25,000.00
Other Federal Funds*:	\$0.00
Other State Funds*: (not including DASA)	\$0.00
Other Local Funds*:	\$0.00
Other Funds: Not Specified*:	\$0.00
Total Annual Budget:	\$25,000.00
Approved Annual Budget*:	 Upload current approved operating budget
Does the organization engage in fundraising?	☒ Yes ☐ No
SDVS Portion of Budget:	100.0%

Save Form

99 Other Funds: Not Specified



Enter the amount of funds not accounted for in other categories.

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Marriage License/Divorce Fees should be utilized if the program receives county funding from marriages and Divorces filed.

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The Approved Annual Budget is the governing body (Board of Directors) most recent/ current operating budget. This budget should reflect what has been input within this portion of the application.

SDVS is requesting information regarding fundraising activities and attempts. Please complete the information requested regarding fundraising efforts.

SDVS Funding: \$25,000.00

Other Federal Funds*:

Other State Funds (not including DASA)*:

Other Local Funds:

Should only be used for portions of the budget not accounted for in other categories

Other Funds: Not Specified*:

Total Annual Budget: \$25,000.00

Approved Annual Budget*:

Select file

Upload current approved operating budget

Does the organization engage in fundraising?

Yes No

SDVS Portion of Budget: 100.0%

Save Form

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⬆️ Scroll

100 Total Annual Budget



The total annual budget will automatically calculate once the page is saved. The calculated total must match the approved budget that will be uploaded.

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Marriage License/Divorce Fees should be utilized if the program receives county funding from marriages and Divorces filed.
Other State Funds are other funds received from the State not including DASA.
Other Local Funds are other unrestricted funds from the local community.
Other Funds: Not Specified should only be used for portions of the budget not accounted for in other categories.

The Approved Annual Budget is the governing body (Board of Directors) most recent/ current operating budget. This budget should reflect what has been input within this portion of the application.

SDVS is requesting information regarding fundraising activities and attempts. Please complete the information requested regarding fundraising efforts.

SDVS Funding: \$25,000.00

Other Federal Funds*: \$0.00

Other State Funds (not including DASA)*: \$0.00

Other Local Funds*: \$0.00

Other Funds: Not Specified*: \$0.00

Total Annual Budget: \$25,000.00

Approved Annual Budget*:
Upload current approved operating budget

Does the organization engage in fundraising?

SDVS Portion of Budget: 100.0%

101 Fundraising



Does the organization engage in fundraising? Answer Yes or No.

102 Fundraising Goal



If yes was answered in the previous question, enter the amount for the prior year's fundraising goal. If no was answered, the additional fundraising questions will not be displayed.

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Subrecipient Staff

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Marriage License/Divorce Fees should be utilized if the program receives county funding from marriages and Divorces filed.
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SDVS Funding: \$25,000.00

Other Federal Funds*:

Other State Funds (not including DASA)*:

Other Local Funds*:

Other Funds: Not Specified*:

Total Annual Budget: \$25,000.00

Approved Annual Budget*:

Select file

Upload current approved operating budget

Does the organization engage in fundraising? *

Yes No

Fundraising Goal:

Actual Funds Raised:

Describe any factors that affected your ability to meet the fundraising goal.:



OPTIONAL

Scroll

103 Actual Funds Raised



Enter the amount of funds raised in the previous year.

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Marriage License/Divorce Fees should be utilized if the program receives county funding from marriages and Divorces filed.
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SDVS Funding: \$25,000.00

Other Federal Funds*:

Other State Funds (not including DASA)*:

Other Local Funds*:

Other Funds: Not Specified*:

Total Annual Budget: \$25,000.00

Approved Annual Budget*:
Upload current approved operating budget

Does the organization engage in fundraising?

Fundraising Goal:

Actual Funds Raised:

Describe any factors that affected your ability to meet the fundraising goal.:

You may describe any factors that affected your fundraising abilities.

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SDVS is requesting information regarding fundraising activities and attempts. Please complete the information requested regarding fundraising efforts.

SDVS Funding:

\$25,000.00

Other Federal Funds*:

Other State Funds
(not including DASA)*:

Other Local Funds*:

Other Funds: Not
Specified*:

Total Annual Budget:

\$25,000.00

Approved Annual
Budget*:

Select file

Upload current approved operating budget

Does the organization
engage in fundraising?

