

Crime Victim Services Funds Application Instructions

Released:
January 25, 2012

Grant Period:
January 1, 2013 to December 31, 2014

Crime Victim Services Grant Applications must be received at:

Office for Victims Programs
700 Kipling Street, Suite 1000
Denver, CO 80215

No later than 3:00 pm on March 7, 2012

Late Applications will not be accepted.

Please read the *Announcement of Availability of Funds*
prior to completing the application.



Colorado Department of Public Safety
Division of Criminal Justice
Office for Victims Programs

For more information contact:

Lee Hettema
Office: 303.239.5719
Fax: 303.239.5743

Email: lee.hettema@cdps.state.co.us

Toll Free: 1.888.282.1080

Website: <http://dcj.state.co.us/ovp>

Read the *Announcement of Availability of Funds, ALL Instructions and the Grant Guide* carefully before completing the grant application.

Submit to the Division of Criminal Justice, Office for Victims Programs (OVP):

- Three full, one-sided, copies of the application, including Special Provisions and Certified Assurances (SPCA) and appendices.
- Two of the applications above must have original blue ink signatures on the signature page.
- Only one copy of the audit or financial review is required.

Mail or Deliver Applications to Assure Receipt at OVP by 3:00 p.m. on March 7, 2012 to:

- Division of Criminal Justice (3 copies)
Office for Victims Programs (OVP)
700 Kipling St., Suite 1000
Denver, CO 80215
(northeast corner of 6th Avenue and Kipling St., middle building)
Mark "OVP Application" on the envelope!

APPLICANTS are responsible for mailing or delivering the applications so that they are RECEIVED at OVP no later than 3:00 p.m. on March 7, 2012. We recommend that applications be mailed by an overnight service or by registered mail. Please check with the overnight service delivery agency to ensure delivery by the 3:00 p.m. deadline! Save your mailing receipt. If you mailed the applications and do not receive a confirmation notice from the Office for Victims Programs (OVP) by March 16, 2012, please contact us **immediately**. If you deliver the applications in-person, please ask for a receipt at the time of delivery.

Helpful Information

- **All information provided** in this application should be based on a 12-month time period 1/1/13 – 12/31/13.
- **Use the TAB key** on your keyboard to tab through the fields **on the budget pages**. Using the TAB key will also calculate the fields for you!
- **SAVE an electronic copy** of the application that you are submitting to OVP as you will have to submit it electronically at a later time.
- **DO NOT copy or submit the instructions or checklist. Copy only the application, appendices, and SPCA** – using one-sided copies. All copies should be stapled in the upper left hand corner.
- **DO NOT attach cover letters to original or copies**. It is not necessary to include a cover letter, but if you do, please do not put information in the cover letter that is not found in the application.
- **DO NOT** place applications in binders or folders.
- **DO NOT** use a font size smaller than 10 points.
- **DO NOT** attempt to exceed the space provided for your responses.

- ***DO NOT alter the application or table formats.*** All applicants MUST utilize the most current OVP application form released on 1/25/12. Your application MUST be identical to the official application as to form, spacing, and page breaks. ***Outdated or improperly formatted applications cannot be processed.***
- ***Remember*** you are not applying for a specific funding source. You may apply for more than one project in your single application; unless you are applying for the statewide SANE project, which requires a separate application.
- ***Remember*** to use the resources provided on the OVP website which include the *Announcement of Availability of Funds* and the *Grant Guide*.
- ***Remember*** to have a person, other than the writer of the grant, review the application.

IMPORTANT INFORMATION!
Refer to the *OVP Announcement of Availability of Funds and Grant Guide* for additional application requirements.

Application Instructions

1) APPLICANT AGENCY: (Complete *every* field.)

- Federal Employer Identification Number (FEIN) is a nine-digit number used by your finance department for filing and paying various withholding and social security taxes to the Internal Revenue Service (IRS). It is also referred to as a Tax Identification Number (TIN).
- A DUNS (Data Universal Numbering System) number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving Federal funds. The identifier is used for tracking purposes and to validate address and point of contact information for federal assistance applicants, recipients, and subrecipients. You should check to see if your agency already has a DUNS number. If not, your agency may obtain a DUNS number by calling 1-866-705-5711 or by applying online at www.dnb.com/us/. Obtaining a DUNS number is a free, simple, one-time process.
- In addition to the DUNS number requirement, all applicants applying for these funds must obtain and maintain a current registration in the Central Contractor Registration (CCR) database. The CCR database is the repository for standard information about federal financial assistance applicants, recipients, and subrecipients. You should check to see if your agency is already registered with the CCR. Applicants must update or renew their CCR registration *at least once per year* to maintain an active status. Information about registration procedures can be accessed at www.bpn.gov/ccr/.

For the CCR registration process there is a detailed 27 page CCR User's Guide at www.bpn.gov/ccr/doc/ccrusersguide.pdf. This guide will save you time and will help answer many of the questions that arise in the registration process which is estimated to take approximately one hour. Please remember to click "Validate/ Save Data" as you go along if you cannot complete the registration in one sitting. This will allow you to return to the User account page and click on the Edit for Registration to fill in missing data elements found under "Show Errors" in the registration tools list.

2) PROJECT DIRECTOR: (Complete *every* field.)

This is the person who will be responsible for implementation of the project, if funded, and is the person we will contact if we have questions about your grant application. The Project Director's signature is required on the signature page of the *Special Provisions and Certified Assurances* of the application. Notifications regarding this grant application will be made by email; therefore an email address is mandatory. It is the applicant's responsibility to keep the email address updated with OVP.

3) TOTAL OVP FUNDS REQUESTED:

This box will populate automatically from the "Total OVP funds" field from Table 12F on the bottom of page 18 of the application.

4) TYPE OF AGENCY/PROJECT(S):

In Section A, check your agency type. In Section B, check the item(s) that describes this project(s). If you are a non-profit dual domestic violence/sexual assault agency or a rape crisis center, please check the appropriate box.

5) AGENCY DESCRIPTION AND HISTORY:

Briefly describe the purpose of the agency, the mission statement, the year of establishment, the types of clients currently being served, the total number of clients your agency served in 2011, the specific services provided to clients, your agency's area of expertise in regard to the proposed activities, and your agency's organizational capability to manage the grant.

