

Appendix B

FY 2016 Victim of Crime Act (VOCA) Victim
Assistance Grant

State of West Virginia



Application Form

Victim of Crime Act (VOCA) Victim Assistance Grant Program Application	General Administrative Information Page 1
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<u>Applicant Agency:</u> Address: Phone: Fax Number:	<u>Type of Agency</u> <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Municipal <input type="checkbox"/> Non-Profit
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<u>Project Director:</u> Address: Phone: Fax: Email:	<u>Fiscal Officer:</u> Address: Phone: Fax: Email:
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Amount Requested: _____ Amount Awarded:
 Project Period: **October 1, 2016 – September 30, 2017**

Percent Breakdown by Crime Category: Domestic Violence Sexual Assault Child Abuse Underserved Pop.	Number of years previously funded: _____ Estimated number of victims to be served by grant: _____	Geographic Area Served: County(ies): Population: Rural/Urban:
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Project Title: _____
 Project Description:

Certification: To the best of my knowledge, the information contained in this application is true and correct. The submission thereof has been duly authorized by the governing body and the applicant will comply with the attached special conditions and assurances, if funding is provided.

Authorized Official:	Title:
Address:	Phone: Fax: E-Mail:
Signature:	Date:

Applicant:	FEIN Number: DUNS Number:
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Category	VOCA Requested Funds	Matching Funds	Total Budget
Personnel / Contractual			
Travel / Training			
Space			
Other			
Totals			

Funding Strategy

Funding Source(s)	Amount	Status
Total		

- Funding Source - Separately list each source of funds that will be used in the program.
- Amount - Enter the amount received or anticipated for each
- Status - Indicate the status of each funding source as follows:
 - P – Projected grant, loan or donation
 - A – Application submitted and under review
 - C – Funds Committed
 - R – Funds received, appropriated or on hand

Detailed Project Cost by Budget Category	Requested VOCA Funds	Matching Funds	Recommendation
<u>Personnel / Contractual</u>			DJCS Use Only
<u>Travel / Training</u>			
<u>Space:</u>			
<u>Other</u>			
Total Requested VOCA Funds			
Total Matching Funds			
Total of Recommendation (DJCS Only)			

Provide here a justification and explanation of the budget items shown on pages 3 and 3a of this application. This should contain specific criteria and data used to arrive at estimates and/or costs for all items listed. In completing the project budget narrative, please identify data by the major budget category involved (e.g., Personnel/Contractual, Travel/Training, Equipment, and Other). Please differentiate between project grant and matching funds (if applicable). For all Personnel/Contractual positions (salary, hourly, overtime) that are requesting Fringes please list the percentages (%) for each. **For all full-time hourly positions and part-time hourly positions (not salaried) please include an hourly rate x hours per month.** *Please note that effective July 1, 2012 all salaried positions (whether it be 100%, 80%, etc.) may be reimbursed on a 12 month cycle. Example: If you are a salaried employee requesting 100% of your salary of \$35,000, the most you will be reimbursed for a month period is \$2,916.66. If you are a salaried employee requesting 80% of your total salary of \$35,000, the most you will be reimbursed per month will be \$2,333.33 over 12 months, not to exceed the \$28,000, or 80% of the \$35,000 salary.* **Requested Increase in Grant Funds: If requesting an increase or change in grant funds from previous grant awarded amounts, applicants are to include a detailed description and justification for the increase/change in funds.**

Applications submitted which do not provide a sufficient narrative may be subject to exclusion. Use additional blank pages as necessary.

Additionally, provide an identified breakdown of matching funds. **Be sure to label the matching funds breakdown as such.** Attach additional pages if necessary.