Yes

No

Fundraising Goal:

Actual Funds Raised:

Describe any factors
that affected your
ability to meet the
fundraising goal.:





OPTIONAL



Scroll





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SDVS is requesting information regarding fundraising activities and attempts. Please complete the information requested regarding fundraising efforts.

SDVS Funding:

\$25,000.00

Other Federal Funds*:

Other State Funds
(not including DASA)*:

Other Local Funds*:

Other Funds: Not
Specified*:

Total Annual Budget:

\$25,000.00

Approved Annual
Budget*:

Select file

Upload current approved operating budget

Does the organization
engage in fundraising?

Yes

No

SDVS Portion of
Budget:

100.0%

Save Form

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3153 - Instructional for Combo

Status: Editing

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

App List

Genera

Projec

Progra

Budget

Risk A

Board

Requi

Budget - Current Version

SDVS - Multi-List

Mark as Complete

Add Entry

Select the grant program from the dropdown.

Select the budget category from the dropdown.

Provide a brief description of the use of funds.

Input the amount of funding requested to support the grant's budget category.

Grant Program	Budget Category	Brief Description	Requested Amount
VOCA	Personnel & Benefits	Wages	\$25,000.00
Subtotal			\$25,000.00
			\$25,000.00

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:10 PM

Add Entry

Budget Narratives - Multi-List

Mark as Complete

Add Entry

Select the grant program and budget category that were requested in the previous section from the dropdown.

Provide a brief description of the proposed use of funds/ activities to be supported.

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3153 - Instructional for Combo

Status: **Editing**

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

See all application components below. Click on the component that you would like to edit or see in more detail. You can click the "Online Help" button in the toolbar at the top of the screen for a description of this section and all available actions.

Application Preview

Attachments

Alert History

Map



Application Details

Preview Application

Ask a Question

Withdraw

Application cannot be Submitted Currently

- Opportunity in Test status and user not a Tester
- Application components are not complete

Component	Complete?	Last Edited
General Information	✓	Mar 27, 2026 11:55 AM - Test(Laura) Test(Quasney)
Project Information	✓	Mar 27, 2026 12:03 PM - Test(Laura) Test(Quasney)
Program-Specific Details	✓	Mar 27, 2026 12:07 PM - Test(Laura) Test(Quasney)
Budget	✓	Mar 27, 2026 12:11 PM - Test(Laura) Test(Quasney)
Risk Assessment	-	
Board of Directors Information	-	
Required Uploads & Certification	-	







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3153 - Instructional for Combo

Status: Editing

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

See all application components below. Click on the component that you would like to edit or see in more detail. You can click the "Online Help" button in the toolbar at the top of the screen for a description of this section and all available actions.

Application Preview Attachments Alert History Map

Application Details

[Preview Application](#) [Ask a Question](#) [Withdraw](#)

Application cannot be Submitted Currently

- Opportunity in Test status and user not a Tester
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Component	Complete?	Last Edited
General Information	✓	Mar 27, 2026 11:55 AM - Test(Laura) Test(Quasney)
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Program-Specific Details	✓	Mar 27, 2026 12:07 PM - Test(Laura) Test(Quasney)
Budget	✓	Mar 27, 2026 12:11 PM - Test(Laura) Test(Quasney)
Risk Assessment	-	-
Board of Directors Information	-	-
Required Uploads & Certification	-	-

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109 Eligible to conduct business with the State



Select yes or no from the dropdown to answer each question.

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Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

Risk Assessment - Current Version

Eligible to Conduct Business with the State

Save Form

Answering yes to any of these questions results in ineligibility to receive funds.

Is the entity on the federal debarment list (www.sam.gov)?*

Is the entity on the Bureau of Administration's debarment list (boa.sd.gov)?*

Is the entity not in good standing with the SD Secretary of State (sos.sd.gov)?*

Save Form

Risk Assessment

Save Form

Amount

Amount of the award

(If award amount is unknown, an estimated award amount should be used.)

*

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⬆️Scroll

110 Amount of the award



Select from the dropdown the size of the award should you be selected for funding.

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(sos.sd.gov)?*:

Risk Assessment

Amount

Amount of the award
(If award amount is unknown, an estimated award amount should be used.)

