



Arizona Criminal Justice Commission (ACJC) Crime Victim Assistance Program Grant Application Instructions Fiscal Year 2008 (July 1, 2007 – June 30, 2008)

Filling Out the Automated Form in Word

This year's application is available as an automated form in Word format. The advantages of completing the application in this format include the ability to save your work and most calculations are completed automatically.

To fill in any form field simply click on that field with your mouse. To move from one field to the next use the TAB key, *do not press ENTER*. Pressing enter will add an additional line to the currently selected form field. Adding an additional line will be useful when completing the narrative portion of the application. However, for the rest of the application you will want to avoid extra lines. If you do add an additional line where you don't want it simply use the BACKSPACE or DELETE key to remove the extra line.

For fields to calculate automatically, you must enter your number and exit the field. You can exit any field by pressing the TAB key to move to the next form field or you can click on any other form field with your mouse.

Completing the Application

Note: All attachments should be BEHIND the grant application in an ATTACHMENT SECTION.

1. General Information

Please list all the information requested. Please note that a physical address for the program requesting funding is required.

Due to funding limitations, each qualified agency may only submit one application for consideration. Agencies applying for funding to support multiple programs or projects must do so effectively within a single application.

Program Status

Indicate whether your program is a "new" or an "existing" program.

New Program: A new program is an agency, or a program within an agency, that began operation *after June 30, 2005*. New programs must address a specific need for services to crime victims that is currently not being met. Funding for new programs is limited to 75% of the total program budget.

Existing Program: An existing program is an agency, or a program within an agency, that began providing services to crime victims *before July 1, 2005*. Established programs must have a record of providing effective services to victims of crime. Funding for existing programs is limited to 50% of the total program budget.

2. Grant Amount

List the amount of ACJC grant funds requested. Amount may not exceed 75% of the total program budget for "New" programs and 50% of the total program budget for "Existing"

programs. *Do not include matching funds in the requested amount.* In the Word form this field will calculate automatically from the budget detail provided in the Program Budget section.

3. Victims Served

List the number of crime victims that were served by the grant funded program during the most recently completed fiscal year.

Indicate the percentage of those victims who were served only by phone, mail or email.

Estimate the total number of victims to be served during the 2008 fiscal year. This total should be based on the historic performance of the program, but should also accurately reflect realistic program growth for the upcoming year. This figure will be the basis for calculating the numbers and percentages in the "Goals and Objectives" section of the application.

4. Geographic Areas Served

Please list all the geographic areas served including tribal areas.

5. Type of Agency

(a) Criminal Justice Government

Please check the appropriate line if your program falls under this category.

(b) Non-Criminal Justice Government

Please check the appropriate line if your program falls under this category.

(c) Private Non-Profit

Please check the appropriate line that describes your program if your organization is a private non-profit organization.

(1) Please list the name of the approving prosecutor's office or law enforcement agency. Victim Assistance program rules require that any Non-profit organization applying for funding must be endorsed by a prosecutor's office or law enforcement agency.

(2) Attach a letter from the prosecutor's office or law enforcement agency approving the application. The letter must be signed by the agency head (or executive level designee) no more than 45 days prior to submission of the grant application.

(3) Attach the IRS letter designating the organization as a 501(c)(3) non-profit organization, or if that is not available a copy of the organization's most recent IRS form 990.

6. Mission Statement

Include the organization/agency mission statement. If the program is part of a larger, diverse service organization, use the mission statement that is most closely related to the program applying for funding.

7. Fees for Service

Please indicate if your program charges or intends to charge for services. If a fee is charged, please describe the fee schedule.

8. Program Information

(a) Type of Crime Victims Served

Please check all the types of crime victims served. Attach a list of "other non-violent crimes" and "other violent crimes" in the attachment section behind the application.

- (b) Type of Services Provided
Please check all the types of services provided to crime victims. Specify the "other" types of service provided if not listed.
- (c) Crime Victim Services
For the most recent fiscal year, list the TOTAL NUMBER OF SERVICES provided to crime victims in each service area for the entire program. A victim may receive more than one category of service and therefore the number of services will likely exceed the number of victims.

9. Crime Victim Compensation Claim Assistance

For the most recent fiscal year, list the number of victims assisted with Victim Compensation claims.

10. Activity Log

Briefly describe how you will track statistical data for the funded program.

11. Personnel Information

- (a) List the number of full-time staff and part-time staff providing **direct** services to victims. Do not include any administrative staff.
- (b) For the most recent fiscal year, list the total number of HOURS worked by volunteers. Count only those hours worked providing direct services to crime victims. Next, take this number and divide it by 2,080 hours. This is the number of full-time equivalent (FTE) staff.

Example: $5,000 \text{ hrs} \div 2,080 = 2.41 \text{ Volunteer FTE staff}$

ACJC Victim Assistance Grant Application Narrative

Please follow the instructions within the application for this section.