6) DESCRIPTION OF PROJECT(S) FOR WHICH FUNDS ARE BEING REQUESTED:

This is your opportunity to explain in a clear and succinct way the project(s), staff and the specific services you are planning on providing with these funds. *If applying for more than one project, please describe each project separately and label them as Project A, Project B, etc.* The project's goals and objectives and the budget request should support the activities that are described in this section. *Describe only that part of your program for which you are requesting funding.* In many cases, the project is not the entire victim assistance program for your agency. For example, grant dollars may support a particular component of your program, i.e. children's counselor, hot line crisis calls, shelter, etc. See the *Announcement of Availability of Funds* and the *Grant Guide* for the specific types of services and costs allowable for funding.

7) PROJECT PURPOSE AREAS:

After carefully reading the *Announcement of Availability of Funds* and the *Grant Guide*, check **ONLY** those Project Purpose Areas that describe the type of activities and services for which **you are requesting funds**. These are the federal/state purpose areas for these grant funds. Your proposed project must address at least one of these purpose areas.

8) PROVIDE A STATEMENT OF NEED FOR THE PROPOSED ACTIVITIES IN YOUR COMMUNITY (PROBLEM STATEMENT):

Please focus on your unique community and why this project is needed. You may include local information such as crime problems, crime statistics, underserved populations, estimated number of victims in need of the services proposed, the number of clients accessing current services, community culture, and barriers to compliance with the Victims Rights Act. Describe the extent of your service area if your project is in more than one community. If you are requesting funds for a new project, identify the other agencies in your community that are in agreement that this is a needed service.

Helpful Information Regarding Statements of Need (Problem Statement):

- The statement of need, or problem statement, should describe the problem, or the gap in services that is to be addressed. It should be specific and include some statistics that demonstrate the need.
- Information provided should make a logical connection between your organization and the problem. Explain why your agency can address the problem. Two to three strong, concise paragraphs should be sufficient. This section does **not** refer to a national or global problem, nor does it refer to the internal needs of your organization such as "lack of money." Rather, it refers to a community problem/need in your service area.

9) ANNUAL PROJECT DATA:

All project data should be provided for a 12-month period (1/1/13-12/31/13). Your estimated numbers for all project data should be proportionate to the percentage of Full-time Equivalent (FTE) that will be supported by grant funds. Please go to page 7 for helpful information regarding how to estimate number of victim services, cases, and people trained.

Table 9A & 9B – Victim Services Project Data:

- **Table 9A:** Complete Table A ONLY if your grant-funded project will provide DIRECT SERVICES to victims of one or more of the types of crimes listed. Please note adult sexual assault victims are age 13 and older. “Other Violent Crimes” may include other chargeable crimes in which there has been an identified victim such as kidnapping, harassment, intimidation, arson, or “hate crime.” Although a person may be a victim of multiple crimes, they should be counted only once using the predominant crime.

Unduplicated Victim Count: Estimate the number of victims to be served by the grant funded project during the first year of the grant period (1/1/13-12/31/13). Provide only the number of victims who will receive services from the requested OVP grant personnel.

- **Table 9B:** Complete Table B ONLY if your grant-funded project will provide one or more of the types of DIRECT VICTIM SERVICES listed.

Number of Victims Receiving Each Type of Service: Estimate the number of victims who will receive each type of service during the first year of the grant period (1/1/13-12/31/13). A victim may receive the same type of service more than once (i.e. counseling), but the type of service can be counted only once during the grant period. An individual service category cannot exceed the total number of victims listed in table A.

Definitions of Direct Victim Services

- **Crisis Counseling Intervention (in-person):** Refers to *face-to-face* crisis intervention, emotional support, guidance and counseling provided by advocates, counselors, mental health professionals, or peers. Such counseling may occur at the scene of the crime, immediately after a crime, or be provided on an ongoing basis.
- **Follow-up (includes crisis intervention by phone):** Refers to victim contacts, including: in-person contacts, telephone contacts, and written communications with victims. Follow-up services may include case status, emotional support, counseling, empathetic listening, check on a victim’s progress, etc.
- **Therapy:** Refers to intensive professional psychological and/or psychiatric treatment for individuals and family members arising from the occurrence of a crime. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.
- **Group Treatment/Support:** Refers to the coordination and provision of supportive group activities/treatment and includes peer support, social support, etc.
- **Shelter/Safehouse:** Refers to *providing* short-term housing and related support services to victims and families following victimization.
- **Information & Referral (in person):** Refers to *face-to-face* contacts with victims during which time services and available support are identified.
- **Criminal Justice Support/Advocacy:** Refers to support, assistance, and advocacy provided to victims at any stage of the criminal justice process, to include post-sentencing services and support.
- **Emergency Financial Assistance:** Refers to assistance with transportation, food, clothing, emergency housing, etc.

- **Emergency Legal Advocacy (attorney assistance):** Refers to civil legal services provided by an attorney and/or paralegal (e.g. immigration assistance for victims of domestic violence and sexual assault).
- **Victim Compensation:** Refers to the project staff making the victim aware of victim compensation funds in Colorado. The staff does not necessarily have to assist the victim with completing the required forms, gathering needed documentation, or following-up with contacting the victim compensation agency on behalf of the victim, but must, at a minimum, ask victims (who may be eligible for Victim Compensation funds) if they are aware of victim compensation services and if they know how to access information about victim compensation. If your project provides direct services for victims of crime, this category should be filled out and should include most, if not all, of the victims the project serves.
- **Personal Advocacy:** Refers to assisting victims and surviving family members in securing rights, remedies, and services from other agencies; locating emergency financial assistance, intervening with employers, creditors, and others on behalf of the victim; assisting in filing for losses covered by public and private insurance programs including workers' compensation, unemployment benefits, public assistance, etc.
- **Telephone Contact:** Refers to contacts with victims during which time services and available support are identified.
- **Civil Legal Advocacy (advocate assistance):** Refers to assistance with filing temporary protection orders, injunctions and other protective orders, elder abuse petitions, and child abuse petitions. Also refers to accompanying victims to court proceedings. **Does not include** criminal prosecution or the employment of attorneys for non-emergency purposes, such as custody disputes, civil suits, etc.
- **Forensic Exam:** Refers to exams conducted by a sexual assault nurse examiner or other qualified sexual assault forensic examiner to collect and preserve evidence.
- **Hospital/Clinic Response/Medical Response:** Refers to accompanying or meeting a victim at a hospital/clinic for a forensic exam or medical treatment as a result of a crime.
- **Language Services (interpretation):** Refers to direct assistance to victims who do not speak English as their primary language so that they may fully participate in the criminal justice system and/or receive necessary services.
- **Transportation:** Refers to assistance provided to victims who need help getting to necessary appointments and services as a result of being victimized.
- **Transitional Housing:** Refers to an apartment or single-family unit that is used by victims/survivors for a period of time from six (6) months to two (2) years and usually includes a case management component that would include a work plan for what the client decides to accomplish while staying at the facility in preparation for self-sufficiency.
- **Other:** Refers to other allowable services and activities as a result of a crime not otherwise listed, i.e. violation of protection order, VRA, death notification where a crime has occurred.