Small (\$0-\$49,999)
Medium (\$50,000-\$149,999)
Large (>\$150,000)

Funding of Entity

What percentage of funding would this subaward be if chosen for award, in comparison to the entity's total funding?*

Accounting System

Type of accounting system used by the entity*

Program Complexity

Programs with complex compliance requirements have a higher risk of non-compliance. In determination of complexity:

- o Numerous programmatic requirements and/or must strictly adhere to regulations
- o Matching funds or Maintenance of Effort are required
- o Various types of program reports are required
- o The entity further subcontracts out the program

Rate the complexity of the program*

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Navigation icons: Home, Back, Forward, Help, Scroll

111 Accounting System



Select the type of accounting system used.

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What percentage of funding would this subaward be if chosen for award, in comparison to the entity's total funding?*:

Accounting System
Type of accounting system used by the entity*:

Automated
Manual
Combination

Program Complexity
Programs with complex components have a higher risk of non-compliance. In determination of complexity:

- Numerous programmatic requirements and/or must strictly adhere to regulations
- Matching funds or Maintenance of Effort are required
- Various types of program reports are required
- The entity further subcontracts out the program

Rate the complexity of the program*:

Entity Risk (Questions Must Be Answered for **All** Grants)
Is the entity receiving an award for the first time from the State?*:

Will the entity be receiving funds prior to expenses being claimed?*:

Does a conflict of interest exist between the application and the Department of Public Safety?*:

Does the program leader have more than 3 years of experience in managing the scope of services required under
the award?*:













112 Program Complexity



Select the complexity rate from the dropdown.

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entity's total funding?*:
comparison to the

Accounting System

Type of accounting system used by the entity*:

Program Complexity

Programs with complex compliance requirements have a higher risk of non-compliance. In determination of complexity:

- Numerous programmatic requirements and/or must strictly adhere to regulations
- Matching funds or Maintenance of Effort are required
- Various types of program reports are required
- The entity further subcontracts out the program

Rate the complexity of the program*:

Not Complex

Slightly Complex

Moderately Complex

Highly Complex

Entity Risk (Questions for All Grants)

Is the entity receiving an award for the first time from the State?*:

Will the entity be receiving funds prior to expenses being claimed?*:

Does a conflict of interest exist between the application and the Department of Public Safety?*:

Does the program leader have more than 3 years of experience in managing the scope of services required under this program?*:

Do the entity's financial and programmatic staff who will oversee this

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113 Entity Risk (Questions Must Be Answered for All Grants)





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Rate the complexity of the program*:

Entity Risk (Questions Must Be Answered for **All** Grants)

Is the entity receiving an award for the first time from the State?*:

Will the entity be receiving funds prior to expenses being claimed?*:

Does a conflict of interest exist between the application and the Department of Public Safety?*:

Does the program leader have more than 3 years of experience in managing the scope of services required under this program?*:

Do the entity's financial and programmatic staff who will oversee this grant have more than one year prior federal grant award experience?*:

Has the entity been in business for less than 3 years?*:

Does the entity anticipate subcontracting or subgranting the grant onto other entities?*:

Is there any indication that the program may

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114 Select Yes or No from Dropdown



Continue answering the questions and select yes or no from the dropdown list.

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The entity further subcontracts out the program

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Rate the complexity of the program*: Moderately Complex

Entity Risk (Questions Must Be Answered for **All** Grants)

Is the entity receiving an award for the first time from the State?: Yes

Will the entity be receiving funds prior to expenses being claimed?: No

Does a conflict of interest exist between the application and the Department of Public Safety?: No

Does the program leader have more than 3 years of experience in managing the scope of services required under this program?: No

Do the entity's financial and programmatic staff who will oversee this grant have more than one year prior federal grant award experience?: No

Has the entity been in business for less than 3 years?: No

Does the entity anticipate subcontracting or subgranting the grant onto other entities?: No

Is there any indication that the program may...

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115 Entity Risk (Questions Must Be Answered for Medium and Large Grants)



If the award size input previously was 'Small' this section will not be displayed.

