

# **APPENDIX D**

## **VOCA Report Forms**

**OFFICE FOR VICTIMS OF CRIME  
VICTIM ASSISTANCE FORMULA GRANT PROGRAM  
PERFORMANCE MEASURES**

**SUBGRANTEE REPORT**

**Agency:**

**Grant #:**

**Reporting Month:**

**I. POPULATION DEMOGRAPHICS**

*This section is to be completed each reporting period.  
Source of data: Activities conducted at the subgrantee level*

**1. TOTAL number of individuals who received services during the reporting period**

**INSTRUCTIONS:** Count all individuals served by your organization with the use of VOCA plus match funds during the reporting period. This number should be an unduplicated count of people served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.

Some organizations may be unable to track clients over time due to organizational capacity issues, legal restrictions (e.g., confidentiality laws that limit record-keeping), or the nature of the services they provide (e.g., an anonymous hotline). **If you know that your agency is NOT able to provide a unique count of individuals served within the reporting period, report the number of individuals served to the best of your knowledge AND check the box to indicate that this number may count some individuals more than once.**

Number

The total number includes individuals who may have been counted more than once during the reporting period.

**2. Is your agency able to track individuals throughout the Federal fiscal year?**

**INSTRUCTIONS:** Answer "yes" to this question if, during each quarter and from one quarter to the next throughout the Federal fiscal year, you will be able to identify individuals as either new or continuing since Quarter

- Yes (proceed to Question 4)  
 No

**3. Is your agency able to identify "new" individuals who did not receive services from your agency during the previous reporting period?**

**INSTRUCTIONS:** Answer "yes" to this question if your organization is able to track clients **from one reporting period to the next**, even though you cannot track clients from the beginning to the end of the Federal fiscal year.

- Yes  
 No, Not Tracked (proceed to Question 6)

"Not Tracked" means that your organization is unable to submit this data as requested due to the need to change the data collection process, and efforts are underway to track the data as requested.

- No, Other Reason (provide explanation, then proceed to Question 6)

"No, Other Reason" provides an opportunity to indicate a different reason that your agency is unable to track individuals over time (e.g., you operate an anonymous hotline that does not allow for the collection of client information).

Explanation (required):

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Explanation	
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**4. Number of NEW individuals who received services from your agency for the first time during the reporting period**

***INSTRUCTIONS:** Report the number of NEW individuals served by your organization with the use of VOCA plus match funds for the first time during the reporting period. This number should be an unduplicated count of NEW clients served during a single reporting period, regardless of the number of services they received or victimization types with which they presented.*

*If your organization can only track clients from one reporting period to the next, and not from the beginning to the end of the Federal fiscal year, report the number of "new" clients who did not receive services during the previous reporting period.*

*For the first reporting period of each fiscal year (Oct.– Dec), ALL clients should be counted as NEW to establish a baseline for that year.*

Number	
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**5. Demographics (for NEW individuals identified in Question 4)**

***INSTRUCTIONS:** Count each NEW individual in only one race/ethnicity type as self-reported. Individuals who self-report in more than one race and/or ethnicity category should be counted in the "Multiple Races" category. The total number of individuals in each demographic category should equal the number of NEW individuals reported in Question 4. This data is used for statistical purposes to comply with Federal regulations.*

*If no data is collected for a category, enter the number of new individuals as **Not Tracked** or **Not Reported**.*

- **Not Reported** represents that the subgrantee collects this data, but it was not provided or indicated by the person completing the intake form.
- **Not Tracked** represents that the subgrantee is unable to submit this data as requested in the PMT due to the need to change the data collection system. Efforts are underway to track data as requested.
- The value of "0" represents a **true value of zero**.

Category	Population	Number of NEW Individuals
<b>A. RACE/ETHNICITY</b> (self-reported)  See <b>Appendix A</b> for definitions of each race/ethnicity category.	American Indian/Alaska Native	
	Asian	
	Black/African American	
	Hispanic or Latino	
	Native Hawaiian and Other Pacific Islander	
	White Non-Latino/Caucasian	
	Some Other Race	
	Multiple Races	
	Not Reported	
	Not Tracked	
<b>TOTAL :</b>		0
<i>(Must equal number reported in Question 4)</i>		

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<b>B. GENDER</b> (self-reported)	Male		
	Female		
	Other (brief description, if applicable)		
	Not Reported		
	Not Tracked		
	<b>TOTAL</b>		
<i>(Must equal number reported in Question 4)</i>			
<b>C. AGE</b> (self-reported)  Report the age of the victim at the time of the victimization.	0-12		
	13-17		
	18-24		
	25-59		
	60 and Older		
	Not Reported		
	Not Tracked		
	<b>TOTAL</b>		
<i>(Must equal number reported in Question 4)</i>			

**6. Types of Victimizations (for ALL individuals identified in Question 1)**

*If no data is collected for a category, enter the number of new individuals as **Not Tracked** or **Not Reported** (see Question 5 for definitions).*

<b>Individuals who received services by victimization type</b>	<b>Victimization Type</b>	<b>A. Number of individuals who received services based on the presenting victimization during the reporting period</b>
<b>INSTRUCTIONS:</b> Enter the count of individuals who received services based on each presenting victimization type during the reporting period.  An individual MAY be counted in <b>more than one</b> victimization type.  An individual MAY NOT be counted more than once within the <b>same</b> victimization type.  See <b>Appendix B</b> for definitions of each	Adult Physical Assault (Includes Aggravated and Simple Assault)	
	Adult Sexual Assault	
	Adults Sexually Abused/Assaulted as Children	
	Arson	
	Bullying (Verbal, Cyber, or Physical)	
	Burglary	
	Child Physical Abuse or Neglect	
	Child Pornography	
	Child Sexual Abuse/Assault	
	Domestic and/or Family Violence	
	DUI/DWI Incidents	
	Elder Abuse or Neglect	
	Hate Crime: Racial/Religious/Gender/	(continued on next Page)

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victimization type.	Sexual Orientation/Other ( <i>Explanation Required</i> )	
	Human Trafficking: Labor	
	Human Trafficking: Sex	
	Identity Theft/Fraud/Financial Crime	
	Kidnapping (non-custodial)	
	Kidnapping (custodial)	
	Mass Violence (Domestic/International)	
	Other Vehicular Victimization (e.g., Hit and Run)	
	Robbery	
	Stalking/Harassment	
	Survivors of Homicide Victims	
	Teen Dating Victimization	
	Terrorism (Domestic/International)	
	Violation of a Court (Protective) Order	
Other		
If other, please explain:		
<b>B. Of the number of individuals receiving services, the number who presented with more than one type of victimization during the reporting period:</b>		
<b>C. Special classifications of individuals (self-reported)</b>	Deaf/Hard of Hearing	
	Homeless	
	Immigrants/Refugees/Asylum Seekers	
	LGBTQ	
	Veterans	
	Victims with Disabilities: Cognitive/Physical /Mental	
	Victims with Limited English Proficiency	
	Other	
	If other, please explain:	
<b>INSTRUCTIONS:</b> Enter the number of individuals who self-identify in one or more of these categories.		

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**II. DIRECT SERVICES**

*Complete this section each reporting period.*

7. Number of individuals assisted with a victim compensation application during the reporting period:

**INSTRUCTIONS:** Count the number of individuals who received assistance with completing a victim compensation application during the reporting period, even if they did not submit the application. Simply providing an individual with an application does NOT qualify as assistance.

Number	
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8. Select the types of services provided by your organization during the reporting period:

**INSTRUCTIONS:** Your selections must match those made in Question 9, "Use of VOCA and Match Funds," of your Subgrant Award Report (SAR).

