



Arizona Criminal Justice Commission (ACJC) Crime Victim Assistance Program Grant Application Fiscal Year 2009 (July 1, 2008 – June 30, 2009)

***For instructions on any field please refer to the written instructions or sample application.
To move from field to field press the TAB key, do not press ENTER.***

1. General Information

Agency Name: Hopi County Victim Advocacy Center (HCVAC)

Program Title: Anyburg Satellite Victim Service Center

Program Status (*Check one*): New Program (began providing services after June 30, 2006)
 Existing Program (began providing services before July 1, 2006)

Mailing Address: 687 E. Any St.

City: Anytown Zip: 86246 County: Hopi

Physical Address (*Required*): 1578 W. Any Dr.

City: Anyburg Zip: 86248 County: Hopi

Agency Head: Annie Townsend

Title: Executive Director

E-mail Address: atownsend@hcvac.org

Contact Person: Andy Villanova

Title: Lead Advocate

E-mail Address: avillanova@hcvac.org

Phone Number: 928-555-6987 Fax Number: 928-555-6978

Agency Website: www.hcvac-az.org

2. Amount of ACJC grant funds requested (*auto calculates from budget detail*): \$40,000

3. Number of crimes victims served by the program during the most recently completed fiscal year:
3,193

Approximate percentage of those crime victims served *only* by phone, mail, or e-mail: 15%

Approximate number of victims to be served during 2008 fiscal year: 3,700

4. Geographic areas served: Hopi County

5. Type of Agency (*Check the organizational type that applies*)

(a) **Criminal Justice Government:** Law Enforcement Prosecution
 Other (describe):

(a) **Non-Criminal Justice Government:** Social Services Mental Health
 Other (describe): Private Non-profit

(c) Private Non-Profit:

(1) List the approving prosecutor's office or law enforcement agency:

Hopi County Sheriff's Office

(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) and dated no more than 45 days prior to submission of the grant application.

(3) Attach the IRS letter designating the organization as 501(c)(3) non-profit.

6. Mission Statement (All agency types must respond)

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. *(Response is limited to 500 characters including spaces)*

The Hopi County Victim Advocacy Center (HCVAC) is dedicated to meeting the varied needs of crime victims in Hopi County. Through advocacy, referrals and community education, HCVAC refuses to let any victim of crime struggle alone or in silence.

7. Fees for Service

Does the program charge or intend to charge for services? Yes No

If yes, describe fee schedule:

8. Program Information

(a) Type of Crime Victims Served (Check all that apply)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Adults molested as children | <input checked="" type="checkbox"/> Elder abuse/fraud |
| <input checked="" type="checkbox"/> Aggravated assault | <input checked="" type="checkbox"/> Identity theft |
| <input checked="" type="checkbox"/> Assault | <input checked="" type="checkbox"/> Robbery |
| <input checked="" type="checkbox"/> Child sexual abuse | <input checked="" type="checkbox"/> Sexual assault |
| <input checked="" type="checkbox"/> Child physical abuse | <input checked="" type="checkbox"/> Survivors of homicide victims |
| <input checked="" type="checkbox"/> Domestic violence | <input checked="" type="checkbox"/> Other non-violent crimes <i>(Attach list)</i> |
| <input checked="" type="checkbox"/> DUI | <input checked="" type="checkbox"/> Other violent crimes <i>(Attach list)</i> |

(b) Type of Services Provided (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Criminal justice support/advocacy | <input checked="" type="checkbox"/> Information and referral |
| <input checked="" type="checkbox"/> Crisis counseling | <input checked="" type="checkbox"/> Notification services |
| <input checked="" type="checkbox"/> Crisis hotline | <input checked="" type="checkbox"/> Personal advocacy |
| <input checked="" type="checkbox"/> Emergency financial assistance | <input type="checkbox"/> Shelter/Safehouse |
| <input checked="" type="checkbox"/> Emergency legal advocacy | <input type="checkbox"/> Therapy |
| <input checked="" type="checkbox"/> Follow-up contact | <input checked="" type="checkbox"/> Victim compensation claim assistance |
| <input type="checkbox"/> Group treatment | <input type="checkbox"/> Other <i>(Attach list)</i> |

