

This Workspace form is one of the forms you need to complete prior to submitting your Application Package. This form can be completed in its entirety offline using Adobe Reader. You can save your form by clicking the "Save" button and see any errors by clicking the "Check For Errors" button. In-progress and completed forms can be uploaded at any time to Grants.gov using the Workspace feature.

When you open a form, required fields are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message. Additional instructions and FAQs about the Application Package can be found in the Grants.gov Applicants tab.

OPPORTUNITY & PACKAGE DETAILS:

Opportunity Number:	O-OVW-2026-172652
Opportunity Title:	OVW Fiscal Year 2026 Consolidated Grant Program to Assist Children and Youth Affected by and to Engage Men and Youth in Preventing Domestic Violence, Dating Violence, Sexual Assault, and Stalking
Opportunity Package ID:	PKG00293668
Assistance Listing Number:	16.888
Assistance Listing Title:	Consolidated And Technical Assistance Grant Program to Address Children and Youth Experiencing Domestic and Sexual Violence and Engage Men and Boys as Allies
Competition ID:	
Competition Title:	
Opening Date:	07/15/2026
Closing Date:	09/08/2026
Agency:	Office on Violence Against Women
Contact Information:	Holly Meyer

APPLICANT & WORKSPACE DETAILS:

Workspace ID:	WS01750595
Application Filing Name:	BNBZ
UEI:	WQ24VFDEXM89
Organization:	BIRTHING NEW BEGINNINGZ WELLNESS AND FAMILY SERVICES INCORPORATED
Form Name:	Application for Federal Assistance (SF-424)
Form Version:	4.0
Requirement:	Mandatory
Download Date/Time:	Aug 29, 2026 06:30:45 PM EDT
Form State:	No Errors

FORM ACTIONS:

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

MD

8. APPLICANT INFORMATION:

*** a. Legal Name:**

BIRTHING NEW BEGINNINGZ WELLNESS AND FAMILY SERVICES INCORPO

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

41-2993082

*** c. UEI:**

WQ24VFDEXM89

d. Address:

*** Street1:**

9 Bushmill Court

Street2:

*** City:**

Windsor Mill

County/Parish:

Baltimore

*** State:**

MD: Maryland

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

21244-1936

e. Organizational Unit:

Department Name:

Division Name:

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

*** First Name:**

KAREN

Middle Name:

LILLIAN

*** Last Name:**

WHITE

Suffix:

Title:

Founder and Chief Executive Officer

Organizational Affiliation:

Birthing New Beginningz Wellness & Family Services, Inc

*** Telephone Number:**

4437656404

Fax Number:

*** Email:**

karynlillian@gmail.com

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

N: Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Office on Violence Against Women

11. Assistance Listing Number:

16.888

Assistance Listing Title:

Consolidated And Technical Assistance Grant Program to Address Children and Youth Experiencing Domestic and Sexual Violence

* 12. Funding Opportunity Number:

O-OVW-2026-172652

* Title:

OVW Fiscal Year 2026 Consolidated Grant Program to Assist Children and Youth Affected by and to Engage Men and Youth in Preventing Domestic Violence, Dating Violence, Sexual Assault, and Stalking

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

See Her Now: Beyond the Behavior - Before the Crisis

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:**

* a. Applicant MD-002

* b. Program/Project MD-007

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date: 10/01/2026

* b. End Date: 09/30/2029

18. Estimated Funding (\$):

* a. Federal	500,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	500,000.00

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- ☒ a. This application was made available to the State under the Executive Order 12372 Process for review on 08/29/2026 .
- ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- ☐ c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

☒ ** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	Ms.	* First Name:	KAREN
Middle Name:	L		
* Last Name:	WHITE		
Suffix:			

* Title: Founder and Executive Director

* Telephone Number: 4437656404 Fax Number:

* Email: karynlillyan@birthingnewbeginningz.com

* Signature of Authorized Representative: Completed by Grants.gov upon submission. * Date Signed: Completed by Grants.gov upon submission.