Table 9C – Law Enforcement Project Data:

Complete this section ONLY if you are requesting funds for a Law Enforcement Officer or Investigator who will handle domestic violence, sexual assault, stalking, and/or dating violence cases/incidents for victims age 13 and older. Estimate the number of cases/incidents that will be handled by grant-funded personnel during the first year of the grant period (1/1/13-12/31/13). A case should be counted once according to the most serious offense.

Table 9C – Prosecution Project Data:

Complete this section ONLY if you are requesting funds for a Prosecutor or District Attorney's Investigator who will handle domestic violence, sexual assault, stalking, and/or dating violence cases for victims age 13 and older. Estimate the number of types of cases that will be handled by grant-funded personnel during the first year of the grant period (1/1/13-12/31/13). A case should be counted once according to the most serious offense.

Table 9D – Training Project Data:

There are only two eligible categories of training activities: 1) Training on domestic violence, sexual assault, stalking, and dating violence or; 2) statewide or multi-jurisdictional training pertaining to victimization issues. Complete this section ONLY if you are requesting funds for a formal training project to train professionals, staff, and volunteer advocates who work primarily for OTHER AGENCIES that provide services to victims. A formal training project *does not* include periodic or incidental training/in-services for your own agency's staff or volunteers, or outreach presentations, or presentations about your program. Estimate the number of persons to be trained during the first year of the grant period (1/1/13-12/31/13).

Helpful Information Regarding How to Estimate Numbers of Services, Victims, Cases, and People Trained

- **Tables 9A and 9B** – For example, if you are requesting funds to support 50% of the full-time salary of a direct service victim advocate who will serve a total of 100 victims during the grant year, your estimated number of victims to be served by the grant-funded personnel would be 50% of 100, or 50 victims. You would estimate how many of those 50 will be victims of which type(s) of crimes in Table A. In Table B, you would estimate how many of those 50 victims would receive which type(s) of services. A victim may receive more than one type of service.
- **Table 9C, Law Enforcement Project** – For example, if you are requesting funds to support 75% of a full-time Law Enforcement Sexual Assault Investigator position that will handle 100 cases, your estimated number of cases to be handled by grant-funded personnel would be 75% of 100, or 75. You would estimate how many of those 75 cases would involve calls for assistance, etc. More than one type of service may occur for each case.
- **Table 9C, Prosecution Project** – For example, if you are requesting funds to support 25% of a full-time Domestic Violence Prosecutor position that will handle a total of 750 domestic violence cases during the grant year, your estimated number of cases to be handled by grant-funded personnel would be 25% of 750, or 188 cases. Of those 188 cases, you would estimate the number(s) of type(s) of cases (i.e. 100 Misdemeanor Domestic Violence, 50 Misdemeanor Stalking, 38 Violation of Protection Order).
- **Table 9D, Training Project** – For example, if you are requesting funds to support 90% of a full-time Multidisciplinary Victim Services Trainer who will provide training to an estimated 1200 professionals during the grant year, you would estimate that the total number of people to be trained by grant-funded personnel would be 90% of 1200, or 1080. You would estimate the various professional categories of those 1080 individuals. Or, a different example would be if you are requesting funds for a staff person who will spend a portion of her/his time training 750 individuals. In this example, you may estimate that 100% or all 750 individuals will be trained by the grant-funded staff person. Whenever possible, list the professionals being trained in one of the categories provided. If the professionals being trained do not fit into any of the categories listed, indicate the number to be trained in "other" and specify the type of professionals being trained. If all of the training activities occur within the 90% of the time devoted to the grant funded activities, then you would count all 1200 trainees.

10) UNDERSERVED/UNDERREPRESENTED POPULATIONS:

All applicants should be able to identify the underserved/underrepresented population(s) and demonstrate the capacity to provide services to those populations in their communities. Underserved/Underrepresented populations are defined as individuals who by virtue of language, ethnicity, race, culture, disability, age, sexual orientation, or geographic location may require special accommodations in order to access services. Good sources for this type of data are local census statistics and school district demographic data.

11) GOALS AND OBJECTIVES – PROJECT SPECIFIC IMPACT

Section 11A – Goals and Objectives:

If applying for these grant funds for more than one project, please describe the goals and objectives for each project separately. Indicate which project you are referring to by labeling them Project A, Project B, etc. If you are applying for more than one project and need to include additional goals and objectives, please contact our office to discuss your request. Whenever possible your goals and objectives should be structured in a similar fashion to the samples provided below. **Goals** should be broad statements describing what you intend to accomplish with grant funds. Goals should be limited to a maximum of 4, with no more than 3 objectives for each goal. **Objectives** must be specific and measurable, and should answer the questions “What? Who? By when? How many? For whom? How?” Objectives should be related to the personnel position(s) and corresponding Position #'s and/or the Professional Services/Consultants position(s) requested in your Total 12-Month Budget on pages 14, 14A & 18 of the application. Additional samples for specific projects (i.e. CASAs, Child Advocacy Centers, Systems Improvement Projects, etc.) are available in the *Grant Guide* on our [webpage](#).

Section 11A – Goals and Objectives Examples

Domestic Violence Projects – Sample Goals and Objectives

- **Goal 1:** The Buford County Domestic Violence Project will provide effective victim assistance to victims of domestic violence.
 - **Objective 1:** The Safehouse Coordinator will facilitate 6,000 shelter nights to 200 women and 125 children by the end of the 12-month grant period.
 - **Objective 2:** The Legal Advocate will provide protection order assistance to 75 women by the end of the 12-month grant period.
 - **Objective 3:** A total of 200 individual counseling sessions will be provided by 2 contract clinicians to an estimated 104 victims by the end of the 12-month grant period.

Law Enforcement Victim Service Projects – Sample Goals and Objectives

- **Goal 1:** The Victim Assistance Coordinator will provide direct services to meet the needs of crime victims in Buford County.
 - **Objective 1:** The Victim Assistance Coordinator, and volunteers, will provide on scene crisis intervention to 240 crime victims by the end of the 12-month grant period.
 - **Objective 2:** The Victim Assistance Coordinator will maintain 2 volunteers or other staff to provide on-call translation to 35 monolingual crime victims by the end of the 12-month grant period.
 - **Objective 3:** The Victim Assistance Coordinator will recruit and train 10 volunteers who will provide coverage 24 hours, seven days a week to crime victims during the 12-month grant period.