(c) Crime Victim Services *(For the most recent fiscal year, please provide the **TOTAL NUMBER** of **SERVICES** provided to crime victims in each service area below for the **PROGRAM** requesting ACJC Victim Assistance funding. Note: A single victim may receive several different services.)*

Crime Victim Services		Total Number
(1)	Crisis intervention services for the urgent emotional or physical needs of a victim which may include a 24-hour hotline for counseling or referrals for a victim.	419
(2)	Emergency temporary shelter for a victim who cannot safely remain in current lodging.	4
(3)	Petty cash for immediate emergency needs related to transportation, food, shelter, and other necessities.	10
(4)	Emergency temporary repairs such as locks and windows damaged as a result of a crime to prevent the immediate reburglarization of a home or apartment.	15
(5)	Follow-up counseling dealing with the victimization.	5,407
(6)	Assistance dealing with other social service and criminal justice agencies.	10,364
(7)	Assistance in obtaining the return of property kept as evidence.	520
(8)	Assistance in dealing with the victim's landlord or employer.	2
(9)	Referrals to other sources of assistance as needed.	1,416
(10)	Court-related direct services or petty cash that help victims participate in criminal justice proceedings including transportation to court, child care, meals, and parking expenses.	6
(11)	Court-related advocate services including escorting victims to criminal justice-related interviews, court proceedings, and assistance in accessing temporary protection services.	12,041
(12)	Notification of significant developments in the investigation or adjudication of the case.	
(13)	Notification that a court proceeding for which the victim has been subpoenaed has been canceled or rescheduled.	
(14)	Notification of the final disposition of the case.	
TOTAL OF ALL SERVICES [Add (1) through (14)]		30,204

9. Crime Victim Compensation Claim Assistance

For the most recently completed fiscal year, how many victims were assisted with the Victim Compensation claims process in the following areas?

1. Given verbal or written information about the Compensation Program.	2,500
2. Made a referral or given transportation to Crime Victim Compensation office.	50
3. Provided applications.	1,500
4. Provided assistance with completing the application.	500
5. Provided assistance with obtaining police reports, records, bills, etc.	150
TOTAL	4,700

10. Activity Log

Briefly describe how you track statistical data for crime victims served, number of services provided, referrals, etc. *(space is limited to 250 characters including spaces)*

Program activity is tracked in our Victim Services Database. Each statistical data type is entered on a daily basis and then various reports are generated to meet the specific requirements of each program grant.

11. Personnel Information

(a) Number of paid program staff providing **direct** services to crime victims. *(Do not include administrative staff.):* 12 Full-time 2 Part-time

(b) For the most recent fiscal year, list the total **HOURS** worked by volunteers. *(Must be in direct support of the program.)* Divide that number by 2,080 hours to determine the number of equivalent FTE staff.

Total hours worked by Volunteers		Expressed as FTE equivalent
3,675	÷ 2,080 =	1.77
_____		_____

ACJC Victim Assistance Grant Application Narrative

Please answer the following questions as completely as possible. Your responses are limited to the space provided.

1. Identify the problem in your community that the grant funded program will address. Be very specific and include statistical data to define the severity of the identified problems. *(Response is limited to 3,500 characters including spaces)*

According to the Arizona Department of Public Safety's Annual Report, in 2006, Hopi County residents suffered 11,254 violent and property victimizations. During that year, one in 10 county residents was a victim of crime. For each of these victims and many others like them, the trauma of the crime itself was only the beginning of what will often be a lifelong struggle. Victims of crime can find their world in chaos for years to come and feel firsthand the crime's impact on their physical, financial and psychological wellbeing.

Beyond any physical injuries resulting from victimization, victims may also suffer from other physical symptoms such as insomnia, headaches, muscle tension and nausea. In addition, victims may find themselves faced with unforeseen financial expenditures related to the crime including costs to repair or replace damaged property, health care expenses, or costs related to funeral and burial.

The psychological impact of victimization is often the longest lasting and most difficult to overcome. Crime victims run an increased risk of suffering any number of mental illnesses like clinical depression and post-traumatic stress disorder (PTSD). The estimated chances of developing PTSD after the following victimizations are: rape, 49 percent; severe beating or physical assault, 31.9 percent; other sexual assault, 23.7 percent; shooting or stabbing, 15.4 percent; and witness to a murder or assault, 7.3 percent (Sidran Foundation, "Post-traumatic Stress Disorder Fact Sheet). In Hopi County during 2006 there were 36 rapes and 490 aggravated assaults (Crime in Arizona 2005, Arizona Department of Public Safety).