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Please provide information that presents and explains the proposed project. State clearly and in concise detail the problem statement/statement of need, purpose and direction of the project and solution to the problem, background on project, evaluation of local needs, description of underserved populations (including plan for outreach and services), a limited language proficiency plan, volunteer utilization and recruitment plan, victim's rights notification plan, collaboration, training requirement, and plan of sustainability of project. Attach additional pages if necessary. **(Refer to the instruction manual and Promising Practices Guideline for more details). All sections must be clearly titled with the bolded headings below:**

☞ **Problem Statement/Statement of Need**

- Problem Clearly Identified
- Target population identified and described and needs outlined
- Supporting data is provided
- Past efforts shown
- Gap in service is clearly demonstrated and supported.
- New and/or Existing Program Justification

☞ **Program Description and/or Solution to the Problem**

☞ **Underserved Populations Component**

- Identified underserved Population
- Provided supporting statistical information for the service area requesting funding
- Identified how they will provide outreach to identified underserved Population

☞ **Limited Language Proficiency Plan**

☞ **Volunteer Recruitment and Utilization Plan**

☞ **Victim's Rights Notification Plan**

☞ **Collaboration**

☞ **Training Requirement**

☞ **Plan of Sustainability**

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- Goal Broad statement about what the program intends to accomplish. This statement should state the long-term desired impact of the program, set scope or foundation, state long-range target or purpose, identify target population, and state the condition to be changed. **You may only have one goal with several objectives and activities to meet each goal.**

- Objective A specific statement of the desired short-term, immediate outcome of the program which will show accomplishment of the goal. Each objective must be **S.M.A.R.T. (Specific, Measurable, Attainable, Results oriented and Time bound).**

- Outcome Outcomes measure whether objectives have been met. Outcomes are almost always measures of change.

- Outcome Tool The data or tool used to measure achievement of the objective.

- Outcome Tool The data or tool used to measure achievement of the objective. How will data be collected, analyzed, and results shared.

- Activities What will be done and who will accomplish it. **You must have at least one (1) activity per objective.**

- Timeline When will the activity begin and end. **You must have a timeline for each activity. This should not say “ongoing”; it should be specific to the grant period.**

Goal Number: _____ Description:
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Objective Number: _____

Outcome:

Outcome Tool:

Activities to meet objective:

- 1.
- 2.
- 3.
- 4.

Timeline for each activity:

- 1.
- 2.
- 3.
- 4.

Objective Number: _____

Outcome:

Outcome Tool:

Activities to meet objective:

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Timeline for each activity:

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Please use this page or attach a copy of your agency's organizational chart and the proposed organizational chart for this project. **Please list all staff members, position titles, salaries, and funding source for salaries.**

Provide a brief statement outlining your agency's procedures for hiring employees who are funded under this grant. Include with this application a job description and qualifications for the position(s) proposed under this grant. If position(s) are currently filled, then include a resume, applicable certificates and licenses, and other supporting documentation for each position filled.

Victim of Crime Act (VOCA) Victim Assistance Grant Program Application	Organization Budget & Audit Requirement Attachment A
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Please use this page or attach to this page an agency-wide annual operating budget. An organization budget should be submitted for each agency requesting funding. All **new applicants** are required to submit a copy of their most recent audit.

Victim of Crime Act (VOCA) Victim Assistance Grant Program Application	Membership List of Governing Board Attachment B
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Please use this page or attach to this page the name, address, and telephone number for each member of the agency's governing board (County Commission, City Council, Board of Directors, etc).

Victim of Crime Act (VOCA) Victim Assistance Grant Program Application	Support Letters (For New Projects Only) Attachment C
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Please use this page to attach letters of support received from all victim service providers and community agencies, which demonstrate that they understand the project and support the expectations of the grant requirements. An application is not complete until all letters are received.

Victim of Crime Act (VOCA) Victim Assistance Grant Program Application	Memorandum of Understanding Attachment D
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Please attach in this section a memorandum of understanding between all Victim Service Providers in the Program's Service area and other key agencies that demonstrate interagency linkages in providing services. The MOU must clearly identify each agencies responsibility to the VOCA Project and must be signed (original signatures) by individuals of authority from each agency

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Victim of Crime Act (VOCA) Victim Assistance Grant Program Application	Proof of Non-Profit Status (Private, Non-Profit Applicants Only) Attachment E
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Please attach in this section a copy of your agency': (1) Articles of Incorporation from the WV Secretary of State's Office; (2) Certificate of Incorporation from the WV Secretary of State's Office; and (3) the IRS Determination Letter.