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Interest exists between the application and the Department of Public Safety?*:

Does the program leader have more than 3 years of experience in managing the scope of services required under this program?*:

Do the entity's financial and programmatic staff who will oversee this grant have more than one year prior federal grant award experience?*:

Has the entity been in business for less than 3 years?*:

Does the entity anticipate subcontracting or subgranting the grant onto other entities?*:

Is there any indication that the program may have difficulty meeting the required match?*:

Entity Risk (Questions Must Be Answered for Medium and Large Grants)

Does the entity have prior experience with similar programs?*:

Does the entity maintain policies which include procedures for assuring compliance with the terms of the award?*:

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116 Does the entity receive over \$1,000,000 in federal funds annually?



Indicate yes or no.

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will allow them to completely and accurately track the receipt and disbursements of funds related to the award?:

Does the entity have a system in place which can track employee time spent on multiple programs?:

Does the entity have a procurement system or procedures in place that meet the minimum federal requirements for procurement?:

Does the entity have a property management system that meets the minimum federal requirements for equipment management?:

Does the entity have an adequate system or procedures in place for tracking and evaluation of in-kind match?:

Does the entity receive over \$1,000,000 in federal funds annually?:

Has the entity been audited in the past 3 years?*

Does the entity intend to claim use of personal property as an expense?:

Yes

No

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None selected

Scroll

117 Audit Required



If the entity received over \$1,000,000 in federal funds annually, was an audit completed as required? Select yes or no.

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Does the entity have a system in place which can track employee time spent on multiple programs?:

Does the entity have a procurement system or procedures in place that meet the minimum federal requirements for procurement?:

Does the entity have a property management system that meets the minimum federal requirements for equipment management?:

Does the entity have an adequate system or procedures in place for tracking and evaluation of in-kind match?:

Does the entity receive over \$1,000,000 in federal funds annually?:

Has the entity been audited in the past 3 years?:

If the entity received over \$1,000,000 in federal funds from all sources total last year, was a single audit conducted on the entity per 2 CFR 200.501?:

Does the entity intend to claim use of personal property as an expense?:

Other issues that may indicate risk of non-compliance?
Select all that apply

Yes

No

None selected

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118 Has the entity been audited in the past 3 years?



All applicants will be required to answer if an audit has been completed within the last 3 years.

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Does the entity have a system in place which can track employee time spent on multiple programs?:

Does the entity have a procurement system or procedures in place that meet the minimum federal requirements for procurement?:

Does the entity have a property management system that meets the minimum federal requirements for equipment management?:

Does the entity have an adequate system or procedures in place for tracking and evaluation of in-kind match?:

Does the entity receive over \$1,000,000 in federal funds annually?:

Yes

No

Has the entity been audited in the past 3 years?:

No

Yes

If the entity received over \$1,000,000 in federal funds from all sources total last year, was a single audit conducted on the entity per 2 CFR 200.501?:

Does the entity intend to claim use of personal property as an expense?:

Other issues that may indicate risk of non-compliance?
Select all that apply

None selected

- 

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120 Audit Findings



If you answered Yes to the previous question, indicate whether the most recent single audit included one or more audit findings related to non-compliance and/or significant internal control deficiencies.

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Does the entity have a property management system that meets the minimum federal requirements for equipment management?:

Yes

Does the entity have an adequate system or procedures in place for tracking and evaluation of in-kind match?:

Yes

Does the entity receive over \$1,000,000 in federal funds annually?:

Yes

No

Has the entity been audited in the past 3 years?:

Yes

If the entity received over \$1,000,000 in federal funds from all sources total last year, was a single audit conducted on the entity per 2 CFR 200.501?:

Yes

Did the entity have one or more audit findings in their last single audit regarding program non-compliance and/or significant internal control deficiency?:

Yes

No

Are there currently any unresolved audit issues?:

Please upload the most recent audit report:

Select file

Does the entity intend to claim use of personal property as an expense?:

Other issues that may indicate risk of non-compliance?:

None selected







121 Unresolved audit issues



Indicate if there are currently unresolved audit issues. Select Yes or No.

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Does the entity have a property management system that meets the minimum federal requirements for equipment management?:

Yes

Does the entity have an adequate system or procedures in place for tracking and evaluation of in-kind match?:

Yes

Does the entity receive over \$1,000,000 in federal funds annually?:

Yes

No

Has the entity been audited in the past 3 years?:

Yes

If the entity received over \$1,000,000 in federal funds from all sources total last year, was a single audit conducted on the entity per 2 CFR 200.501?:

Yes

Did the entity have one or more audit findings in their last single audit regarding program non-compliance and/or significant internal control deficiency?:

Are there currently any unresolved audit issues?:

Please upload the most recent audit report:

Yes

No

Select file

Does the entity intend to claim use of personal property as an expense?:

Other issues that may indicate risk of non-compliance?:

None selected







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124 Other issues indicating risk of non-compliance



Select all that apply or None.