Program Goals and Objectives

The minimum number of outcomes must be selected for all goals (healing, justice, economic stabilization and safety). The number provided for each outcome is the percentage of total victims served who would respond positively to the selected outcome. After entering the percentage, the corresponding number of victims will calculate automatically. This number is based on the anticipated number of victims to be served for FY08, provided on page 1, question 3 of the application.

The *numbers* associated with goals and outcomes do not directly reflect the program's survey response rate. Survey responses represent a statistical sample, reflecting the satisfaction of the entire population of victims served.

Example: Hopi County Victims Advocacy Center (HCVAC) plans on serving 3,700 victims in FY08. Historically the agency's survey response rate has been very low while victim satisfaction with services provided has been very high. In FY08 the program only anticipates receiving a survey response from 220 victims. The responses provided by these 220 victims will represent the satisfaction rate for the entire population of 3,700 victims served by the program.

Program Budget

1. Budget Detail for Requested ACJC Funds

Provide budget detail for the ACJC funds requested. The totals will match the figures reported on Page 1, Question 2, "ACJC Grant Funds Requested".

A. Salary

Provide the position title, number of hours per year, and hourly rate of pay for each ACJC grant funded position. Please prioritize the positions and attach job descriptions. Enter the total request for salaries in the box titled TOTAL SALARY.

B. Fringe Benefits

Provide the amount of fringe benefits required for each position. List all the expenses included in fringe benefits, i.e. health insurance, workers' compensation, FICA, etc. Enter the total request for fringe benefits in the box indicated.

C. Professional and Outside Services

Provide the name, type of service, number of hours, hourly rate and total for each. Examples of Professional and Outside Services are contractual accounting, legal, counseling, and data processing services. Enter the total request for Professional and Outside Services in the box indicated.

D. In-State Travel

Only mileage for the funded position(s) is eligible. Provide the description, rate per mile, and number of miles using your organization's established mileage rate. Enter the total for In-State Travel in the box indicated.

E. Other Direct Operating Expenses

Provide a description of the monthly expense and the total amount requested. "Other Direct Operating Expenses" include pagers and cell phones. Enter the total for Other Direct Operating Expenses in the box indicated.

F. Equipment

Provide a description of the item, quantity, purchase price or monthly lease rate, and total for each kind of equipment requested. Note: Pagers and cell phones will be reported under Other Operating Expenses. Enter the total for Equipment in the box indicated.

Enter the total amount of all funds requested in the "TOTAL FUNDS REQUESTED" box. This amount must equal the amount requested on Page 1, Question 2, "ACJC Grant Funds Requested".

2. Matching Funds

Indicate the source and amount for the matching funds. Include the expiration date if the match is from other grant funds. If the matching grant is pending, list "pending". The match **MUST NOT EXPIRE PRIOR TO JUNE 30, 2008**.

The match amount calculates automatically based on the total funds requested in the previous section. Select the amount that corresponds to your program type as indicated on Page 1, Question 1.

NEW PROGRAMS

A new program, initiated after June 30, 2005, must have at least **25%** of the **total**

program costs supported from sources other than ACJC Crime Victim Assistance funds and may include in-kind contributions as a match for the program.

To calculate the matching funds needed for a NEW program, take the amount of funds requested from ACJC and divide that amount by 3. The resulting number is the amount of matching funds needed. This method insures that ACJC will not fund a program over 75% of the total program budget.

Example: *ACJC grant request = \$6,000*
 \$6,000 ÷ 3 = \$2,000
 Match amount = \$2,000

For new programs the match can be cash and/or in-kind contributions. Please note, this is for NEW PROGRAMS and **not existing programs**.

EXISTING PROGRAM

An existing program, initiated before July 1, 2004, must have at least 50% of the total program costs supported from sources other than ACJC Crime Victim Assistance funds. An existing program cannot use in-kind contributions as a match for the program. For calculation purposes, the match amount must equal the requested grant amount dollar-for-dollar. This method insures that ACJC will not fund a program over 50% of the total program budget.

Example: *ACJC grant request \$6,000*
 Match amount \$6,000

3. In-Kind Match (for "New" programs only)

Indicate the source and amount of in-kind contributions used as matching funds.

Example: *Volunteer hours \$ 2,000*
 Donated office space \$10,000

"In-kind contribution" is something received or provided that does not require a cash outlay by the program.

4. Budget Summary

Provide a complete budget summary for the ACJC funds you are requesting.

5. Victim Services Program Budget

Provide a detailed account of the total Victim Services Program Budget for your program. This budget detail will be for FY 2007/2008 (July 1, 2007 through June 30, 2008). Please include the entire program budget, not just the ACJC funds requested and the match funds. For the personnel section of this budget, individual personnel need not be listed. Personnel can be listed by groups. (*Refer to sample application for examples*)

If a grant application is pending, indicate with a "P" in the row beneath the total for each revenue source; otherwise indicate the grant expiration date. Please have the Financial Officer sign and date the report.