Sexual Assault Crime Victim Services Projects – *Sample Goals and Objectives*

- **Goal 1:** The Buford County Sexual Assault Program will provide direct services to meet the needs of sexual assault crime victims in Buford County.
 - **Objective 1:** The Volunteer Coordinator, Project Director, and Volunteers will provide response (seven day a week, 24 hours per day) to 55 hotline calls by the end of the 12-month grant period.
 - **Objective 2:** The Project Director and Women's Advocate will provide 65 sexual assault victims with advocacy at the hospital by the end of the 12-month grant period.
 - **Objective 3:** The Women's Advocate will provide court accompaniment to 50 sexual assault victims by the end of the 12-month grant period.

District Attorneys' Victim Service Project – *Sample Goals and Objectives*

- **Goal 1:** The 24th Judicial District Attorney's Office will provide effective advocacy and support to crime victims throughout the investigation and prosecution of criminal cases.
 - **Objective 1:** The Victim/Witness Assistant will provide 245 court accompaniments to 200 crime victims during the 12-month grant period.
 - **Objective 2:** By the end of the 12-month grant period, 250 out of 300 victim impact statements sent will be returned to the Victim Witness Assistant for use in court.
 - **Objective 3:** By the end of the 12-month grant period, the Victim/Witness Assistant will contact 200 crime victims and provide 450 Victims Rights Act notifications (date, time and place) of all critical stages for the criminal case.

Statewide Project – *Sample Goals and Objectives*

- **Goal 1:** To provide technical assistance, support, and training to victim service providers, law enforcement officers, and prosecutors to improve the quality of investigation and prosecution of cases.
 - **Objective 1:** The Project Director will organize a four-day conference to provide training on the investigation and prosecution of Sexual Assault and Domestic Violence cases to 30 advocates, 30 law enforcement officers, and 30 prosecutors by the end of the 12-month grant period.
 - **Objective 2:** The Training Coordinator will conduct site visits at 10 domestic violence agencies throughout the State in order to provide technical assistance on effectively working with domestic violence victims during the 12-month grant period.
 - **Objective 3:** The Project Director and Training Coordinator will provide multidisciplinary training on domestic violence, sexual assault and/or stalking in 6 communities throughout the State by the end of the 12-month grant period.
- **Goal 2:** To provide victims their rights under the Colorado Victims' Rights Amendment.
 - **Objective 1:** The Victim Services Specialist will provide assistance and support to 200 victims attending Parole Board hearings during the 12-month grant period.
 - **Objective 2:** Notification of offender status change will be mailed to 5,000 registered victims in a timely manner and the Victim Services Specialist will respond to telephone calls from 500 victims within 48 hours of receiving the call during the 12-month grant period.
 - **Objective 3:** During the 12-month grant period, customer service surveys will have been sent to 1,000 registered victims. Surveys will be reviewed by the Victim Services Specialist for suggestions and comments on improving services. A summary of responses will be submitted with the final report.

Section 11B – Goals and Objectives – Project Specific Impact:

- 1) For the project as a whole or by listing each goal, whichever is more appropriate to your project, indicate the *intended impact* of the grant-funded activities. *Impact data* should answer the following questions – “What will these grant funds allow you to accomplish that you couldn’t accomplish without them, What benefits will result from the following activities, and How will you demonstrate that the funded activities have made a difference?”
- 2) State specifically the methods you will use to collect the impact data.

Refer to the “*Project Specific Impact*” *technical assistance document in the Grant Guide for more information and additional examples.*

Project Specific Impact Example (for the sample goal below)

- **Sample Goal:** The 24th Judicial District Attorney’s Office will provide effective and ongoing support to crime victims throughout the investigation and prosecution of criminal cases during the 12-month grant year.
- **Sample Intended Impact:**
 - Victims indicate they understand how the Criminal Justice system works;
 - Victims know how to access available resources;
 - Victims’ stated needs are being met; and
 - Victims’ rights are afforded.
- **Sample Impact Data Collection Methods:**
 - Client survey (See client survey examples in the Grant Guide);
 - Staff documented observation of the client’s ability to function within the system and access resources;
 - Staff notes regarding the client’s expressed needs upon intake and records of referrals made and services offered to meet needs; and
 - Staff documentation of critical stage notification.

12) TOTAL 12 MONTH BUDGET – CALENDAR YEAR, JANUARY 1ST TO DECEMBER 31ST

Very carefully, review the OVP *Announcement of Availability of Funds* and the *Grant Guide* for the types of expenses/services that are allowable. **DO NOT INCLUDE MATCHING FUNDS IN THIS SECTION** (matching funds are to be entered in #13 of the application on page 19).

The total 12-month budget is divided into 5 budget categories: Personnel, Supplies and Operating, In-State Travel, Equipment, and Professional Services/Consultants. The following is a description of what to include in each category. **All figures should be reported in whole dollars. Round up to the nearest dollar if the cents is \$.50 or more.** Only include personnel/items for which you are requesting grant funds.

NOTE: Total “Amount requested from OVP” plus the “Amount from all other sources for this position” **must** equal the “Annual Budget” line for each position or item requested. If the amounts do not equal, there is an error and you must correct your dollar figures.

In the Budget Justification boxes, you must fully explain and justify the need for your request. This justification shall include the following for each expense for which you are requesting funding:

- 1) Describe the need for the position or item;
- 2) Describe the relationship between each position or item and the project goals and objectives;
- 3) Explain how the calculations were determined (be specific);
- 4) Explain any differences between this request and the current funding level. Increases in funding will not be considered if the increase is not fully explained.

Enter Agency Name: Input your agency name.

Section 12A – Personnel Request:

For *each* position being requested list the title, name of the employee (if available), and total # of hours per week this *position works for the agency*. This includes hours paid by your agency from all sources of funding, not only OVP funds being requested. The “Annual Budget” amount is the actual amount, not a full-time (FTE) equivalent, if the person is part-time.

List each staff person as a separate position, even if you are requesting funds for two staff members with the same title. This includes positions in which two people job share the position.