- Information & Referral
- Personal Advocacy/Accompaniment
- Emotional Support or Safety Services
- Shelter/Housing Services
- Criminal/Civil Justice System Assistance

9. Total number of individuals who received services by service type AND number of times each service was provided during the reporting period

**INSTRUCTIONS:** For each category (items A, B, C, D, and E) selected in Question 8, enter the number of clients who received services from your agency during the reporting period. For each subcategory within a category (e.g., items A1, A2, A3, and A4), enter the number of times that service was provided during the reporting period. Zero is a valid response.

Because some clients may receive multiple services, the total number of times that services were provided within a category may be greater than the number of clients who received those services.

You must enter data for each of the service types you selected in Question 9, "Use of VOCA and Match Funds," in your Subgrant Award Report (SAR).

**A. INFORMATION & REFERRAL**

*Enter the number of individuals who received services in this category:*

Number of individuals	
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*Enter the number of times services were provided in each subcategory:*

- A1. Information about the criminal justice process

Number of occurrences	
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- A2. Information about victim rights, how to obtain notifications, etc.

Number of occurrences	
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A3. Referral to other victim service programs

Number of occurrences	<input type="text"/>
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A4. Referral to other services, supports, and resources *(includes legal, medical, faith-based organizations, address confidentiality programs, etc.)*

Number of occurrences	<input type="text"/>
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**B. PERSONAL ADVOCACY/ACCOMPANIMENT**

*Enter the number of individuals who received services in this category:*

Number of individuals	<input type="text"/>
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*Enter the number of times services were provided in each subcategory:*

B1. Victim advocacy/accompaniment to emergency medical care

Number of occurrences	<input type="text"/>
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B2. Victim advocacy/accompaniment to medical forensic exam

Number of occurrences	<input type="text"/>
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B3. Law enforcement interview advocacy/accompaniment

Number of occurrences	<input type="text"/>
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B4. Individual advocacy *(assistance in applying for public benefits, return of personal property or effects)*

Number of occurrences	<input type="text"/>
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B5. Performance of medical forensic exam or interview, or medical evidence collection

Number of occurrences	<input type="text"/>
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B6. Immigration assistance *(e.g., special visas, continued presence application, and other immigration relief)*

Number of occurrences	<input type="text"/>
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B7. Intervention with employer, creditor, landlord, or academic institution

Number of occurrences	<input type="text"/>
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B8. Child or dependent care assistance (provided by agency)

Number of occurrences	<input type="text"/>
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B9. Transportation assistance (provided by agency)

Number of occurrences	<input type="text"/>
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**B10. Interpreter services**

Number of occurrences	<input type="text"/>
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**C. EMOTIONAL SUPPORT OR SAFETY SERVICES**

*Enter the number of individuals who received services in this category:*

Number of individuals	<input type="text"/>
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*Enter the number of times services were provided in each subcategory:*

**C1. Crisis intervention (in-person, includes safety planning, etc.)**

Number of occurrences	<input type="text"/>
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**C2. Hotline/crisis line counseling**

Number of occurrences	<input type="text"/>
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**C3. On-scene crisis response (e.g., community crisis response)**

Number of occurrences	<input type="text"/>
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**C4. Individual counseling**

Number of occurrences	<input type="text"/>
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**C5. Support groups (facilitated or peer)**

Number of occurrences	<input type="text"/>
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**C6. Other therapy (traditional, cultural, or alternative healing; art, writing, or play therapy, etc.)**

Number of occurrences	<input type="text"/>
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**C7. Emergency financial assistance (includes emergency loans and petty cash, payment for items such as food and/or clothing, changing windows and/or locks, taxis, prophylactic and nonprophylactic medications, durable medical equipment, etc.)**

Number of occurrences	<input type="text"/>
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**D. SHELTER/HOUSING SERVICES**

*Enter the number of individuals who received services in this category:*

Number of individuals	<input type="text"/>
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*Enter the number of times services were provided in each subcategory:*

**D1. Emergency shelter or safe house**

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Number of occurrences	<input type="text"/>
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**D2. Transitional housing**

Number of occurrences	<input type="text"/>
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**D3. Relocation assistance**

Number of occurrences	<input type="text"/>
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**E. CRIMINAL/CIVIL JUSTICE SYSTEM ASSISTANCE**

*Enter the number of individuals who received services in this category:*

Number of individuals	<input type="text"/>
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*Enter the number of times services were provided in each subcategory:*

**E1. Notification of criminal justice events** (e.g., case status, arrest, court proceedings, case disposition, release, etc.)

Number of occurrences	<input type="text"/>
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**E2. Victim impact statement assistance**

Number of occurrences	<input type="text"/>
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**E3. Assistance with restitution** (includes assistance in requesting and when collection efforts are not successful)

Number of occurrences	<input type="text"/>
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**E4. Civil legal attorney assistance in obtaining protection or restraining order**

Number of occurrences	<input type="text"/>
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**E5. Civil legal attorney assistance with family law issues** (e.g., custody, visitation, or support)

Number of occurrences	<input type="text"/>
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**E6. Other emergency justice-related assistance**

Number of occurrences	<input type="text"/>
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**E7. Immigration attorney assistance** (e.g., special visas, continued presence application, and other immigration relief)

Number of occurrences	<input type="text"/>
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**E8. Prosecution interview advocacy/accompaniment** (includes accompaniment with prosecuting attorney and with victim/witness)

Number of occurrences	<input type="text"/>
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**E9. Law enforcement interview advocacy/accompaniment**

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Number of occurrences	<input type="text"/>
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E10. Criminal advocacy/accompaniment

Number of occurrences	<input type="text"/>
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E11. Other legal advice and/or counsel

Number of occurrences	<input type="text"/>
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**SUBGRANTEE ANNUALLY REPORTED OUTCOMES**

*You are asked to answer these questions once a year, at the end of the 12-month period, as of September 30. You may use up to 5,000 characters for each response that requires text.*

**10. Number of requests for services that were unmet because of organizational capacity issues:**

Number	<input type="text"/>
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Please explain:

<input type="text"/>
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**11. Does your organization formally survey clients for feedback on services received?**

- Yes  
 No (*proceed to Question 14*)

**12. Number of surveys distributed** (*includes, but is not limited to, those distributed by hand, mail, or other methods*):

Number	<input type="text"/>
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**13. Number of surveys completed:**

Number	<input type="text"/>
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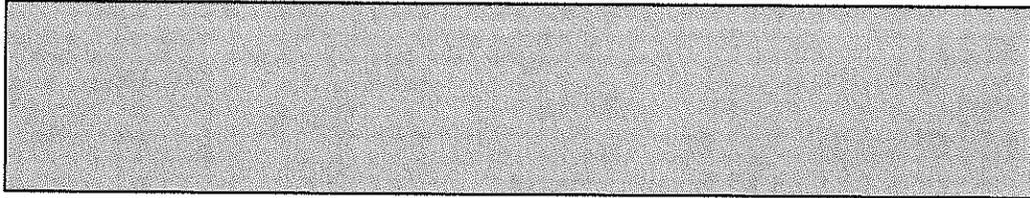
**14. Please discuss some of the challenges your victim assistance program faced during the course of the Federal fiscal year.**

<input type="text"/>
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15. Please describe some of the services that victims needed but you could not provide. What were the challenges that prevented you from providing those services?



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As mandated under the Government Performance and Results Act of 1993 (GPRA), the Office for Victims of Crime (OVC) is required to establish strategic planning, performance planning, and reporting as a framework to communicate progress in achieving its mission. GPRA serves as a foundation for helping Federal agencies to focus on their highest priorities and create a culture where data and empirical evidence play a greater role in policy, budget, and management decisions. This is achieved through the use of a performance measurement framework.