Program Administration

1. ACJC Funds used as matching funds for other Grant Programs

Please indicate if you will use or intend to use ACJC funds to match another grant program.

If yes, please include the name(s) of the grant program and funding agency.

2. Audit Requirements

- (a) List the date of the last financial audit.
- (b) Check "yes" if the audit resulted in a Schedule of Findings and Questioned Costs.
- (c) If a Schedule of Findings and Questioned Costs was issued, please attach a copy to the copy of the audit provided along with the management letter.
- (d) Attach **ONE** copy of the most recent financial audit report to your grant application.

3. Internal Controls

Please answer the 14 questions (a) through (n) concerning your organization's internal controls.

4. Board of Directors (*Non-Profits Only*)

Provide a list of the Board of Directors and their affiliations. Indicate serving officers and provide the Chairman's contact information. *Attach your response on a separate sheet of paper BEHIND the application in an ATTACHMENT SECTION.*

5. Civil Rights

Provide information on the civil rights contact for your program.

General Conditions

Please read all 22 conditions. Compliance is required for all the General Conditions.

Certification

Please read the certification and have the authorized official sign and date the application. The signer's name must also be typed. An authorized official is an individual with the authority to obligate the organization in a legal agreement.

Definitions

"Crime" means conduct, completed or preparatory, committed in this state, which constitutes a crime as defined by the laws of this state whether or not the perpetrator of the act is convicted. "Crime" is not an act arising out of the ownership, maintenance, or operation of a motor vehicle, aircraft, or water vehicle except when a person acts intentionally, knowingly, recklessly, or with criminal negligence, to cause physical injury, threat of physical injury, or death.

"Criminal justice support/advocacy" refers to law enforcement and prosecution investigation support, assistance during investigation, and explanation of procedures, etc. Included in this definition are court related support, i.e., court orientation, court escort, victim impact reports, assistance with restitution, witness fees, intimidation intervention or protection services, transportation, child care, property return, etc. and post-sentencing services following the disposition of a criminal court proceeding.

"Crisis counseling" refers to in-person crisis intervention, emotional support, guidance, and counseling on an individual basis provided by counselors, mental health professionals or peers. Such counseling may occur at the scene of the crime, immediately after the crime, at the first in-person contact between a counselor and victim (this would include meeting the victim in an emergency room, at a police station, at a county attorney's office, etc.), during in-person contact for the duration of the crisis experience, and in the case of survivors of homicide victims or survivors of DUI/DWI victims, counseling may occur months after the victimization.

“Crisis hotline” refers to the operation of a 24-hour telephone service, 7 days a week, which provides counseling and information and referral to victims and survivors.

“Emergency financial assistance” refers to providing petty cash for meeting immediate needs related to transportation, food, shelter, and other necessities and such measures as temporary repair of locks and windows to prevent immediate revictimization.

“Emergency legal advocacy” refers to filing temporary restraining orders, injunctions, and other protective orders, elder abuse petitions and child abuse petitions, but does not include criminal prosecution or the employment of private attorneys for non-emergency situations.

“Follow-up contact” refers to individual emotional support, empathetic listening, and guidance for other than crisis reactions after the victimization.

“Group treatment” refers to the coordination and provision of supportive group activities. This category includes self-help, peer social support, drop-in groups, and community crisis intervention in a group setting.

“Immediate family” for the purpose of the Crime Victim Assistance Program means spouse, child, stepchild, parent, stepparent, sibling, stepbrother, stepsister, grandparent, grandchild, or guardian of the victim.

“Information and referral” refers to telephone and in-person contacts with the victim and identifying services offered and support available by sub-grant projects and other community agencies.

“In-kind contribution” means the value of something received or provided that does not have a monetary cost associated with it.

“Notification services” refers to case appearance notification, case status, and disposition information, including offender release notification at the probation, parole, community supervision, and clemency stages of the criminal justice system, etc.

“Other” refers to any services not listed that are offered to crime victims by the program.

“Personal advocacy” refers to assisting victims in securing rights and services from other agencies, i.e., intervention with employers, creditors, assistance in filing for losses covered by public and private programs including, but not limited to, Workers’ Compensation, unemployment benefits, welfare, and Medicare, and other general information on rights and remedies available to victims.

“Shelter/Safehouse” refers to offering short-term and/or long-term housing and related support services to victims and members of their family following victimization.

“Therapy” refers to intensive professional psychological/psychiatric treatment for individuals, couples, and family members. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.

“Victim” for the purpose of the Crime Victim Assistance Program means any natural person against whom any crime is perpetrated and includes the immediate family.

“Victim Compensation claims assistance” includes making victims aware of the availability of Crime Victim Compensation, assisting the victim in completing the required forms, and in gathering the needed documentation. It may also include follow-up contact with the Victim Compensation agency on behalf of the victim.