- **Salary:** List total 12-month salary for this position in the “Annual Budget” column, then list how much of the 12-month salary is being requested from OVP in the “Amount Requested from OVP” column.
- **Fringe/benefits:** *You are not required to request fringe/benefits.* If you decide to do so, indicate the total 12-month costs of these benefits (i.e., employer’s share of FICA, health insurance, retirement, workers’ compensation, short / long term disability, etc.) for each position in “Annual Budget” column. Then list the 12-month amount your agency is requesting from OVP for fringe/benefits in the “Amount Requested from OVP” column. You may not request a higher percentage of benefits than the percentage of salary being requested. For example, if you request OVP to fund 50% of a position’s salary, then the maximum you can request is 50% of the position’s fringe benefits. (If fringe benefits are approved, you will be required to separately track the fringe benefits paid with OVP dollars in your accounting system).
- **Position # totals:** Using the tab key as you enter the amounts in the annual budget and the amount requested from OVP will engage an automatic formula which will calculate the totals for you.
- **Amount from all other sources for this position:**
 - **List sources:** List the specific name of *all* funding sources that contribute to the salary and fringe/benefits for each position (i.e., local VALE including the Judicial District, County funds, fundraising, private donations, etc.).
 - **Total from all other sources:** List the combined dollar amount of all other funding sources listed above that contributes to each position. NOTE: Total “Amount requested from OVP” plus the “Amount from all other sources for this position” *must* equal the “Annual Budget” line for each position or item requested. If the amounts do not equal, there is an error and you must correct your dollar figures.

Complete this same process for each position that you are requesting OVP funds. We encourage you to limit your request to a maximum of four positions. If you are requesting funding for more than 8 positions, please call our office to discuss your request.

Example:

Position 1:	Title: Bi-Lingual Victim Advocate Name: Mary Smith Total # hours per week this position works for the agency (max = 40 hrs): 30			DCJ Staff Use Only
	Annual Budget	Amount requested from OVP	Amount from all other sources for this position	
Salary	\$ 40,000	\$ 30,000	List Sources: 2nd JD Local VALE, County Funds, Donations	
Fringe/Benefit	\$ 5,000	\$ 3,750		
Totals:	\$ 45,000	\$ 33,750	Total from all other sources: \$ 11,250	

Position 2:	Title: Executive Director Name: Janet Hall Total # hours per week this position works for the agency (max = 40 hrs): 40			DCJ Staff Use Only
	Annual Budget	Amount requested from OVP	Amount from all other sources for this position	
Salary	\$ 60,000	\$ 30,000	List Sources: 2nd JD Local VALE, TANF, Fundraising, Donations	
Fringe/Benefit	\$ 12,000	\$ 6,000		
Totals:	\$ 72,000	\$ 36,000	Total from all other sources: \$ 36,000	

TOTAL OVP Personnel Funds Requested: \$ 69,750	
---	--

Total OVP Personnel Funds Requested:

This is the total amount your agency is requesting from OVP for salary and fringe for all positions. Using the tab key as you enter the amount into the fields engages an automatic formula to calculate the "Position # Totals" in the "Amount requested from OVP" column for you. As our example indicates, the total OVP amount requested for Position #1 (\$33,750) plus Position #2 (\$36,000) would be \$69,750 for the Personnel budget category.

Personnel Funds Justification:

You must complete the PERSONNEL funds justification box on page 15 of the application. In this section, you must fully explain and justify the need for each personnel funds request, *indicating whether this is a new or existing position.*

Example:

- **Position #1:** Bi-Lingual Victim Advocate is a continuation of a previously funded position that provides advocacy and outreach to monolingual Latino sexual assault and domestic violence victims as referenced in Goal #2. The person in this position works a total of 30 hours per week for the agency so this request is for 75% of his/her 30-hour position.
 - **Salary** (\$40,000 x .75% OVP= \$30,000): This includes an overall 2% increase of \$800 x .75 OVP request = \$600, which was approved by the Board of Directors as a result of a statewide salary survey for comparable positions.
 - **Benefits:** Annual benefits include Health (\$1,545), Worker's Comp. (\$151) Unemployment (\$244), and employer portion of FICA @ .0765 = \$3,060 = \$5,000 x 75% OVP = \$3,750.
- **Position #2:** Executive Director is a new request previously funded by private funds. Due to a 40% decrease in private donations due to the economic times, we are seeking OVP grant funds for 50% of this position. Despite our increased fundraising efforts (please see question #17 response), we still had to cut staff. The Executive Director will now be assuming the volunteer coordinator duties (see Goal # 3) including the recruiting, training and maintaining of 20 volunteers for our 24/7 on-call response to crime victims.
 - **Salary** (\$60,000 x 50% OVP = \$30,000): This includes an overall 1% increase of \$1200 x .50 OVP request = \$600, which was approved by the Board of Directors based upon a 12 month performance evaluation.
 - **Benefits:** Annual benefits include Health (\$6,679), Worker's Comp. (\$456), Unemployment (\$275), and employer portion of FICA @ .0765 = \$4,590 = \$12,000 x 50% OVP request = \$6,000.

Section 12B – Supplies and Operating Expenses:

All supplies and operating requests must be specific, itemized costs related to the project and costs less than \$5,000 per item. List items by major type (e.g., office supplies, computer software, training materials, tuition and/or registration fees for training/conferences, copy costs, rent, phone, postage, etc.) List the total 12-month agency cost of each item in the “Annual Amount” column, and then list the 12-month amount being requested from OVP in the “Amount Requested from OVP” column.

List the combined dollar amount of all other funding sources that contribute to each listed expense in the “Amount Available/Anticipated from Other Sources” column. See example below:

List Requested Operating Expenses	Annual Amount	Amount Requested from OVP	Amount Available/Anticipated from Other Sources
Training registration fees for 2 volunteer victim advocates: \$160x2	\$ 320	\$ 320	\$ 0
Cell Phone for on-call victim advocate: \$35/mo x 12 mos. = \$420	\$ 420	\$ 210	\$ 210
Postage for Victim Notification & Victim Comp. Forms by mail with return envelopes: \$.41 x 250/yr = \$103	\$ 103	\$ 103	\$ 0
Rent for Victim Advocate work space: @ \$5 per sq. ft. = \$5 x 150 sq. ft. x 12mos. = \$9,000 a year.	\$ 9,000	\$ 1,800	\$ 7,200
Telephone costs for Victim Advocates/Volunteers: \$100/mo x 12mos = \$1,200	\$ 1,200	\$ 600	\$ 600
Total OVP Supplies & Operating Funds Requested:		\$ 3,033	

Supplies & Operating Justification:

In this section, you must fully explain and justify the need for your Supplies & Operating funds request. Demonstrate how the costs were determined and *justify* the need for each specific line item. **Be sure to show the basis for computation if not already provided above.** Generally, supplies and operating requests such as rent and phone will correlate with the percentage of grant-funded activities (personnel). If the request exceeds the personnel percentage request, please provide a detailed explanation.