Performance measurement is concerned with collecting information to determine whether a program achieved its goals and objectives. Information from performance measurement is used to improve the operation of the program. These data are not used to “evaluate” programs but to understand the progress that programs achieve on the state and national level toward meeting program objectives and the mission of the agency.

OVC’s intent is to use performance measurement data to understand the trends and changes grantees experience over time. With this practical understanding, OVC is better able to meet the requests of Congress, Office of Justice Programs (OJP), the Department of Justice, the Office of Management and Budget, and other stakeholders to offer insight into programmatic and policy considerations.

The following pages outline general questions and performance measures for the OVC Victims of Crime Act (VOCA) Victim Assistance Formula Grant Program. The Victim Assistance program is designed to support comprehensive approaches within states and tribes to respond to incidences of victimization. The performance measures indicate to what extent grant activities meet the following goals and objectives:

- Support the provision of direct services to crime victims;
- Improve victim access to services;
- Increase victim knowledge of the criminal justice system;
- Assess impact of funded programs using performance management data;
- Provide more emphasis on evidence-based programs and practices;
- Increase partnerships with other OJP agencies that work with victims;
- Collect and analyze OVC performance management data; and
- Increase stakeholder satisfaction with OVC.

The Victim Assistance program performance measures are reported in two formats—quantitative (numeric responses) and qualitative (narrative responses). Data collection will begin with VOCA-funded activities that occur from October 1, 2015 through December 31, 2015. Data submission for this first quarter of data will start January 1, 2016 and due by February 15, 2016. The data should be entered in quarterly increments (October–December 2015, January–March 2016, etc.). Each quarter the data should be entered within 45 days after the close of a reporting period.

If you have questions about your program, please contact your OVC Victim Justice Program Specialist.

If you have any questions about the Performance Measurement Tool (PMT) or performance measures, please call the OVC PMT Help Desk at 1-844-884-2503, or e-mail [OVCPMT@csrincorporated.com](mailto:OVCPMT@csrincorporated.com)

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**APPENDIX A<sup>1</sup>**

**“American Indian or Alaska Native”** refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. This category includes people who indicated their race(s) as “American Indian or Alaska Native” or reported their enrolled or principal tribe, such as Navajo, Blackfeet, Inupiat, Yup’ik, or Central American Indian groups or South American Indian groups.

**“Asian”** refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes people who indicated their race(s) as “Asian” or reported entries such as “Asian Indian,” “Chinese,” “Filipino,” “Korean,” “Japanese,” “Vietnamese,” and “Other Asian” or provided other detailed Asian responses.

**“Black or African American”** refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicated their race(s) as “Black, African Am., or Negro” or reported entries such as African American, Kenyan, Nigerian, or Haitian.

**“Hispanic or Latino”** refers to an individual who self-reports in one of the specific Spanish, Hispanic, or Latino categories listed on the Census 2010 questionnaire: “Mexican,” “Puerto Rican,” or “Cuban.” This also refers to those who indicate that they are “another Hispanic, Latino, or Spanish origin.” People who do not identify with one of the specific origins listed on the questionnaire but indicate that they are “another Hispanic, Latino, or Spanish origin” are those whose origins are from Spain, the Spanish-speaking countries of Central or South America, or the Dominican Republic. The terms “Hispanic,” “Latino,” and “Spanish” are used interchangeably.

**“Multiple Races”** refers to a person that may self-identify in more than one race or ethnicity category.

**“Native Hawaiian or Other Pacific Islander”** refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicated their race(s) as “Pacific Islander” or reported entries such as “Native Hawaiian,” “Guamanian or Chamorro,” “Samoaan,” and “Other Pacific Islander” or provided other detailed Pacific Islander responses.

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<sup>1</sup> <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>

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“**White**” refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicated their race(s) as “White” or reported entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.

“**Some Other Race**” includes all other responses not included in the White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander race categories described above.

**APPENDIX B**

The descriptions below are based on Federal legislation (unless otherwise noted), which provides guidance to states by identifying a minimum set of acts or behaviors to define the crime. OVC understands that state statutes may vary. Please interpret your state code within the definitions provided to report requested data. For each compensation application, use the assigned crime at the time that eligibility for compensation benefits was determined.

**GENERAL DEFINITIONS:**

**a. Child**

A person under the age of 18 or as otherwise defined by State law.

**b. Federal Fiscal Year**

October 1 through September 30

**c. Services** (as defined by program guidelines)

- i. Respond to the emotional and physical needs of crime victims
- ii. Assist primary and secondary victims of crime to stabilize their lives after a victimization
- iii. Assist victims to understand and participate in the criminal justice system and
- iv. Provide victims of crime with a measure of safety and security such as boarding-up broken windows and replacing or repairing locks.

**d. Crime Victim or Victim of Crime**

A person who has suffered physical, sexual, financial or emotional harm as the result of the commission of a crime

**e. Teen**

OVC describes a teen (for purposes of this report) as a youth, ages 13-17. Use this definition to capture youth ages 13-17 who present for services for a primary and/or additional victimization where applicable: for example, teen dating victimization.

**f. Victim Funded Project**

VOCA funds plus match

**g. Victim Services Program**

All services and activities offered on behalf of victims of crime, including the VOCA grant and match.

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**VICTIMIZATION TYPES:**

**a. Adults Sexually Abused/Assaulted as Children**

Adult survivors of sexual abuse and/or assault suffered while they were children.

**b. Adult Physical Assault**

**Aggravated Assault:** An unlawful attack by one person upon another for the purpose of inflicting severe or aggravated bodily injury. This type of assault usually is accompanied by the use of a weapon or by means likely to produce death or great bodily harm.

**Simple Assault:** Assaults and attempted assaults where no weapon was used or no serious or aggravated injury resulted to the victim. Intimidation, coercion, and hazing are included.

**c. Adult Sexual Assault**

Includes a wide range of victimizations; crimes that include attacks or attempted attacks generally involving unwanted sexual contact between victim and offender. Sexual assaults may or may not involve force and include such things as grabbing, fondling, and verbal threats. Also included is rape, which is defined as penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration of a sex organ by another person, without the consent of the victim; may also include penetration of the mouth by a sex organ by another person.

**d. Arson**

Any willful or malicious burning or attempting to burn, with or without intent to defraud, a dwelling house, public building, motor vehicle or aircraft, personal property of another, and so on.

**e. Bullying (cyber, physical, or verbal)**

Repeated, negative acts committed by one or more children against another. These negative acts may be physical or verbal in nature – for example, hitting or kicking, teasing or taunting – or they may involve indirect actions such as manipulating friendships or purposely excluding other children from activities. Implicit in this definition is an imbalance in real or perceived power between the bully and victim. Examples of cyber bullying include mean text messages or emails, rumors sent by email or posted on social networking sites, and embarrassing pictures, videos, websites, or fake profiles.

**f. Burglary**

The unlawful entry of a structure to commit a felony or theft. The FBI's Uniform Crime Reporting (UCR) program includes three sub classifications: forcible entry, unlawful entry where no force is used, and attempted forcible entry. The UCR definition of "structure" includes apartment, barn, house trailer or houseboat when used as a permanent dwelling, office, railroad car (but not automobile), stable, and vessel (i.e., ship).

**g. Child Physical Abuse and Neglect**

This may include physical abuse that is nonaccidental physical injury (ranging from minor bruises to severe fractures or death) as a result of punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting (with a hand, stick, strap, or other object), burning, or otherwise harming a child, that is inflicted by a parent, caregiver, or other person.

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Such injury is considered abuse regardless of whether the caregiver intended to hurt the child. Physical discipline, such as spanking or paddling, is not considered abuse as long as it is reasonable and causes no bodily injury to the child.

