

**Oregon Department of Justice
Crime Victim and Survivor Services
Division**



**2025
Trauma Informed Response Training
(TIRT)**

Application E-Grants Form Instructions

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Table of Contents

Initiating Application	1
General Budget Information	1
Form A: Cover Page	2
Form B: Project Description.....	3
Form C: Attachments to Upload.....	4
Form D: Training Expenses.....	5
Form E: Other Costs.....	6
Form F: Budget Summary.....	7

Initiating Application

To initiate an application, visit Oregon CVSSD E-Grants at www.cvssdegrants.com. If this is your first application with ODOJ CVSSD, you will need to create a username and password to access E-Grants. Once you create an account, ODOJ CVSSD will then review the information you submitted and activate your account. You will receive an email notification once your account has been activated. Once you receive notification that your account has been activated, you can sign in and access the grant application.

As part of setting up your account, you will enter your organization information. Once your account is set up, go to the Organization Members tab and add the organization members who will need access to E-Grants, including:

1. **Primary contact:** The contact person is the individual who will be responsible for the day-to-day management and program reporting for the grant.
2. **Fiscal contact:** The fiscal contact is the individual who will be responsible for the preparation and submission of the financial reports for the grant based on organization fiscal records.

Refer to the [CVSSD E-Grants Applicant User Guide](#) for assistance as needed.

General Budget Information

Each applicant should submit a budget for all costs associated with the proposed TIRT project for the award period of **July 1, 2025 - June 30, 2026**. Information regarding allowable and unallowable services and trainings is listed in the RFA.

Remember to click the “SAVE” button before leaving every page.

Form A: Cover Page

1. **Organization Certification.** Please certify that the information included under the “Organization Information” and “Organization Members” sections of E-Grants are complete and accurate. Please be sure that the appropriate people have access to this application, including those who will need to complete reports. Information on how to make any necessary changes can be found in the [CVSSD E-Grants Applicant User Guide](#).

Applicants must certify that they are eligible to apply for the funds.

2. **Applicant Information.** Questions a, c, f, g, i, and k will automatically populate from the information entered in “My Organization”. If any of this information is incorrect, please contact CVSSD staff at Nathaline.Nivens@doj.oregon.gov to have corrections made.
 - a. **Physical address of the applicant:** Enter the physical address of the applicant. If this location is confidential, enter "confidential" instead.
 - b. **Additional county(ies) served:** Add all counties being served by this applicant.
 - c. **Congressional District(s) served:** Refers to Oregon’s Congressional Districts 1, 2, 3, 4, 5, or 6. Include all that are covered by your service area. A link to the Congressional District map is available next to the question.
 - d. **Contact person:** Refers to the name of the contact person for this grant application; the contact person is the individual who will be responsible for the day-to-day management and program reporting for the grant. You will select from the drop-down menu that is based on the information you entered in your Organization page.
 - e. **Fiscal contact:** Refers to the name of the fiscal contact for this grant application; the fiscal contact is the individual who will be responsible for the preparation and submission of the financial reports for the grant based on organization fiscal records. You will select from the drop-down menu that is based on the information you entered in your Organization page.

**Remember to click the “SAVE” button
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Form B: Project Description

Please enter your training selections on this page. You may choose one or more of the training options (i.e., A, B, and C).

A. Send Participants to a one-day Foundations of Trauma Informed Care training.

Indicate whether you are choosing this option. If yes, then complete the follow-up questions that populate. If no, then proceed to B. below. Applicants may register participants for regional trainings held both in and outside of the applicant's regional area. For example, for coverage needs you may opt to send half of the participants to your regional area training, and the other half to a regional training outside your area.

B. Send Participants to a four-day Training of Trainers.

Indicate whether you are choosing this option. If yes, then complete the follow-up questions that populate. If no, then proceed to C. below.

C. Conduct Local TIRT Training Led by Graduates of the ODOJ CVSSD TIRT four-day Training of Trainers using the Approved Model Curriculum.

This option is available to agencies who intend to conduct local training(s) led by local graduates of the TIRT Training of Trainers coordinated by ODOJ CVSSD using the provided approved model curriculum. Indicate whether you are choosing this option. If yes, then complete the follow-up questions that populate. If no, then click the SAVE button proceed to the next form.

**Remember to click the “SAVE” button
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Form C: Attachments to Upload

Applicants must select one of the below options and provide the required documentation as noted.

