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| SASP-Program Development Initiative  APPLICATION  ***Applications can be emailed to Alma*** [almam@wcasa.org](mailto:almam@wcasa.org) ***or Kelly*** [kellyml@wcasa.org](mailto:kellyml@wcasa.org) | |
|  |  |
| **PROGRAM:** |  |
| **ADDRESS:** |  |
| **LEADERSHIP STAFF:** |  |
| **email** |  |
| **phone** |  |
| **LEAD STAFF:** |  |
| **email** |  |
| **phone** |  |
|  | |
| ***Please keep responses brief: MAX. 1000 characters (with spaces) per question*** | |
|  | |
| **Please share your program philosophy about sexual violence and how it is prioritized in your organization:** |  |
|  | |
| **Please provide a summary of the sexual assault services you currently provide:** |  |
|  | |
| Please share how your program works to meet the diverse needs of all survivors – particularly survivors from marginalized communities: |  |
|  | |
| What changes do you hope to see in your program as a result of your participation in the SASP-PDI: |  |
|  | |
| Please share any sexual assault data you compile for your program:  *NOTE: You can also attach a previously compiled report (like SAVS), if preferred.* |  |