**h. Child Sexual Abuse and Assault**

This may include activities such as fondling a child's genitals, penetration, incest, rape, sodomy, indecent exposure, and exploitation through prostitution by a parent, caregiver, or other person. Includes teen sexual assault.

**i. Child Pornography**

Any visual depiction, including any photograph, film, video, picture, drawing, or computer or computer-generated image or picture, which is produced by electronic, mechanical, or other means, of sexually explicit conduct, where: (1) its production involved the use of a minor engaging in sexually explicit conduct; (2) such visual depiction is, or appears to be, of a minor engaging in sexually explicit conduct; (3) such visual depiction has been created, adapted, or modified to appear that an identifiable minor is engaging in sexually explicit conduct; or (4) it is advertised, distributed, promoted, or presented in such a manner as to convey the impression that it is a visual depiction of a minor engaging in sexually explicit conduct.

**j. Domestic and/or Family Violence**

A crime in which there is a past or present familial, household, or other intimate relationship between the victim and the offender, including spouses, ex-spouses, boyfriends and girlfriends, ex-boyfriends and ex-girlfriends, and any family members or persons residing in the same household as the victim. Involves a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.

**k. DUI/DWI Incidents**

Driving or operating a motor vehicle or common carrier while mentally or physically impaired as the result of consuming an alcoholic beverage or using a drug or narcotic.

**l. Elder Abuse/Neglect**

Also known as elder mistreatment generally refers to any knowing, intentional, or negligent act by a family member, caregiver, or other person in a trust relationship that causes harm or creates a serious risk of harm to an older person. Elder abuse may include abuse that is physical, emotional/psychological (including threats), or sexual; neglect (including abandonment); and financial exploitation. This is a general definition; state definitions of elder abuse vary. Some definitions may also include fraud, scams, or financial crimes targeted at older people.

**m. Hate Crime (Racial/Religious/Gender/Sexual Orientation/Other)**

A criminal offense against a person or property motivated in whole or in part by an offender's bias against a race, religion, disability, ethnic origin, or sexual orientation.

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**n. Human Trafficking: Sex/Labor**

Inducing a person by force, fraud, or coercion to participate in commercial sex acts, or the person induced to perform such act(s) has not attained 18 years of age. It also covers obtaining a person through recruitment, harboring, transportation, or provision, and subjecting such a person by force, fraud, or coercion into involuntary servitude, peonage, debt bondage, or slavery (not to include commercial sex acts).

**o. Identity Theft/Fraud/Financial Crimes**

Identity theft occurs when someone wrongfully obtains another's personal information without their knowledge to commit theft or fraud. Fraud and financial crimes include illegal acts characterized by deceit, concealment, or violation of trust and that are not dependent upon the application or threat of physical force or violence. Individuals and organizations commit these acts to obtain money, property, or services; to avoid the payment or loss of money or services; or to secure personal or business advantage.

**p. Kidnapping (non-custodial)**

Occurs when someone unlawfully seizes, confines, inveigles, decoys, abducts, or carries away and holds for ransom or reward, by any person, except in the case of a minor by the parent thereof.

**q. Kidnapping (custodial)**

Occurs when one parent or guardian deprives another of his or her legal right to custody or visitation of a minor by unlawfully taking the child. The definition and penalties of custodial kidnapping vary by state. In some states, kidnapping occurs only if a child is taken outside of the state and/or if an existing custody order is intentionally violated. In all cases, international custodial kidnapping is a federal offense.

**r. Mass Violence: Domestic/International**

An intentional violent criminal act, for which a formal investigation has been opened by the FBI or other law enforcement agency, that results in physical, emotional, or psychological injury to a sufficiently large number of people to significantly increase the burden of victim assistance and compensation for the responding jurisdiction as determined by the OVC Director.

**s. Other Vehicular Victimization**

May include hit-and-run crimes, carjacking, and other vehicular assault.

**t. Robbery**

Taking or attempting to take anything of value from the care, custody, or control of a person or persons by force or threat of force or violence and/or by putting the victim in fear.

**u. Stalking/Harassment**

Individuals are classified as victims of stalking or harassment if they experienced at least one of the behaviors listed below on at least two separate occasions. In addition, the individuals must have feared for their safety or that of a family member as a result of the course of conduct, or have experienced additional threatening behaviors that would cause a

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reasonable person to feel fear. Stalking behaviors include making unwanted phone calls; sending unsolicited or unwanted letters or e-mails; following or spying on the victim; showing up at places without a legitimate reason; waiting at places for the victim; leaving unwanted items, presents, or flowers; and posting information or spreading rumors about the victim on the Internet/social media, in a public place, or by word of mouth.

**v. Survivors of Homicide Victims**

Survivors of victims of murder and voluntary manslaughter, which are the willful (intent is present) killing of one human being by another.

**w. Teen Dating Victimization**

Teen dating violence is defined as the physical, sexual, psychological, or emotional violence within a teen dating relationship, including stalking. It can occur in person or electronically and might occur between a current or former dating partner.

**x. Terrorism: Domestic**

The term terrorism means an activity that... (1) involves a violent act or an act dangerous to human life that is a violation of the criminal laws of the United States or of any State, or that would be a criminal violation if committed within the jurisdiction of the United States or any State; and (2) appears to be intended... (a) to intimidate or coerce a civilian population, (b) to influence the policy of a government by intimidation or coercion or (c) to affect the conduct of a government by assassination or kidnapping (18 U.S.C. 3077).

**y. Terrorism: International**

The *antiterrorism and Emergency Reserve Fund Guidelines for Terrorism and Mass Violence Crimes* refers to the term terrorism, when occurring outside of the United States, as international terrorism to mean an activity that... (1) involves a violent act or an act dangerous to human life that is a violation of the criminal laws of the United States of any State or that would be a criminal violation if committed within the jurisdiction of the United States or of any State; (2) appears to be intended... (a) to intimidate or coerce a civilian population; (b) to influence the policy of a government by intimidation or coercion; or (c) to affect the conduct of a government by assassination or kidnapping; and (3) occur primarily outside the territorial jurisdiction of the United States, or transcend national boundaries in terms of the means by which they are accomplished, the persons they appear intended to intimidate or coerce, or the locale in which their perpetrators operate or seek asylum (18 U.S.C. 2331).

**z. Violation of a Court Order**

This is defined by state or jurisdiction.



Subgrantee: _____ Address: _____	Prepared By: _____ Phone #: _____ FAX #: _____	Project #: _____ For Period _____ to _____ Date Prepared: _____ Signature: _____
-------------------------------------	--	---

CATEGORY	APPROVED BUDGET (If Applicable to Program)		EXPENDED THIS PERIOD (If Applicable to Program)		EXPENDED TO DATE (If Applicable to Program)		UNPAID OBLIGATIONS Grant Funds ONLY
	Grant Funds	Cash Match	Grant Funds	Cash Match	Grant Funds	Cash Match	
Personnel/							
Contractual							
Travel/							
Training							
Equipment							
Space							
Other							
TOTALS							

**INSTRUCTIONS**

The following instructions should be observed when preparing a Project Financial Report:

**DUE DATES:** Reports are due in the Division of Justice and Community Services by the C.O.B. on the 20th day of the month following the period of this report.

**DATE PREPARED:** Enter the date this report was prepared.

**EXPENDED TO DATE:** Enter cumulative expenditures to date based on actual disbursements and not rounded.

**SUBGRANTEE:** Enter the name and address of the State Agency, Unit of Local Government, or Non-Profit Agency that is designated as the grant recipient.