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Has the entity been audited in the past 3 years?:
Yes

If the entity received over \$1,000,000 in federal funds from all sources total last year, was a single audit conducted on the entity per 2 CFR 200.501?:
Yes

Did the entity have one or more audit findings in their last single audit regarding program non-compliance and/or significant internal control deficiency?:
None selected

Are there currently any unresolved audit issues?:
None selected

Please upload the most recent audit report:
Select file

Does the entity intend to claim use of personal property as an expense?:
None selected

Other issues that may indicate risk of non-compliance?
Select all that apply

Prior Grant Award Experience
Were performance and financial reports submitted timely for prior grant awards?
i.e. within the specified timeframe

Were financial reports accurate for prior grant years?
Financial reports are

☐ New or significantly updated systems/software

☐ Turnover in personnel

☐ External risks: economic, political, regulatory, and information reliability

☐ Loss of license or accreditation to operate program

☐ New activities, products, or services

☐ Organizational restructuring

☐ None

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125 Prior Grant Award Experience (must be completed for All sizes of grants)



Select Yes or No.

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recent audit report:

Does the entity intend to claim use of personal property as an expense?:

No

Other issues that may indicate risk of non-compliance?
Select all that apply

None

Prior Grant Award Experience (must be completed for *All sizes of grants*)

Were performance and financial reports submitted timely for prior grant awards?
i.e. within the specified timeframe
:

Were financial reports accurate for prior grant years?
Financial reports are considered accurate if:
Cumulative differences between reported amounts and verified ledger/audit totals are <1% of total expenditures or <\$2,500 (whichever is greater); or >10% of budget categories modified in prior grant cycle
:

Did the entity stay on budget in prior years?
(10% or less of prior award returned/unspent)
:

Did the entity adhere to all terms and conditions of prior grant awards?
SDVS deadlines adhered to and Certified Assurances met
:

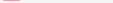
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or budget categories modified in

prior grant cycle

二

Did the entity stay on budget in prior years?
(10% or less of prior award)

(10% or less of prior award
returned/unspent)

...

Did the entity adhere to all terms and conditions of prior grant awards?

SDVS deadlines adhered to and
Certified Assurances met

二

Was reasonable progress made towards performance goals for prior grant awards?:

Did the entity and its staff members respond to State requests timely during prior grant awards?:

Did the entity's key staff members attend required trainings and meetings during prior grant awards?:

Do the results of monitoring procedures at the entity in prior years indicate any areas of concern or higher risk?:

 Save Form



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3153 - Instructional for Combo

Status: **Editing**

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

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Projec

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Budget

Risk A

Board

Requi

Risk Assessment - Current Version

Eligible to Conduct Business with the State

Mark as Complete

Edit Form

Answering yes to any of these questions results in ineligibility to receive funds.

Is the entity on the federal debarment list (www.sam.gov)?*:

No

Is the entity on the Bureau of Administration's debarment list (boa.sd.gov)?*:

No

Is the entity not in good standing with the SD Secretary of State (sos.sd.gov)?*:

No

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:41 PM

Edit Form

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SOUTH DAKOTA

DEPARTMENT OF PUBLIC SAFETY

prevention — protection — enforcement

Test(Laura) Test(Quasney)
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3153 - Instructional for Combo

Status: **Editing**

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

See all application components below. Click on the component that you would like to edit or see in more detail. You can click the "Online Help" button in the toolbar at the top of the screen for a description of this section and all available actions.