Example:

- **Training:** Two volunteers will be attending the XYZ training. These particular volunteers have been donating their time to our agency for five years. They provide a leadership role among the volunteers and attending this conference will provide an opportunity to network with people from other agencies and learn new aspects of the victim assistance field.
- **Cell Phone Request:** The request is for a cell phone service for the bi-lingual victim advocate. The request above demonstrates how the costs were determined. 50% of the Victim Advocate's time will be providing services to victims; therefore, the request is for 50% of the phone costs.
- **Rent:** Our request is for 20% of the annual costs.
- **Telephone Costs (non-cell phones):** 50% of the monthly cost of two phone lines and long distance costs. The first phone line is for the bi-lingual victim advocate listed in the personnel section and the second line is for use by agency volunteers, specifically one volunteer who works in the office with the bi-lingual victim advocate and who follows up with many of the monolingual Latino victims.

Note: No further justification is needed for Postage and Rent since a full explanation and computation is provided in the grid above.

Section 12C – In-State Travel:

Itemize travel expenses of project personnel by purpose (e.g., to attend training sessions, to transport clients, to attend conferences, etc.). Show mileage, lodging and meals separately. Tuition and registration fees should be listed as *operating expenses, not travel expenses*.

Note: Out of State travel costs for a well-justified purpose will be considered, but are not encouraged. If you are requesting funding for out-of-state travel, please call our office to discuss.

List the total 12-month agency costs of each item in the “Annual Amount” column, and then list the 12-month amount being requested from OVP in the “Amount Requested from OVP” column.

List the combined dollar amount of all other funding sources that contribute to each listed expense in the “Amount Available/Anticipated from Other Sources” column.

If your agency has an established written travel policy, then those per diem and mileage rates may be used. If not, State travel rates, shown below, should be used.

- **Mileage:** \$.50 per mile for use of personal vehicle.
- **Lodging:** In-state lodging is actual cost of reasonable accommodations.
- **Meals:** See table below. Use the base rate unless the location is in a high cost area.

	Base	5 High Cost Levels (For a list of high cost areas see the <i>Grant Guide</i>)				
Breakfast	\$7.00	\$8.00	\$9.00	\$10.00	\$11.00	\$12.00
Lunch	11.00	12.00	13.00	15.00	16.00	18.00
Dinner	23.00	26.00	29.00	31.00	34.00	36.00
Incidental *	5.00	5.00	5.00	5.00	5.00	5.00
TOTAL	\$46.00	\$51.00	\$56.00	\$61.00	\$66.00	\$71.00

*Incidental expenses include personal telephone calls, bellhop and maid tips.

Example:

Itemize Request (Transportation, Per Diem, etc.)	Annual Amount	Amount Requested from OVP	Amount Available/Anticipated from Other Sources
Lodging @ XYZ Training for 2 Volunteer Victim Advocates	\$ 480	\$ 240	\$ 240
Mileage to attend the XYZ Training for 2 Volunteer Victim	\$ 50	\$ 50	\$ 0
Per Diem to attend XYZ Training for 2 Volunteer Victim Advocates	\$ 336	\$ 336	\$ 0
Mileage for Victim Advocates to accompany victims of domestic violence to court	\$ 800	\$ 400	\$ 400
Total OVP In-State Travel Funds Requested:		\$ 1026	

In-State Travel Justification:

Explain the costs being requested from this grant application and explain the relationship of each line item to the project (e.g., if training or conference expenses are requested, explain the topic of the conference and its relationship to the project and the staff/volunteers who will attend). ***Be sure to show the basis for computation if not already provided above.***

Example:

- Travel expenses have been calculated per our agency’s written travel policy. Attendance at the XYZ Training allows the Volunteer Victim Advocates to learn about best practices in working with domestic violence victims. Without the support of grant funds they would not be able to attend. This training is for 2 nights, 3 days in Breckenridge, CO at \$120 per night per person. $2 \times 120 \times 2 \text{ nights} = \480 .
- Mileage reflects the two advocates traveling in one vehicle: 100 miles roundtrip @ \$.50 per mile = \$50
- Per diem for two advocates for 3 days @ \$56 per day = $3 \times 56 \times 2 = \$336$.
- Mileage is for the grant year and is for advocates to support and assist victims in court. Approximately 400 miles annually to four counties within the Judicial District: $400 \times 4 \times \$.50 = \800 . (We are requesting OVP to fund 50% of the mileage costs.)

Section 12D – Equipment:

“Equipment” is defined as a durable, single item costing \$5,000 or more with a useful life of over one year. Equipment requests are carefully reviewed and rarely funded. Funds may only be used for equipment deemed essential in the proposed project/services as allowable. If requested and approved, additional forms would be required prior to purchase.

Section 12E – Professional Services/Consultants:

List consultants or independent contractors who will provide services under the grant. List each consultant or type of service, the proposed hourly fee, and the amount of time to be spent on such services. Rates for professional services should not exceed \$56.25 per hour (this rate is set by Federal regulations) or \$450 per eight-hour day. (If a higher rate is requested, a justification must be provided in the budget narrative. Approval by DCJ is required prior to implementation of the contract.)

Note: If you are requesting funds in this budget category, you will be required to submit a DCJ Form 16, along with an original contract agreement between your agency and the Professional/Consultant outlining the services, price and/or terms agreed upon.

Example:

Professional Services / Consultants	Total Hourly Rate of Pay	# of Hours to be Worked on This Project	Amount Requested from OVP
2 Contractual clinicians providing individual counseling	\$ 70	200 Hrs	\$ 14,000
	\$	Hrs	\$
	\$	Hrs	\$
Total OVP Professional Services / Consultants Funds Requested:			\$ 14,000

Professional Services/Consultants Justification:

In this section, you must fully explain and justify both the need for these services and the rate of pay if not provided above.

Explain why project staff cannot provide the proposed services of consultants and/or independent contractors. (Professional services should be procured competitively. *Sole source contracts must be justified* and are subject to prior approval. Sole source is procurement through the solicitation of a proposal from only one source or after solicitation of a number of vendors when competition is determined inadequate.)

Generally, a consultant is an independent contractor or an outside professional who offers his/her contracted services to the public at large, who controls his/her own work, does not require training, pays his/her own taxes, and has his/her own liability and worker’s compensation insurance.

Please refer to the *Grant Guide* for additional information related to Independent Contractor Verification.