**PROJECT #:** Enter the number assigned by the Division of Justice and Community Services.

**UNPAID OBLIGATIONS:** DJCS use only. Enter all obligations that have been incurred during this reporting period that have not been paid.

**PREPARED BY:** Type the name and phone number (including extension) of the person preparing this report. The preparer must sign in the space provided.

**APPROVED BUDGET:** Enter the latest approved project budget.

Submit original report to:  
Sara Miller

Division of Justice and Community Services  
1204 Kanawha Boulevard, East  
Charleston, West Virginia 25301

**FOR PERIOD** \_\_\_\_\_ to \_\_\_\_\_: Enter the month(s) covered by this report.

**FINAL REPORT:** Check this block if this is the last report.

**QUESTIONS:** Phone 558-8814, extension 53336  
Or Email: Sara.E.Miller@wv.gov  
Between 8:00 a.m. and 5:00 p.m.

<b>VICTIMS OF CRIME ASSISTANCE PROGRAM</b>	<b>FINANCIAL RECAP PAGE</b>
<b>GRANTEE:</b>	<b>PROJECT #</b>
<b>PREPARED BY:</b>	<b>MONTH:</b>

**PERSONNEL/CONTRACTUAL CALCULATION**

NAME \_\_\_\_\_

Total Salary/Wages \$ \_\_\_\_\_  
 Total Fringe Benefits \$ \_\_\_\_\_  
 ( %) FICA \$ \_\_\_\_\_  
 ( %) W/C \$ \_\_\_\_\_  
 ( %) U/C \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

HLTH INSURANCE \$ \_\_\_\_\_  
 LIFE INSURANCE \$ \_\_\_\_\_  
 RETIREMENT \$ \_\_\_\_\_  
 OTHER \$ \_\_\_\_\_

NAME \_\_\_\_\_

Total Salary/Wages \$ \_\_\_\_\_  
 Total Fringe Benefits \$ \_\_\_\_\_  
 ( %) FICA \$ \_\_\_\_\_  
 ( %) W/C \$ \_\_\_\_\_  
 ( %) U/C \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

HLTH INSURANCE \$ \_\_\_\_\_  
 LIFE INSURANCE \$ \_\_\_\_\_  
 RETIREMENT \$ \_\_\_\_\_  
 OTHER \$ \_\_\_\_\_

NAME \_\_\_\_\_

Total Salary/Wages \$ \_\_\_\_\_  
 Total Fringe Benefits \$ \_\_\_\_\_  
 ( %) FICA \$ \_\_\_\_\_  
 ( %) W/C \$ \_\_\_\_\_  
 ( %) U/C \$ \_\_\_\_\_  
**TOTAL** \$ \_\_\_\_\_

HLTH INSURANCE \$ \_\_\_\_\_  
 LIFE INSURANCE \$ \_\_\_\_\_  
 RETIREMENT \$ \_\_\_\_\_  
 OTHER \$ \_\_\_\_\_

**TOTAL PERSONNEL/CONTRACTUAL CHARGED TO VOCA THIS MONTH** \$ \_\_\_\_\_

**TRAVEL/TRAINING CALCULATION**

Name(s)	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL TRAVEL/TRAINING CHARGED TO VOCA THIS MONTH** \$ \_\_\_\_\_

**CATEGORY SPACE CALCULATION**

Explanation/Purchases	Amount
_____	\$ _____
_____	\$ _____

**TOTAL SPACE CHARGED TO VOCA THIS MONTH** \$ \_\_\_\_\_

**CATEGORY "OTHER" CALCULATION**

Explanation/Purchases	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**TOTAL "OTHER" CHARGED TO VOCA THIS MONTH** \$ \_\_\_\_\_

<b>TOTAL AMOUNT REQUESTED FOR REIMBURSEMENT THIS MONTH</b> (Should match the total amount requested on front reimbursement page)	\$ _____
---	----------

<b>West Virginia Division of Justice &amp; Community Services</b>	<b>Overtime and Salary Timesheet</b>
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Employee:		Agency:	
Month/Year:		Grant Number:	

Date	Reg. Hours	OT Hours	Program 1 VOCA	Program 2	Program 3
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
<b>TOTAL</b>					

The undersigned certifies that the above named employee was paid for the above listed salary or overtime

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Supervisor



# GRANT COMPUTER & OFFICE EQUIPMENT LISTING FORM

## INSTRUCTIONS

The following instructions should be observed when preparing computer & office equipment listing form:

- DUE DATES:** Monthly, within twenty (20) days after the end of the month in which equipment was purchased. Must be submitted with the corresponding grant financial report.
- SUBGRANTEE:** Enter the name of the Agency or Unit of Local Government that is designated as the grant recipient.
- PREPARED BY:** Type the name, address, phone and fax number of the person preparing this report, and sign.
- PROJECT #:** Enter the number assigned by the Division of Justice and Community Services.
- PROJECT TITLE:** Enter the same title of the project that was used in the grant application.
- FOR PERIOD FROM/THROUGH:** Enter the period of time covered by this report.
- REPORT #:** Assign consecutive numbers as each report is submitted.
- DATE PREPARED:** Enter the date this report was prepared.
- DESCRIPTION OF EQUIPMENT:** Enter a concise but complete description of each piece of equipment purchased in whole or in part with grant funds.
- FROM WHOM PURCHASED:** Enter the name of the vendor the equipment was purchased from.
- TOTAL COST:** Enter the total funds used to purchase the equipment including federal and subgrantee funds.
- DATE PURCHASED:** Enter the date the equipment was ordered.
- SERIAL NUMBER:** Enter the serial number of the manufacturer. If none is available, enter the model number.
- CONDITION:** Enter either new or used depending on status at time of order.
- LOCATION:** Enter the exact location of the equipment.

## **ADDITIONAL INFORMATION (COMPUTER PURCHASES ONLY)**

1. Please describe how the computer equipment enhances services to crime victims.
2. How has the computer equipment been integrated into and/or enhance your current system?
3. What was the cost of installation?
4. What was the cost of training staff to use the computer equipment?
5. What was or will be the on-going operational costs, such as maintenance agreements, supplies, etc.? How will these additional costs be supported?

<b>West Virginia Division of Justice &amp; Community Services</b>	<b>Volunteer Timesheet</b>
---	----------------------------

Volunteer:		Agency:	
Month/Year:		Grant Number:	

		Description of Volunteer Activities.
Date	Vol. Hours	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		
26		
27		
28		
29		
30		
31		
<b>TOTAL</b>		

The undersigned certifies that the above named volunteer was NOT paid for the above listed time and that the time was utilized to provide services to Victims of Crime.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Supervisor

Volunteer In-Kind Match Rate (if Applicable)      \$ \_\_\_\_\_ /hr.



# GRANT COMPUTER & OFFICE EQUIPMENT LISTING FORM

## INSTRUCTIONS

The following instructions should be observed when preparing computer & office equipment listing form:

**DUE DATES:**

**Monthly,** within twenty (20) days after the end of the month in which equipment was used by the Sub-grantee. Must be submitted with the corresponding grant financial report. This reporting form is to be used for reimbursement and/or matching funds purposes for Copier, Fax Machine and/or Postage.

**SUBGRANTEE:**

Enter the name of the Agency or Unit of Local Government that is designated as the grant recipient.

**PREPARED BY:**

Type the name, address, phone and fax number of the person preparing this report, and sign.

**PROJECT #:**

Enter the number assigned by the Division of Justice and Community Services.

**PROJECT TITLE:**

Enter the same title of the project that was used in the grant application.

**FOR PERIOD FROM/THROUGH:**

Enter the period of time covered by this report.

**REPORT #:**

Assign consecutive numbers as each report is submitted.