Application Preview

Attachments

Alert History

Map

Application Details

Preview Application

Ask a Question

Withdraw

Application cannot be Submitted Currently

• Opportunity in Test status and user not a Tester

Component	Complete?	Last Edited
General Information	✓	Mar 27, 2026 12:24 PM - Test(Laura) Test(Quasney)
Project Information	✓	Mar 27, 2026 12:03 PM - Test(Laura) Test(Quasney)
Program-Specific Details	✓	Mar 27, 2026 12:07 PM - Test(Laura) Test(Quasney)
Budget	✓	Mar 27, 2026 12:11 PM - Test(Laura) Test(Quasney)
Risk Assessment	✓	Mar 27, 2026 12:41 PM - Test(Laura) Test(Quasney)
Board of Directors Information	✓	Mar 27, 2026 12:20 PM - Test(Laura) Test(Quasney)
Required Uploads & Certification	✓	Mar 27, 2026 12:22 PM - Test(Laura) Test(Quasney)

2

Navigation icons: back, home, refresh, help

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SOUTH DAKOTA

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3153 - Instructional for Combo

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Stage: Final Application

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Required Uploads & Certification	✓	Mar 27, 2026 12:22 PM - Test(Laura) Test(Quasney)

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Test(Laura) Test(Quasney)
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App List Genera Projec Progra Budget Risk A **Board** Requi

Board of Directors Information - Current Version

67:56:01:07 Program bylaws. Each program shall adopt bylaws which state its purpose and must:

- (1) Provide for a board of directors who, as a group, represent the demographic characteristics of the residents of that area;
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- (5) Provide that no financial benefit accrue as a result of membership on the board; and
- (6) Identify the parliamentary procedure or consensus process to be followed in the conduct of business meetings.

Source: 38 SDR 105, effective December 12, 2011.
General Authority: SDCL 25-10-30.
Law Implemented: SDCL 25-10-28.

Governing Body Members - Multi-List

Please provide the contact information for all members on the governing body.

First/Last Name	Phone #	Email	Chair/ President of governing body
No Data for Table			

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131 Enter the First and Last Name of the Board of Directors/Governing Body Member



SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
prevention — protection — enforcement

Test(Laura) Test(Quasney)
External User
Subrecipient Staff

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3153 - Instructional for Combo

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Program Area: Victims' Assistance

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Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

Governing Body Members

Please provide the contact information for all members on the governing body.

First/Last Name*:

Phone #:

Email*:

Chair/ President of governing body: ☐ If yes, check the box.

Save Row

Save Row

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132 Enter the phone number at which they can be contacted.



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Subrecipient Staff

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Governing Body Members

Save Row

Please provide the contact information for all members on the governing body.

First/Last Name*: Test Tester

Phone #:

Email*:

Chair/ President of governing body: ☐ If yes, check the box.

Save Row

/

132

133 Enter the email address at which they can be reached.



SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
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Test(Laura) Test(Quasney)
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Organization: BaseLine TESTER Organization

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Governing Body Members

Save Row

Please provide the contact information for all members on the governing body.

First/Last Name*: Test Tester

Phone #*:

Email*:

Chair/ President of governing body: ☐ If yes, check the box.

Save Row

133

134 Chair/President?



If the individual is the Chair or Board President, please check this box.



SOUTH DAKOTA

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Organization: BaseLine TESTER Organization

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Governing Body Members

Save Row

Please provide the contact information for all members on the governing body.

First/Last Name*: Test Tester

Phone #*: 555-123-4567

Email*: test.testers@email.com

Chair/ President of governing body: ☒ If yes, check the box.

Save Row

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Test(Laura) Test(Quasney)
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Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

Governing Body Members

Save Row

Please provide the contact information for all members on the governing body.

First/Last Name*: Test Tester

Phone #: 555-123-4567

Email*: test.tester@email.com

Chair/ President of governing body: ☒ If yes, check the box.

Save Row



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SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
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Test(Laura) Test(Quasney)
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Subrecipient Staff

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Source: 38 SDR 105, effective December 12, 2011.
General Authority: SDCL 25-10-30.
Law Implemented: SDCL 25-10-28.

Governing Body Members - Multi-List

✓ Mark as Complete

+ Add Entry

Please provide the contact information for all members on the governing body.

First/Last Name	Phone #	Email	Chair/ President of governing body
Test Tester	555-123-4567	test.tester@email.com	Yes

Last Edited By: Test(Laura) Test(Quasney) - Mar 27, 2026 12:20 PM

+ Add Entry

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137 Required Documentation



The following documents are required attachments and must be included as part of this application package.

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Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

Required Uploads & Certification - Current Version

Required Documentation

[Save Form](#)

The following items are required as part of this application.
If you have questions about any attachment or requirement, please review the Funding Opportunity Instructions or contact SDVS for assistance.

Please provide policies that apply to the victim service program and the way services are provided.