Example:

- Our agency currently has only 2 dedicated staff members to provide crisis intervention/advocacy services to our clients. To meet the needs of over 300 clients to be served annually, we feel the need to make available additional individual counseling services to non-reporting domestic violence victims. The proposed rate for the requested contractual clinical services exceeds the Federal rate for professional services of \$56.25 per hour. We have surveyed local clinicians and the rate of \$70 is reasonable given the level of clinical expertise needed to serve the special needs of this population. As stated in our goals and objectives we estimate that of the 300 clients seen, 200 individual counseling sessions will be needed for approximately 104 victims.
- In this example given, the rate for professional services exceeded the allotted hourly rate therefore justification is needed.

Section 12F – OVP Grant Request Summary:

This chart automatically summarizes all OVP FUNDS REQUESTED from each budget category. The example below is based on all budget category examples provided previously throughout the Instructions. Remember to cross check your totals with this populated grid.

Budget Categories	OVP Grant Request
Personnel	\$ 69,750
Supplies & Operating	\$ 3,033
In-State Travel	\$ 1026
Equipment	\$ 0
Professional Services / Consultants	\$ 14,000
Total OVP Funds Requested:	\$ 87,809

13) MATCH:

For purposes of this application, demonstrate the ability to provide match, which will be used for project-related activities. To calculate the match, simply divide the Total OVP Funds Requested by 3.

Example:

- \$87,809 divided by 3 = \$29,270. **Round up to the nearest dollar if the cents is \$.50 or more.** In this example, \$29,270 will be the amount of your match. **Remember** – you cannot use any federal funds as match on your OVP grant.

Type of Match: Match may be provided in cash or as an in-kind contribution. Match must be non-federal funds.

Cash Match: A specified amount of *non-federal dollars* budgeted for the funded project in addition to the grant award amount. Any items paid for with dollars are cash match such as personnel expenses.

In-Kind Match: A specified amount of *non-cash contributions* (assigned a dollar value) designated for the funded project in addition to the OVP grant award amount. A good example of in-kind match is unpaid volunteer time that has been assigned a dollar value, based on the agency or market value of the services in your community.

See the example on the next page:

PERSONNEL MATCH (Employees / volunteers of the applicant agency) Employee / Volunteer / Job Position (Full Time Equivalent)	Cash	In-Kind
Mary Smith / Bilingual Advocate (match will be .125 FTE)	\$ 5,000	\$ 0
24/7 Victim Advocate Volunteers @ \$10 per/hr 2400 hours	\$ 0	\$ 24,000
	\$	\$
Fringe Benefits	\$	\$
Subtotal	\$ 5,000	\$ 24,000
Source of Match: 2 nd JD Local VALE, County Funds, Donations, Volunteer hours		
SUPPLIES AND OPERATING MATCH (Copying, rent, phone, tuition, registration fees and other items under \$5,000)	Cash	In-Kind
Donated Office Space for volunteers provided by Police Dept. 100 sq. ft. valued at	\$ 0	\$ 0
@ \$15 per sq. ft. = \$1,500 a month (Partial January in-kind rent @ \$270)	\$ 0	\$ 270
Subtotal	\$ 0	\$ 270
Source of Match: Donated by Police Department		
OTHER	Cash	In-Kind
In-State Travel Match	\$	\$
Equipment Match	\$	\$
Professional Services/Consultants Match	\$	\$
Source of Match:		
TOTAL MATCH:	\$ 5,000	\$ 24,270

Possible Sources of Match:

- **Cash Match:** For example, Local VALE funds, United Way funds, District Attorney's local budget, annual fund raiser, other non-federal funds used to pay a portion of the supervisor's salary for the grant funded position, the non-grant funded portion of grant project employee's salary, or other non-grant funded portions of the project. *Federal funds may never be used as match for OVP grants.*
- **In-Kind Match:** For example, volunteer hours valued at a reasonable hourly rate considering the services provided (if using volunteer hours for match, explain how you established your hourly rate for volunteer hours), or office space valued at \$15 per square foot that has been donated to the project.

Helpful Information About Match:

- Federal funds may **never** be used as match for these grants.
- Round **up** to the nearest dollar if the cents is **\$.50 or more**.
- **Do not over-match.** Show only the required amount of match in your project budget. An approved cash or in-kind match for an OVP grant may not be used as match for other grants.

- **Do not under-match.** If you do not indicate in your project budget that you have the resources to adequately match your grant request, your request may be reduced to the amount that you indicate you **can** match.
- Because it is simpler to track, you are encouraged to use either cash **or** in-kind match (not both) whenever possible.
- You are not required to have match in every budget category for which you request grant funds.
- Your accounting records must be able to track the exact matching funds, so it is in your best interest to keep the match as simple as possible.

14) OVP GRANT BUDGET SUMMARY:

This section automatically summarizes your detailed TOTAL project budget, including OVP grant dollars requested along with the amount and source of your match. The following example is based on all budget categories and match examples provided above. Please cross check your figures with this populated grid.

Budget Categories	OVP Funding Request	Cash Match	In-Kind Match	Totals
Personnel	\$ 69,750	\$ 5,000	\$ 24,000	\$ 98,750
Supplies & Operating	\$ 3,033	\$ 0	\$ 270	\$ 3,303
In-State Travel	\$ 1,026	\$ 0	\$ 0	\$ 1,026
Equipment	\$ 0	\$ 0	\$ 0	\$ 0
Professional Services/Consultants	\$ 14,000	\$ 0	\$ 0	\$ 14,000
TOTALS	\$ 87,809	\$ 5,000	\$ 24,270	\$ 117,079

15) NECESSARY FUNDING INFORMATION:

Section 15A:

Complete Section A if your agency **is currently** receiving OVP grant funds. This includes VOCA, VAWA, Sexual Assault Services Program (SASP), and State VALE recipients. Clearly and simply describe the **reasons** for the differences between this request for funding and your most recent/current grant award (i.e.: loss of funding, serving more victims, new functions, new service delivery area, etc.). Be sure to explain and justify any increased costs in **each** budget category in question 12. For personnel requests, indicate if you are requesting a new position. If you are requesting support for an existing position not currently funded by OVP funds, indicate how the position is currently funded. It is very important for you to explain and justify any increased costs in personnel, increased percent of the position being requested, or an additional program component. Increases in percent of positions, or requests for new positions, must be fully justified by using **data** to support the need for the position. Competitive salary requests for increases should cite similar positions and salaries for your community. Local governments or Boards Of Directors usually make merit raise determinations. Please cite if this is the case. If you are citing a cut of other funding sources, explain the impact on your agency's ability to provide services.

Section 15B:

Complete Section B if your agency **is not currently** receiving OVP grant funds (New Applicants). If not currently being funded by OVP, you must describe how the requested budget items are currently being funded.