**DATE PREPARED:**

Enter the date this report was prepared.

**DESCRIPTION OF EQUIPMENT:**

Enter a concise but complete description of each piece of equipment used.

**TOTAL COST:**

Enter the total amount of funds charged or used for match for the corresponding month.

**LOCATION:**

Enter the exact location of the equipment.



**VOCA Match Certification**

**\*Grant Period: July 1, 20\_\_ to June 30, 20\_\_**

**Name:**

**Agency:**

**Grant Number:**

**Certification:**

**I certify that all submitted materials, donations, office space/rent, etc. for the purpose of “Match” for the VOCA funded project are used directly for the victims who are provided services rendered by the agency. For example, any donations received by this agency are for the VOCA funded project as direct services to crime victims, not for the overall administration of the grant.**

**I also certify that all matching funds come from state, county and/or local sources and are not federal funds.**

---

**Signature (Project Director or Fiscal Officer)**

---

**Date**

## VOCA Salary and Benefits

**\*Grant Period:**

**Name:**

**Agency:**

**Salary Funded by VOCA: \$**

**FICA: (%): \$**

**W/C: (%): \$**

**U/C: (%): \$**

**Retirement: (%): \$**

**Insurance: \$**

**TOTAL: \$**

**Salary Funded by (Other):**

**FICA: (%): \$**

**W/C: (%): \$**

**U/C: (%): \$**

**Retirement: (%): \$**

**Insurance: \$**

**Certification:**

I certify that all information presented is correct and true to the best of my knowledge. The "Other Salary" funded is used as direct services for victims and is to be used as "Match".

\_\_\_\_\_  
**Signature (Project Director or Fiscal Officer)**

\_\_\_\_\_  
**Date**

**\* Please note: This form needs to reflect total salary for the entire grant period for both VOCA-funded and Other-funded. This form only needs to be submitted one time.**



*Division of*  
***Justice &***  
***Community***  
*Services*

# Subgrantee Reference Handbook

## **Preface**

The intent of this document is to serve as a reference tool for the Division of Justice and Community Services (DJCS) subgrantees. Enclosed are standard policies and/or procedures utilized by DJCS. While most areas discussed in this reference book apply to all of the grant programs administered by the Division, there may be a few exceptions. This document is NOT meant to replace contact with the program specialist.

## **Request For Proposal (RFP) Process**

Grant programs that have an open solicitation release an annual Request for Proposal (RFP). In most cases the RFP is a paper brochure with information for the grant program, eligible applicants, allowable expenses and a deadline for the application as well as instruction on how to access an application kit. In addition to the paper RFP, the application kit is also posted on the WV DJCS website on the Current Funding Opportunities page. <http://www.djcs.wv.gov/>

## **Grant Program Committees and Grant Review**

Most grant programs administered by the Division are required to or the Division chooses to utilize a grant oversight committee. The level of oversight and name of each committee varies from one program to another with the common thread being that grant applications are reviewed by these committees and funding recommendations are made to the Governor's Office for final review and award. For more information on a specific oversight committee, please see the administrative manual for the respective program.

Once the application deadline has passed a grant review is held where each application is reviewed by the oversight committee along with Division staff.

## **Division of Justice & Community Services (DJCS) Terms**

- Program Specialist-DJCS employee that administers the subgrant.
- Accountant-DJCS employee that is the second tier of the reimbursement process and requests payment from the Auditor's office.
- Request for Proposal (RFP)-Announcement of available grant funds for a particular program. This may be in paper or e-mail format as well as listed on the DJCS website.
- Open Solicitation-The allowance for agencies, that were not subgrantees the previous funding year, to make application for grant funds.
- Closed Solicitation-Not allowing agencies that were not subgrantees the previous year to apply for funding.
- Application Kit-The application that is required to apply for grant funds.
- Match-Local funds or in-kind goods/services that are used to enhance subgrantee funds. The percentage of match is based upon the grant program and will be announced in the Request for Proposal and grant application instructions. Federal funds may not be matched with Federal funds.
- Grant Oversight Committee-Group of individuals tasked with reviewing the subgrant applications at grant review.
- Grant Review-The meeting at which the subgrantee applications are discussed and reviewed. The subgrantee may be required to attend or be available via telephone to answer questions related to the applications. Appropriate notice will be given to applicants.
- Grant Contract-The document that affects the "relationship" between DJCS and the subgrantee. This document is signed by the Director of DJCS and the subgrant Authorized Official.
- Project Number-Unique number assigned by DJCS that is specific to the subgrant. This number can be found on the contract. This number will be on each report submitted to DJCS.
- Deobligation-The act of "removing" grant funds from a subgrantee either for non-compliance of the contract/special conditions or unexpended funds at the end of the grant period.

- Grant Adjustment Notice (GAN)-A DJCS document that is completed at the request of a subgrantee when anything from the original grant application changes such as a budget adjustment, expenditure approval, grant period extension, change in grant officials, etc.
- Change Orders-A DJCS document that is completed in conjunction with certain Grant Adjustment Notices. Subgrantees never see a Change Order.
- Monthly Reports-Financial and Progress Reports related to the subgrant that are due the 20<sup>th</sup> day of the following month to DJCS.
- Subgrantee-Applicant agency that has been awarded grant funds by DJCS.
- Administrative Manual-Program guidelines that are specific to each grant program.
- State Fiscal Year-July 1 through June 30
- Federal Fiscal Year-October 1 through September 30

## **Applications**

As the applications are received, page one of the application will be date stamped by DJCS. Late, faxed, e-mailed or post marked applications will not be accepted. The Program Specialist will review the application for completeness and accuracy.

All three grant officers (Project Director, Fiscal Officer and Authorized Official) are different individuals.

The Authorized Official (AO) must be the agency head responsible for the grantee agency and authorized to enter into contract for the grant in question. The Authorized Official should be the agency director, board director, mayor or county commissioner, whichever is applicable.

The Project Director (PD) should be the individual responsible for the administration of the grant program. This is the first point of contact for general questions or problems regarding the grant in question.

The Fiscal Officer (FO) should be the individual responsible for the financial administration of the grant program. This is the point of contact for issues regarding grant expenditures and documentation for the grant in question.

- a. The application checklist should be followed very closely to avoid incomplete applications.
- b. Beginning July 1, 2012, budget narratives are required to be very specific. Each grant funded position must be designated as full-time, part-time, or overtime. Each position is required to have benefit rates associated with each position if benefits are being requested to be paid by grant funds. Please refer to the detailed example budget narrative that was included in each grant application packet.
- c. Written correspondence, fax or e-mail will be sent to the Project Director regarding any missing, incorrect, and/or unclear documentation.
  - i. An additional 5 to 10 working days will be given to applicants to correct or complete the submitted application.
  - ii. The written correspondence sent to the PD, will give a due date. This due date will be strictly enforced.
  - iii. If an applicant has expressed difficulty meeting the deadline, the Specialist has the discretion to give an extension to the due date if the applicant is in contact with the specialist.
  - iv. However, if the required documentation is not returned, then the application must be reported to the subcommittee as being "incomplete".

## Start of New Grant Cycle

### Grant Award Process

If funded, the Authorized Official will receive an award letter from the Office of the Governor. This may be done during an awards ceremony where the subgrantee will be invited to accept the award letter in person or simply mailed. The awards ceremony time and location may vary from year to year and is subject to the discretion of the Office of the Governor.

Shortly following the release of the Governor's award letter a grant contract and related documents will be sent to the Authorized Official named on the grant with the Project Director being copied on that correspondence. The contract and other documents must be signed by the Authorized Official with the original document returned to the Division to be affected. Once all documents are finalized the Program Specialist will send a copy of the approved grant. This correspondence will include the grant application, approved budget and signed contract and other related documents. At a minimum, the project director and fiscal officer should each maintain a copy of the approved grant.