Programmatic Policies*: [Select file](#)

Provide policies showing the financial capabilities and ability to comply with the requirements of 2 CFR 200.

Financial Policies*: [Select file](#)

Proof of an active SAM.gov registration is required to confirm that the applicant is eligible to receive federal funds and is compliant with federal reporting and verification requirements.

SAM.gov registration*: [Select file](#)

The following will be reviewed to determine if the coverage is current and appropriate based on the required coverage under the funding agreements:
Commercial General Liability Insurance coverage based on an equivalent form with a limit of not less than \$1,000,000 for each occurrence.

Please provide the programmatic and fiscal policies that apply to the victim services project.

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prevention protection enforcement

Test(Laura) Test(Quasney)
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Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

Required Uploads & Certification - Current Version

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- Commercial General Liability Insurance: occurrence-based or an equivalent form with a limit of not less than \$1,000,000 for each occurrence.
- Business Automobile Liability Insurance: limit of not less than \$500,000 for each accident and shall include coverage for owned, hired, and non-owned vehicles.
- Worker's Compensation Insurance: as required by South Dakota law.
- Professional Liability Insurance: limit not less than \$1,000,000.

ACORD document is an official, standardized certificate issued by an insurance company to verify an organization's insurance coverage. It outlines key details such as policy types, coverage limits, effective dates, and the insurer's contact information.

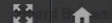
Insurance Coverage/ACORD*: Select file

Articles of Incorporation are the official state-filed documents that legally establish the organization as a nonprofit corporation and outline its purpose and governing structure.

Articles of Incorporation*: Select file

A nonprofit's Bylaws or Constitution outlines the organization's internal governance structure, including board roles, decision-making procedures, and operational rules.





Constitution*

Submit File





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SOUTH DAKOTA
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Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

Required Uploads & Certification - Current Version

Required Documentation Save Form

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Navigation icons: Home, Search, Refresh, Help, Scroll

140 Insurance Coverage Requirements



The required insurance coverage to receive funding from the State of South Dakota.

SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
prevention — protection — enforcement

Test(Laura) Test(Quasney)
External User
Subrecipient Staff

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Articles of Incorporation*:

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Letters from staff, board members, or former clients will not be accepted.

SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
prevention — protection — enforcement

Test(Laura) Test(Quasney)
External User
Subrecipient Staff

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Board Bylaws/Constitution*:

Please provide current letters that demonstrate external support for the applying program and its services.
Letters should come from partners or professionals in the victim services field who are familiar with your work.
Letters from staff, board members, or former clients will not be accepted.

Letter of Support #1*:

Letter of Support #2*:

Letter of Support #3*:

Upload the board meeting minutes from your two most recent meetings

Board Minutes #1*:

Board Minutes #2*:

142 Board Meeting Minutes



Upload the meeting minutes from the two most recent meetings of the governing body.

SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY

prevention — protection — enforcement

Test(Laura) Test(Quasney)
External User
Subrecipient Staff

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Letter of Support #1*:
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Upload the board meeting minutes from your two most recent meetings
Board Minutes #1*:
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I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

I certify*: ☐

The application package must include an official letter or document, on organizational letterhead, confirming that the governing body has authorized submission of this application.

Approval document from governing body*:





143 Certification for Submission



Read the certification language.



SOUTH DAKOTA

DEPARTMENT OF PUBLIC SAFETY

prevention — protection — enforcement



Test(Laura) Test(Quasney)
External User
Subrecipient Staff

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Letter of Support #1*:

Select file

Letter of Support #2*:

Select file

Letter of Support #3*:

Select file

Upload the board meeting minutes from your two most recent meetings

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Select file

Board Minutes #2*:

Select file

Save Form

 Certification for Submission

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Approval document from governing body*:

Select file

Save Form





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144 Check 'I Certify' box.



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DEPARTMENT OF PUBLIC SAFETY
prevention — protection — enforcement

Test(Laura) Test(Quasney)
External User
Subrecipient Staff

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Approval document from governing body*:

Select file

Save Form









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145 Upload approval document allowing submission of application package.



 SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY

prevention — protection — enforcement

Test(Laura) Test(Quasney)
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Select file

Save Form



⌕

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DEPARTMENT OF PUBLIC SAFETY

prevention — protection — enforcement

Test(Laura) Test(Quasney)
External User
Subrecipient Staff

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Please provide current letters that demonstrate external support for the applying program and its services.
Letters should come from partners or professionals in the victim services field who are familiar with your work.
Letters from staff, board members, or former clients will not be accepted.