Unfortunately, victims also risk secondary victimization from a criminal justice system that often puts the needs of the State and the rights of the offender before those of the victim. Lacking knowledge of the criminal justice system, victims often retreat to the background and their voices go unheard during investigation, prosecution and sentencing. According to the Hopi County Victim Advocacy Center (HCVAC) intake survey results for 2006, 84 percent of victims responding felt they lacked adequate knowledge of the criminal justice system to make an informed decision regarding their rights.

These problems are only compounded when the victim is from a rural community with limited resources, covering a large geographic area. Over the last three years, 91 percent of Hopi County crime victims served by HCVAC indicated the lack of local victim service resources as their number one concern (HCVAC Victim Intake Survey, 2002 – 2007).

The problems faced by victims of crime are varied and numerous. And one victim's experience will differ greatly from another who suffered the same crime. Regardless of their situation, no victim should ever feel like they are facing these challenges alone.

2. Provide a summary of the program the ACJC grant funds will support. Include how the program addresses the problem in the community, what services are provided, the population served, why it is important and how it is unique. Also, include at least two specific, measurable program objectives. These objectives should outline program growth during the grant period. Refer to the sample application for examples. *(Response is limited to 3,500 characters including spaces)*

In 1995 the Hopi County Victim Advocacy Center (HCVAC), a private non-profit organization, began serving victims of crime across Hopi County. Before HCVAC opened its county headquarters in Anytown, Arizona, the residents of Hopi County were without a county-wide victim services solution. Since opening, HCVAC has served over 50,000 victims of crime. During 2006 HCVAC provided services to 3,193 victims from the following demographic categories: 90% white, 6% Native American, 3% Hispanic, 1% African American. This victim total represents an increase of 20% over the previous year (HCVAC Annual Report FY2006).

Through its county headquarters in Anytown and a satellite office in Anyville, HCVAC provides victims with court accompaniment, victim compensation claims assistance, forensic interviews and examinations, as well as medical and mental health referrals. HCVAC also administers a volunteer crisis response team serving the residents of Anytown, Hopi County's largest city.

During the upcoming fiscal year, in order to increase the ability of Hopi County crime victims to access all services offered by HCVAC, an additional satellite office will be opened in Anyburg located in far northeast Hopi County. With the financial support of agencies like ACJC, this satellite office will be staffed by one full time victim advocate and one part time administrative support staff. It is estimated that by adding this satellite office over 500 additional victims will be served over the course of the year.

An additional office will also increase HCVAC's ability to reach out and educate county residents on crime prevention and victim's issues. During the past fiscal year HCVAC hosted 7 training sessions across the county. Training subjects included victim rights, victim compensation, child abuse and neglect, sexual assault and domestic violence prevention. For 2008 HCVAC hopes to add an additional 4 training sessions throughout the county.

Over the past ten years HCVAC has established a proven track record of meeting the needs of crime victims in Hopi County. Of those victims served in 2006, 87 percent reported an increased sense of safety; 96 percent reported an increased understanding of the criminal justice system; and 92.4 percent reported being very satisfied with HCVAC overall (HCVAC Annual Report FY2006).

3. Programs must demonstrate a strong collaborative effort in *each* of these areas: law enforcement, prosecution, service providers, community organizations and other social service agencies. List the public and private organizations your victim services program collaborates with:

Anytown Police Department	Hopi County Attorney's Office
Stop Abuse (Domestic Violence Shelter)	Anyville Police Department
Hopi County Sheriff's Office	Anytown City Prosecutor's Office
Boys and Girls Club of Anyville	Hopi County DV Council

Describe in detail a recent collaboration involving one or several of the agencies listed above. Discuss the purpose of the collaboration, your agency's contribution to process and the outcomes. *(Response is limited to 1,500 characters including spaces)*

During Victim Rights Week, April 23 - 29, 2007, HCVAC partnered with the Hopi County Sheriff's Office, Stop Abuse and the Hopi County Community College School of Media Production to produce a victim rights awareness video. The resulting video covered victim rights, how to recognize the signs of abuse and simple crime prevention tips. With the help of a private donor, 100 copies of this video were distributed to schools, police departments and community centers across the county.