1. Any subgrantee that has not completed/returned all application and contract requirements within 30 days of the start of the grant, will be contacted in writing and be given a strict deadline (5 working days) to have them complete. After the deadline, the Program Specialist has the discretion to deobligate funds after a discussion with the immediate supervisor and the deputy director.
2. Any subgrantee that is not in full operation within 60 days of the start of the grant period must notify DJCS in writing of the following:
  - A valid explanation of the delay in implementation
  - A detailed plan of action to address the delay
  - A date the project is planned to begin
3. Any subgrantee that is not in full operation within 90 days of the start of the grant period must submit a **second** written notification DJCS. At that time, following a discussion with the Immediate Supervisor and the Deputy Director, the Program Specialist has the discretion to deobligate all funds and close the grant.
  - A valid explanation as to why the plan of action failed and the implementation deadline was not met must be submitted.

**Monthly Reports**  
**Due to DJCS by 20<sup>th</sup> of the following month**

Grant programs are required to submit several program reports (monthly, quarterly, semi-annual and annual reporting depending upon the grant program) throughout the grant period. For information on a specific grant program's reporting requirements please reference the respective administrative manual and/or program guidelines.

All subgrantees are required to submit monthly reports by the 20<sup>th</sup> day of the following month of activity. Each should be submitted monthly regardless of the level of activity.

**General Guidelines:**

- All Monthly Reports will be processed by specialists within **5-7 working days** of date (received) stamped and by the accounting staff within **10 working days**. PLEASE NOTE, due to circumstances beyond the control of the Division this timeframe cannot always be met.
- The Financial and Project Reports should be submitted in one package.
- Reports not received in a timely manner:
  1. Program Specialists will contact the Project Director via e-mail or fax to make them aware that the report is past due. Outstanding reports(s) are to be submitted by a due date of no more than 5 working days.
  2. If reports have not been submitted after the revised due date, a letter will be sent to the Authorized Official (c: Project Director) referring to Special Conditions and Assurances (reporting requirements) of applicable grant. The letter will indicate funds may be deobligated and the grant file closed. A copy of the letter will be placed in the grant file.
  3. If no response – funds **may** be deobligated and grant file closed after a discussion with the Immediate Supervisor and Deputy Director.
- Incomplete reports:
  1. The subgrantee (contact listed on the Project Financial Report or the Monthly Progress Report, whichever is appropriate) will be notified immediately by written correspondence (via email or fax) with a due date of no more than 5 working days.
  2. If no response is received within 5 working days of first written notification, a "Final Notice" informing subgrantee Authorized Official (c: Project Director) they have 3 additional working days to rectify problem and then DJCS will (i.e. mark off or deobligate).
  3. If documentation is not received by the final due date, then the missing information will be marked off of the Request for Reimbursement. If the missing documentation is a Progress Report or Statistical Report, then the

Program Specialist cannot process the report and has the option to deobligate funds after a discussion with the Immediate Supervisor and Deputy Director.

### **Monthly Progress Reports:**

- Reports must have all required contact information completed.
- Report must list a brief summary of activities as they relate to the goals, status of objectives and any other relevant activities of the applicable grant.
- A monthly Statistical Report must also be sent with Progress Report if applicable.
- Copies of all Board Meeting Minutes (including county commission, Board of Directors, etc.) must also be sent with monthly progress report if applicable, unless the progress report indicates there was not a meeting for the reporting month.
- **The monthly progress report is required to process financial requests.**

### **Financial Reports:**

- To process a financial report, the corresponding progress report must be on file.
- **Financial Requests must follow the approved budget** unless a Grant Adjustment Notice (GAN) has been requested and approved.
- Steps to process:

1. **Request for Reimbursement** page must be signed by either the Authorized Official or Fiscal Officer as listed on Page 1 of the Grant Application or any changes made through adjustments. This must be an original signature; **NO COPIES OR STAMPED SIGNATURES WILL BE ACCEPTED.**
  - Subgrantee information must be the same as on the processed grant. Please note that the address on the Request for Reimbursement must match the address on the approved grant application. All reimbursement checks will be mailed to this address.
  - Project number – the number DJCS has assigned
  - FEIN # - can be found on the Budget Pages in the application
  - Period the report covers – typically should only be for one month timeframe
  - Total amount requested – will verify total at the end.
  - DJCS will not process Request for Reimbursements that are less than \$100. If a request is sent in totaling less than \$100, the request will be held until the following month.
2. **Project Financial Report**
  - Top section should be completed by subgrantee. The contact person listed on this page must be the person who actually completed the financial report.

- Approved Budget Columns – should match the approved grant budget. Budget amounts can only be adjusted through a written or e-mailed request and a written grant adjustment completed by DJCS.
- Expended This Period Column – Total amount the subgrantee is seeking for reimbursement this reporting period.
- Expended to Date Columns – running total calculated by the grantee as to what has been expended during the grant cycle.

### 3. Recap Page (REQUIRED)

- Shows in detail what is being requested for reimbursement.
- Subgrantee is not required to use the standard DJCS Recap page, however the subgrantee Recap page must be similar and must contain all information encompassed in DJCS page.

### 4. If payroll / contractual expenses are requested:

- All expenses must match approved budget.
- Effective July 1, 2012, ALL subgrantees must utilize the standard DJCS timesheet.
- A timesheet must be submitted for each grant funded employee and signed by the employee and their supervisor each month. Original signatures are not necessary. A timesheet will be submitted with the **ENTIRE** month's hours.
- Proof of payment must be attached for timeframe the subgrantee is requesting payment – proof of payment includes either copies of the check stubs or a copy of the payroll register. If actual checks are attached to the check stubs, they must have ALL appropriate signatures. If a payroll register is submitted, at minimum, these must include the employee's name, check date, check number, and benefits taken out (if applicable).
- The information on the Recap Page must match the pay stubs.
- **EXAMPLE** of what is required by a subgrantee: **Month of July:** Timesheet with all hours worked by the grant funded employee in the month of July (1-31). This particular subgrantee gets paid every other Friday so they will attach paystubs for July 1, 15, & 29. The Recap Sheet will request payment for the period July 1<sup>st</sup> through July 29<sup>th</sup> as this is the period the paystubs cover. **Month of August:** Submit again the entire month of July timesheet (note 29 days were previously requested) and the entire month of August (1-31). The subgrantee will also submit paystubs for August 12<sup>th</sup> and 26<sup>th</sup>. The August 12<sup>th</sup> paystub will cover July 30-August 12 period, and the August 26<sup>th</sup> paystub will cover August 13-August 26. The Recap Sheet will request payment from July 30<sup>th</sup> through August 26<sup>th</sup>. **NOTE:** It is still acceptable to request the entire month of reimbursement as opposed to the above scenario.

- Please note that effective January 1, 2011, FICA will be reimbursed at the employee's portion. This change is a result of the Tax Relief, Unemployment Insurance Reauthorization, and Job Creation Act of 2010. If the subgrantee wishes to have the employer portion reimbursed that subgrantee must provide, along with the recap sheet, timesheet and pay stubs, a ledger (QuickBooks, etc.) indicating the employer portion. If the ledger only indicates a lump sum paid by the agency then the subgrantee must breakdown each employees share on that ledger. DJCS **will not** accept a ledger that has the amount as a lump sum.
- Effective July 1, 2012, DJCS would recommend that Workers Compensation and Unemployment be requested monthly, however no less then quarterly, based on the percentage set in the approved budget.
- Effective July 1, 2012, proof of Health Insurance premiums paid for each requested employee must be provided.