Letter of Support #1*:

TESTING Upload.pdf

Change

Letter of Support #2*:

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Change

Letter of Support #3*:

TESTING Upload.pdf

Change

Upload the board meeting minutes from your two most recent meetings

Board Minutes #1*:

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Board Minutes #2*:

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Save Form

Certification for Submission

Save Form

I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

I certify*:

☒

The application package must include an official letter or document, on organizational letterhead, confirming that the governing body has authorized submission of this application.

Approval document from governing body*:

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SOUTH DAKOTA
DEPARTMENT OF PUBLIC SAFETY
prevention — protection — enforcement



Test(Laura) Test(Quasney)
External User
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3153 - Instructional for Combo

Status: **Editing**

Stage: Final Application

Application Due Date: Apr 30, 2026 4:59 PM

Program Area: Victims' Assistance

Funding Opportunity: 2888-Combo - SFY 2027

Organization: BaseLine TESTER Organization

Requested Total: \$25,000.00

App List

Genera

Projec

Progra

Budget

Risk A

Board

Requi



Required Uploads & Certification

Current Version



Required Documentation

 Mark as Complete

 Edit Form

The following items are required as part of this application.
If you have questions about any attachment or requirement, please review the Funding Opportunity Instructions or contact SDVS for assistance.

Please provide policies that apply to the victim service program and the way services are provided.

Programmatic Policies*: [TESTING Upload.pdf](#)

Provide policies showing the financial capabilities and ability to comply with the requirements of 2 CFR 200.

Financial Policies*: [TESTING Upload.pdf](#)

Proof of an active SAM.gov registration is required to confirm that the applicant is eligible to receive federal funds and is compliant with federal reporting and verification requirements.

SAM.gov registration*: [TESTING Upload.pdf](#)

The following will be reviewed to determine if the coverage is current and appropriate based on the required coverage under the funding agreements:

- Commercial General Liability Insurance: occurrence-based or an equivalent form with a limit of not less than \$1,000,000 for each occurrence.
- Business Automobile Liability Insurance: limit of not less than \$500,000 for each accident and shall include coverage for owned, hired, and non-owned vehicles.

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- Business Automobile Liability Insurance: limit of not less than \$500,000 for each accident and shall include coverage for owned, hired, and non-owned vehicles.
- Worker's Compensation Insurance: as required by South Dakota law.
- Professional Liability Insurance: limit not less than \$1,000,000.

ACORD document is an official, standardized certificate issued by an insurance company to verify an organization's insurance coverage. It outlines key details such as policy types, coverage limits, effective dates, and the insurer's contact information.

Insurance Coverage/ACORD*: [TESTING Upload.pdf](#)

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149 Complete?



The application package can only be submitted once all components display a green check mark.

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See all application components below. Click on the component that you would like to edit or see in more detail. You can click the "Online Help" button in the toolbar at the top of the screen for a description of this section and all available actions.

Application Preview | Attachments | Alert History | Map

Application Details | Preview Application | Submit Application | Ask a Question | Withdraw

Application is in compliance and is ready for Submission!

Component	Complete?	Last Edited
General Information	✓	Mar 27, 2026 12:24 PM - Test(Laura) Test(Quasney)
Project Information	✓	Mar 27, 2026 12:03 PM - Test(Laura) Test(Quasney)
Program-Specific Details	✓	Mar 27, 2026 12:07 PM - Test(Laura) Test(Quasney)
Budget	✓	Mar 27, 2026 12:11 PM - Test(Laura) Test(Quasney)
Risk Assessment	✓	Mar 27, 2026 12:41 PM - Test(Laura) Test(Quasney)
Board of Directors Information	✓	Mar 27, 2026 12:20 PM - Test(Laura) Test(Quasney)
Required Uploads & Certification	✓	Mar 31, 2026 10:16 AM - Test(Laura) Test(Quasney)





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[Preview Application](#) [Submit Application](#) [Ask a Question](#) [Withdraw](#)

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Please confirm

Please confirm that you wish to submit this document for review. After submission you will not be able to edit this document.

Cancel

Submit

Application Details

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