4. List other organizations in your community (within 35 miles) that provide the same or similar services to crime victims. If applicable, describe how the services your program provides are different than those offered by other organizations in your community. *(Response is limited to 1,500 characters including spaces)*

Anytown City Prosecutor's Office has the only other full time victim advocate in Hopi County. HCVAC is the only organization that offers full time victim services countywide.

5. How will you evaluate the effectiveness of the program activities? *(Response is limited to 1,500 characters including spaces)*

Each victim served by HCVAC is asked to fill out an intake survey after making the initial contact and then asked to complete an exit survey at the conclusion of services. The intake survey measures the victims understanding in the following areas: safety, availability of services, and the criminal justice system. These areas are covered again in the exit survey along with questions dealing with overall satisfaction with HCVAC services provided. The results of these surveys are compiled on a monthly basis and compared to determine the effectiveness of program activities.

6. How does your agency encourage crime victims to participate in the criminal justice system? *(Response is limited to 1,500 characters including spaces)*

HCVAC believes that holding offenders accountable benefits society and the victim as well. While HCVAC allows victims to determine for themselves the extent to which they wish to participate in the criminal justice system, HCVAC presents victims with all of their options, outlining for them the benefits and risks association with each one.

Program Goals and Outcomes

Following are four goals (healing, justice, economic stabilization and safety) and a list of outcomes and quality measures that will be used track how effectively the applicant program serves victims of crime during the upcoming grant period.

Within each goal are a number of measurable outcomes. Select the outcomes that best relate to the services provided by the program. *You must select the minimum number of outcomes for all goals.* The corresponding numbers and percentages should be based on past performance and establish a realistic yet challenging projection of how the program will perform during the upcoming grant period. These figures will be compared to those submitted at the end of the grant period in the annual report to determine program effectiveness.

Use the figure you provided on page 1, question 3 (*Approximate number of victims to be served during the FY09 fiscal year*) as the total for the numbers and percentages required below. If you provide the percentage the number should calculate automatically, with the exception of the "quality measures" section.

Note: The term victim is interchangeable with victim, secondary victim, co-victim and victim proxy (i.e. parent or guardian).

Goal 1: Healing (choose at least three)	%	#
<input checked="" type="checkbox"/> Number and percentage of victims reporting an increased knowledge of services available.	92%	3,404
<input type="checkbox"/> Number and percentage of victims who report having increased feelings of well being.	%	0
<input checked="" type="checkbox"/> Number and percentage of victims who report they know how to access short and long term resources available to meet their needs.	89%	3,293
<input checked="" type="checkbox"/> Number and percentage of victims reporting the provider's services increased their ability to cope.	84%	3,108
<input type="checkbox"/> Number and percentage of victims completing treatment plan objectives.	%	0
<input type="checkbox"/> In this space you may optionally provide any additional quality measure of your own choice.	%	0

Goal 2: Justice (choose at least two)	%	#
<input checked="" type="checkbox"/> Number and percentage of victims reporting the information and assistance provided had a positive impact on their participation in the criminal justice system.	95%	3,515
<input type="checkbox"/> Number and percentage of victims reporting an increased understanding of their legal rights.	%	0
<input checked="" type="checkbox"/> Number and percentage of victims reporting increased knowledge of the legal system.	97%	3,589
<input type="checkbox"/> In this space you may optionally provide any additional quality measure of your own choice.	%	0

Goal 3: Economic Stabilization (choice required)	%	#
<input checked="" type="checkbox"/> Number and percentage of crime victims reporting an increased knowledge of the victim's compensation program, restitution and other financial assistance services.	95%	3,515

Goal 4: Safety (choose at least one)	%	#
<input type="checkbox"/> Number and percentage of victims who report understanding and initiating safety plans for meeting their immediate and on-going safety needs.	%	0
<input checked="" type="checkbox"/> Number and percentage of victims who report being able to better assess their safety needs.	89%	3,293
<input type="checkbox"/> In this space you may optionally provide any additional quality measure of your own choice.	%	0