16) TOTAL AGENCY REVENUES AND EXPENSES:

This section is to be completed by non-profit, non-governmental agencies ONLY.

Section 16A – Revenue and Expenditures Chart:

This section should reflect your agency's **TOTAL** Revenue and Expenses from the most recently completed 12-month period (your agency's fiscal year could include various time periods i.e., January through December; July through June; October through September, etc.)

These figures would be actual Revenue and actual Expenditures from your agency's accounting system/records. The individual responsible for your agency's financial records should obtain this information from the most recent audit and/or year-end statements. Please refer to the *Grant Guide* for additional information.

Section 16B – Revenue and Expenditures Narrative:

What percentage of your agency budget is used for services to crime victims? Please describe the crime victim services your agency provides. Provide any additional information you feel may be helpful.

17) DIVERSIFICATION OF FUNDING:

Please list all sources of funding that you have solicited or plan to solicit (government, local VALE, foundations, etc) in calendar year (CY) 2012. Include the time period in which these funds would be available. Indicate any funding reductions your agency experienced which will affect your revenues in CY 2012.

18) FINANCIAL MANAGEMENT:

In order to be eligible to receive these grant funds, you must be able to demonstrate the ability to comply with financial requirements. Complete this section with the assistance of your agency staff person who is responsible for the accounting of these grant funds.

- A) What is the fiscal year covered by your most recent audit or financial review? Indicate the start and end dates for the fiscal year. **NOTE FOR ALL APPLICANTS:** The Division of Criminal Justice requires all subgrantees, regardless of amount, to submit a **current formal financial review or audit report every year**. This may be provided via printed copy, CD, or the website address if available on-line.
- B) If your agency expends \$500,000 or more from combined federal sources during the fiscal year of your most recent audit, did your agency include the A-133 Single Audit Report with your financial audit?
- C) Answer all of the questions regarding your accounting and financial management system. These questions are reflective of the state's eligibility requirements for receiving and managing grant funds. These questions cover areas that will be monitored by DCJ staff during site visits or through other reporting mechanisms. They are not intended to be all-inclusive and they do not relieve an agency's responsibility to meet all state requirements for these grant funds.
- D) If you answered "No" to any question in C, you must provide an explanation.

19) PROSECUTION, LAW ENFORCEMENT AND COURTS AGENCIES ONLY:

If you are **not** a prosecution, law enforcement, or courts agency, skip to Question #20. Prosecution, law enforcement, and courts agencies must consult with non-governmental victim services agencies in developing this grant application to ensure that the proposed activities are designed to promote safety,

confidentiality, and economic independence of victims. Briefly describe how you consulted with non-governmental victim service agencies in developing your application. For example: “The 24th Judicial District Attorney’s Office meets regularly with the multidisciplinary team (including nonprofit victim service agencies) that works with sexual assault victims in our community. On December 15, 2011 the DA’s office met with the team to discuss hiring a sexual assault investigator to improve the quality of cases being filed by the DA’s office. The team, including the nonprofit rape crisis center, provided suggestions on the grant activities, which was incorporated into the grant application.” If applicable, check your agency type in item “a”, then complete the box in item “b.”

20) COMMUNITY COORDINATION:

List the three agencies with which your project staff will be coordinating most frequently. Provide agency name, contact information and telephone number. Briefly describe the type of coordination of activities utilized with each agency listed. For example: “The Mountain Resource Center refers domestic violence victims to us and we provide crisis intervention and follow-up services for the victims. We meet monthly with the Mountain Resource Center to enhance communication and improve protocols for serving crime victims.” DCJ reserves the right to contact the agencies listed.

21) MEMORANDUMS OF UNDERSTANDING OR AGREEMENT:

List the agencies with which you have active memorandums of agreement or understanding or cooperative protocols. New applicants may or may not have such agreements in place, but will be expected to show progress toward establishing cooperative agreements, when applicable.

Memorandums of Agreement or Understanding should:

- Name the participating agencies.
- Be dated and signed by officials from each participating agency.
- Describe the routine services provided by each participant.

Do not attach memorandums of understanding or agreements to this application, but have them available upon request.

22) VICTIM RIGHTS ACT (VRA):

The following information is included in the Special Provisions and Certified Assurances: “*The applicant assures that the application signatories, staff, and all volunteers assigned to this project have read and understand the rights afforded to crime victims pursuant to section 24-4.1-302.5 CRS and the services delineated pursuant to sections 24-4.1-303 and 24-4.1-304 CRS, commonly known as the Victim Rights Act and enabling legislation.*”

Please list the date of your last training and the name and title of the individual who provided the training.

23) VICTIM COMPENSATION:

Crime Victim Compensation funds are available to help any person who is victimized by a violent crime in Colorado pursuant to section 24-4.1-100 C.R.S. Victims may receive reimbursement for out of pocket expenses directly related to the victimization that are not covered by insurance or other collateral resources. Compensation funds are available to pay for medical, dental, mental health, lost wages, loss of support, funeral expenses, and some property damage to residential dwellings. In addition, in some judicial districts victims may be eligible to receive \$1,000 in emergency funds for immediate short-term needs.

It is a federal requirement that grant-funded services cooperate with and not duplicate Victim Compensation services. If you do not have a full understanding of the Victim Compensation Program, please contact the Victim Compensation Administrator at the District Attorney's Office in your judicial district.

Please list the date of your last training and who provided the training. Refer to the OVP [website](#) for a list of Victim Compensation Administrators throughout the State.

APPENDIX

The items listed must be included with your application packet. Your application will be considered incomplete unless all of the items are included.

Attach the following items to each of the three (3) copies of the application:

- Organizational Chart – *with requested personnel highlighted. (Include personnel which would be paid with matching funds)*
- Job Descriptions for staff that would be paid for with OVP funds
- Job Descriptions for volunteer staff – *if volunteers are used as match*
- Job Descriptions for match staff – *if paid staff is used as match*
- Board Members list – *non-profit agencies only*
- Secretary of State Certificate of Good Standing – *non-profit agencies only* (www.sos.state.co.us)
- Proof of non-profit status – *new non-profit applicants only*
- Sample timesheet currently used by the position(s) for which you are requesting OVP funding
- Sample timesheet currently used by the volunteer staff - *if volunteers are used as match*

One copy of the following:

- Audit or Financial Review - *the Division of Criminal Justice requires all subgrantees to submit a current formal financial review or audit report every year. Applicants should submit a copy of their most current audit or financial review with their application unless one was submitted to DCJ within the last year. The audit or financial review may be provided via printed copy, CD, or the website address if available on line.*