**5. If Travel / Training expenses are requested:**

- Must match approved budget.
- A travel voucher/expense sheet must be submitted. Employee signature and supervisor signature is required.
- Proof of payment must be attached - typically a copy of the check showing payment. If charges were placed on an agency/business credit card, a copy of the credit card bill and a copy of the check showing the card was paid. If the expense was charged on a personal credit card, the credit card statement is NOT needed. This is the actual statement mailed to the card holder. Proof of payment is required, this may be a copy of the check "cut" to the individual from the grantee agency.
- Meal Allowances – must follow State guidelines and comply with Federal Per Diem rates. Receipts are not required.
- Federal Regulations regarding allowable food for training has changed. ANY food expenditure for ANY training must be pre-approved through the Feds. State programs are exempt.
- Lodging, car rental, fuel receipts, must have receipt/voucher and proof of payment and must be consistent with State travel guidelines.
- To be reimbursed for attendance at training events – the training must be pre-approved in the budget or through a written grant adjustment.
- Use of agency debit cards require a bank statement for payment.
- If the subgrantee is a State agency and utilizes a purchasing card (P-Card) the subgrantee should contact the Specialist/Accountant for instructions on reimbursement.

**6. If Other/Equipment/Supplies are requested:**

- Must match approved budget.
  - Receipts showing items purchased must be submitted – copies are acceptable. Purchase orders or packing slips are not acceptable.
  - If charges were placed on an agency/business credit card, a copy of the credit card bill and a copy of the check showing the card was paid. If the expense was charged on a personal credit card, the credit card statement is NOT needed. This is the actual statement mailed to the card holder. Proof of payment is required, this may be a copy of the check “cut” to the individual from the grantee agency.
  - Proof of payment must be attached – usually a copy of the check showing payment.
  - If a computer, office equipment, vehicle, etc. is purchased by the grant, then an Equipment Listing Form must be attached.
  - Use of agency debit cards require a bank statement for payment.
  - If the subgrantee is a State agency and utilizes a purchasing card (P-Card) the subgrantee should contact the Specialist/Accountant for instructions on reimbursement.
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- If something is requested for reimbursement that is not approved in the original budget or in a written grant adjustment, then the requested item(s) and amount(s) will be marked off. Accountants will check with the Program Specialist prior to marking off any requested expense. Subgrantee will be contacted as to why this expense was not allowable.
  - Totals from **Recap page** must match the amount listed in the Expended This Period Column of the **Project Financial Report**. If different, appropriate corrections will be made and the subgrantee will be notified.
  - Total from **Project Financial Report** (Expended This Period Column) should match amount listed on **Request for Reimbursement** form. *Important note* – the Request for Reimbursement Form total only includes funds being requested through the grant. Match calculations are not included on this form. Match should be monitored and noted on the Project Financial Report.
  - If match is applicable to the program, match will be monitored on a monthly basis, but no less than on a quarterly basis. If a subgrantee is not up-to-date with their match, a letter will be sent to the Project Director (c: Fiscal Officer) and inform them that no future Request for Reimbursements will be processed until the match is current.
  - If any changes are made to the totals on the **Project Financial Report** once processed by the Accountants, a corrected form will be faxed or e-mailed to the subgrantee for their records.
  - Match documentation must be submitted in the same manner as reimbursable expenses. Match must be documented on the Monthly Project Financial Report Form and must have proper backup documentation. Match may differ based upon the grant program. For Federal programs that do not allow food to be

- purchased with grant funds, the subgrantee MAY utilize these expenses as match.
- DJCS does not use QuickBooks so all calculations are done on a calculator. It is standard DJCS practice that the accounting staff will check the requested amount. If there is a difference of only a few pennies, and it is NOT an addition issue that has already been identified, the accountant will always carry out the decimal point at least three places.
  - Grant funds (if allowable under individual grant Federal guidelines) and depending upon availability of funds within the subgrant, may be used to pay an annual leave balance to a subgrant funded employee when employment is terminated during the subgrant period. Reimbursement is proportionate based upon the time funded under the grant. If the employee has 240 hours of annual leave, however only 150 hours were accrued during the time the employee was employed by the grant, then that is the grant can reimburse 150 hours.
  - Grant funds do not pay bonuses or increment payments.
  - Supplanting-To deliberately reduce state or local funds because of the existence of federal funds. In order to prevent supplanting the subgrantee will have to backfill. Backfill is simply the process of hiring an additional individual to prevent replacing the local or state funds with federal funds. Example 1: Applicant requests funding for a "new" position that has NO local or state funds budgeted for that "type" of position. Victim Advocate in Prosecutor's Office=NOT SUPPLANTING Example 2: Applicant requests funding for a new position that it does have local or state funds already budgeted for that "type" of position. City of County requesting funds for another officer=MUST BACKFILL Subgrantee will be notified at the time of application whether or not the requested position will need to be backfilled if the grant is funded.
  - Specific, NOT ALL, grant programs administered by DJCS allow only units of government to apply for these funds. Due to this regulation, private and/or non-profit organizations wishing to implement a project utilizing these funds must develop a relationship with a unit of local or state government. This unit of government would then apply on behalf of the private and/or non-profit organization, who would actually implement the project. Please note that the unit of government does not have to use funds from their budget, but can accept the private and/or non-profit organization's invoices and checks as backup documentation. This documentation must be submitted by the unit of government (subgrantee). Reimbursement will be made back to the unit of government (subgrantee).
  - All subgrants will be monitored for grant compliance. No changes will be approved/disapproved by the monitor.
  - Any corporation, association, or other organization in West Virginia that is not a local government which received funds from the WV Division of Justice and Community Services in the amount of \$15,000 or more shall file an audit of the disbursement of funds with the WV Legislative Auditor's Office. This audit shall be filed within two years of the disbursement of funds by the Division to the entity and shall be made by an independent, certified public accountant at the cost of the entity and show that the funds were spent for the purposes intended. An

entity failing to file a required audit within the two-year time period is barred from subsequently receiving funds from the State until the entity has filed the audit and is otherwise in compliance with Chapter 12, Article 4, Section 14 of the West Virginia Code, as amended.

## **Grant Adjustments and Change Orders**

Grant Adjustments are completed after submission of a written request, e-mail, or fax by the Grant Project Director (or the Program Director or Fiscal Officer after consultation with Grant Project Director). The adjustment request must be clear, detailed, and must be allowable under all State, Federal and DJCS funding guidelines.

All adjustments (financial or programmatic) to the initial approved grant application MUST have the Program Specialist's written approval prior to any modifications by subgrantee or the submission of the monthly reports by subgrantee.

1. A written response must be generated within 5 working days of receipt of the written request.
2. If the requested change is not allowable under grant conditions, then a written response letter must be sent to the Project Director detailing the reason for the denial of the grant adjustment request.
3. In the event a request may be allowable, but the Program Specialist has not received appropriate proof of justification or proper documentation, the subgrantee must be sent written notification of documentation needed to process the request. This notification must be sent within the 5 working days of receiving the request and must be attached to the initial request.

## **Grant Closing Procedures**

1. When the final (typically June) financial reports are submitted, the Program Specialist must review the reports carefully to make sure the match requirement is up to date if applicable. If match has not been submitted, then notice must be sent immediately giving the subgrantee a 3-5 working day deadline to submit the match. **If match is not submitted at that time then the June request will be used as match instead of reimbursed.**
2. Most of the June reports will be marked as Final Report (top of the Project Financial Report Forms). If not marked, the program specialist must call the subgrantee to confirm they will not have a supplemental request. If the program specialist approves a supplemental request the program specialist must mark the Request for Reimbursement as "supplemental". A supplemental request does not require an extension.