Quality Measures (choose at least three)	%
<input checked="" type="checkbox"/> Percentage of victims reporting overall satisfaction with services.	94%
<input type="checkbox"/> Percentage of community collaborators reporting positive satisfaction with services provided.	%
<input checked="" type="checkbox"/> Percentage of victims who report they would recommend program services to other victims.	95%
<input checked="" type="checkbox"/> Percentage of victims who reported that advocacy services provided were helpful.	95%
<input type="checkbox"/> In this space you may optionally provide any additional quality measure of your own choice.	%

Program Budget

For detailed instructions on any field please refer to the written instructions.
 To move from field to field press the TAB key, do not press ENTER.

1. Provide the following budget detail for the ACJC grant funds requested.

A. Salary			
Position Title - <i>PRIORITIZE THE POSITIONS AND ATTACH JOB DESCRIPTIONS</i>	Number of Hours/Year	Hourly Rate	Salary Total
1 Anyburg Victim Advocate	1560	\$18.00	\$28,080.00
2		\$	\$0.00
3		\$	\$0.00
4		\$	\$0.00
TOTAL SALARY:			\$28,080

B. Fringe Benefits		
<i>(List all items included in fringe benefits. Separate fringe benefits for each position.)</i>		
1		\$7,679.00
Health /Dental/Life	8.19%	
FICA/Medicare	7.33%	
Retirement	9.10%	
Workers Comp	0.31%	
Unemployment Ins	0.19%	
Pro Rata Attorney Gen	0.63%	
Accum Sick Leave	0.40%	
Pro Rata Personnel	1.04%	
IT Charge	0.15%	
TOTAL	27.35%	
2		\$
3		\$
4		\$
TOTAL FRINGE BENEFITS:		\$7,679

C. Professional and Outside Services				
Name	Service	Number of Hours	Hourly Rate	Total
			\$	\$0.00
			\$	\$0.00
			\$	\$0.00
TOTAL PROFESSIONAL AND OUTSIDE SERVICES:				\$0

D. In-State Travel- Mileage only for funded position(s)			
Description	Rate per Mile	Number of Miles	Total
Training Mileage	\$0.43	1500	\$645.00
Victim visits and on-site advocates	\$0.43	1000	\$430.00
	\$		\$0.00
TOTAL IN-STATE TRAVEL:			\$1,075

E. Other <u>DIRECT</u> Operating Expenses		
Item	Monthly Expense	Total
Rent (<i>prorated</i>)		\$
Supplies (<i>prorated</i>)	12 months x \$62.50	\$750.00
Utilities (<i>prorated</i>)		\$
Telephone (<i>prorated</i>)		\$
Printing	Pamphlets for 4 training sessions x \$250	\$1,000.00
Emergency Expense		\$
Training (<i>identify</i>)		\$
Other (<i>identify</i>)		\$
TOTAL <u>DIRECT</u> OPERATING EXPENSES:		\$1,750

F. Equipment			
Item	Quantity	Purchase Price or Annual Lease Rate	Total

Computer-laptop	1	\$1,416.00	\$1,416.00
		\$	\$0.00
TOTAL EQUIPMENT:			\$1,416

TOTAL FUNDS REQUESTED (Add (1), A - F):	\$40,000
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2. Indicate the amount and source(s) of the matching funds used for the program.

Use match figure corresponding to your Program Type as defined on page 1, question 1	"NEW" Program	"EXISTING" Program
Match amount based on TOTAL FUNDS REQUESTED:	\$13,333	\$40,000

Source	Amount	List Expiration Date or "Pending"
DPS-VOCA	\$40,000	Pending
	\$	
	\$	
	\$	
TOTAL (should equal either the "NEW" or "EXISTING" figure above)	\$40,000	

3. Indicate the amount and source(s) of in-kind contributions to be used as a match for the requested funds. *(The option of matching from in-kind sources is available to "NEW" programs only.)*

Source	Amount
	\$
	\$
	\$
TOTAL	\$0

4. Budget Summary

Budget Category	ACJC Funds Requested See (1), A-F Above	Total Matching Funds Must Equal (2) Above	In-Kind Match (Value) Must Equal (3) Above