1. Select this box if applicant is a law enforcement or local government agency who will have the grant documents signed by the authorized official (i.e., County Commissioner Chair, Agency Director).
2. Select this box if the applicant is a law enforcement or local government agency who will have someone other than an authorized official sign the grant documents. If this is the case, the applicant is required to upload a Letter of Authorization (LOA) signed by the authorized official that delegates the signing authority to the signer. A sample LOA form can be found [here](#).
3. If the applicant is a program within a Tribal Nation, please submit a single letter, resolution, affidavit, or other documentation that indicates the individual(s) authorized to sign the Grant Agreement and any grant-related documents and certifies that the applicant has the legal authority to apply for funds on behalf of the Tribe. The documentation must be current, sufficient to demonstrate authority for the application, and contain authorized signature(s).

**Remember to click the “SAVE” button
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Form D: Training Expenses

Applicants will enter allowable training costs as noted below. Please provide a detailed computation of the cost in the provided text boxes. ODOJ CVSSD is paying the participant training fee directly to the trainer, so those costs are not part of the application budget.

One-Day Foundations of Trauma Informed Care and Four-Day Training of Trainers

- **Travel Expenses (Lodging, Meals & Mileage)**
Enter total cost (for all training participants) in the box provided. If the agency has a travel policy that details expenses paid for lodgings, meals, and mileage, then the applicant will use their agency policy to calculate requested funds. If such a policy does not exist (or does not detail approved expenses), then the applicant is required to use U.S. General Services Administration ([Per diem rates | GSA](#)) rates. *PLEASE NOTE: breakfast and lunch are not served at the training; and, you may add applicable taxes to the lodging rate.*
- **Overtime and Shift Coverage**
If applicable, include salary and personnel expenses for overtime and shift coverage that is necessary to allow Certified Law Enforcement Officers to attend training.

Conducting Local TIRT Training Led by Graduates of the ODOJ CVSSD TIRT Training of the Trainer using the Approved Curriculum

- **Venue**
Include cost associated with securing a venue for the local training (i.e., rental fee, audio/visual fees).
- **Materials & Supplies**
Expenses may include, but are not limited to, whiteboard or flipchart supplies, writing materials, training materials, beverages, and snacks.
- **Overtime and Shift Coverage**
If applicable, include salary and personnel expenses for overtime and shift coverage that is necessary to allow Certified Law Enforcement Officers to attend or facilitate trainings.

**Remember to click the “SAVE” button
before leaving this page.**

Form E: Other Costs

1. Indirect/De Minimis Costs

ODOJ CVSSD will honor an applicant's negotiated indirect cost rate or a maximum 15% de minimis rate. Select the appropriate box(es) to signal the organization's intent regarding the use of indirect or de minimis costs with this award.

The grant may be charged an indirect cost rate based on:

- a. Use of a current indirect cost rate already negotiated, either provisional or approved by a federal agency:
- b. Applicants with a federally approved or provisional indirect cost rate agreement may choose to charge their indirect cost rate to the grant.¹
- c. Applicants that elect to charge indirect costs must use the same indirect cost rate for all federal funding awards.
- d. Applicants can choose to charge the full amount, a reduced amount or waive their indirect cost rate for this award.
- e. Applicants that currently have a federally approved or provisional indirect cost rate cannot use the 15% de minimis rate and must use the current negotiated rate or contact the cognizant federal agency to request an extension of the expired negotiated rate.
- f. Applicants must upload their current, signed indirect cost rate agreement certificate under the My Organization section of E-Grants.

2. Administrative Costs

Indicate the amount your agency is requesting for Administrative Costs. Please note that such costs must be reasonably limited and directly related to the project. Please provide a detailed description and computation of the cost, and how it benefits the project.

3. Other Costs

Indicate the amount your agency is requesting for costs that are not included in other application budget categories. Please note that such costs must be reasonably limited and directly related to the project. Please provide a detailed description and computation of the cost, and how it benefits the project.

**Remember to click the “SAVE” button
before leaving this page.**

¹ Applicants that wish to negotiate an indirect cost rate may contact their cognizant federal agency or follow the instructions available at <http://ojp.gov/funding/Apply/Resources/IndirectCosts.pdf>.

Form F: Budget Summary

This page summarizes budget forms D and E.

You must click the **“SAVE”** button as soon as you open this form to have it pull information from the other budget forms and calculate totals.

To address any errors that appear on this page you will need to go back to the appropriate budget form to make the necessary corrections. Once the corrections have been made and **SAVED** to the budget form pages, return to the Budget Summary page and click the **“SAVE”** button to pull in the corrected information and ensure that no additional errors exist.

**Remember to click the “SAVE” button
before leaving this page.**