A. Salary	\$28,080	\$40,000	\$
B. Fringe Benefits	\$7,679	\$	\$
C. Professional/ Outside Services	\$0	\$	\$
D. In-State Travel (Mileage Only)	\$1,075	\$	\$
E. Other Direct Operating Expenses	\$1,750	\$	\$
F. Equipment	\$1,416	\$	\$
TOTAL	\$40,000	\$40,000	\$0

5. FY 2007 - 2008 Victim Services Program Budget *(List the entire program budget not just the ACJC requested funds and matching funds)*

Revenue Sources	ACJC	DPS-VOCA	Phelps Dodge	Winn Foundation	Private Donat.	United Way	AERS			Total
Personal Services (combine salary and fringe benefits)	\$35,759									
Executive Director		\$33,000	10,000							\$43,000
Four FT Advocates		\$78,000	10,000		25,000					\$113,000
3 PT Admin Staff		\$15,000		30,000						\$45,000
Other Admin Staff		\$				25,000	125,000			\$150,000
Professional & Outside Services	\$0									
Accounting		\$6,000								\$6,000
Legal		\$2,250								\$2,250
Data Processing		\$2,500								\$2,500
		\$								\$0
		\$								\$0
In-state Travel	\$1,075									
Lodging & Per Diem		\$								\$0
Car Rental		\$								\$0
Mileage Cost		\$					6,000			\$6,000
Other:		\$								\$0
Other Operating	\$1,750									
Rent		\$		38,518		5,000				\$43,518
Supplies		\$					12,500			\$12,500
Utilities		\$					11,500			\$11,500

Revenue Sources	ACJC	DPS-VOCA	Phelps Dodge	Winn Foundation	Private Donat.	United Way	AERS			Total
Telephone		\$				2,000				\$2,000
Printing/Photography		\$					2,000			\$2,000
Emergency Expense		\$								\$0
Training		\$								\$0
Insurance		\$	3,000							\$3,000
Lease/Rental		\$								\$0
Repair/Maintenance		\$								\$0
Books & Software		\$								\$0
Emergency Victim Needs		\$			15,000					\$15,000
Other:		\$								\$0
Capital Outlay										
Buildings or Land		\$								\$0
Equipment	\$1,416									
Vehicles		\$								\$0
Computers		\$								\$0
Other:		\$								\$0
Other:		\$								\$0
Indirect Costs		\$								\$0
TOTAL	\$40,000	\$136,750	\$23,000	\$68,518	\$40,000	\$32,000	\$157,000	\$0	\$0	\$497,268
Grant Expiration Date (If application is pending, note with a "P".)		P	12/31/08	None	None	12/31/08	07/01/08			

I, _____, certify that the budgetary information submitted in this application is complete and accurate.
(Authorized Financial Officer - Please print)

Signature: _____ Date: _____ Phone: _____

Program Administration

1. ACJC Funds used as matching funds for other Grant Programs (*Check (✓) one*)

If received, will ACJC funds be used as matching funds for other grant program(s)?

Yes No

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

DPS-VOCA

2. Audit Requirements

a. List the date of your last financial audit. 07/01/07

b. Did the audit result in a Schedule of Findings and Questioned Costs? Yes No

c. If yes, please include a copy of the management letter and the Schedule of Findings and Questioned Costs. *Attach it BEHIND the ONE copy of the most recent audit report.*

d. Include **ONE** copy of the most recent financial audit report with your application.

3. Internal Controls (*Check (✓) one for each question*)

- a. Does your organization have established policies related to salary scales, fringe benefits, travel reimbursement and personnel policies? Yes No
- b. Which of the following describes your organization's accounting system? Manual Automated Combination
- c. How frequently do you post to the General Ledger? Daily Weekly Monthly Other
- d. Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source? Yes No
- e. Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item? Yes No
- f. Are time and effort distribution reports maintained for employees working fully or partially on grant programs, which account for 100% of each employee's time? Yes No
- g. Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement? Yes No
- h. Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment and the preparation of payroll? Yes No
- i. Are all accounting entries and payments supported by source documentation? Yes No

- j. Are employee time sheets supported by appropriately approved/signed documents? Yes No
- k. Does the organization maintain policies which include procedures for assuring compliance with the terms of the grant award? Yes No
- l. Does the organization maintain written codes of conduct for employees? Yes No
- m. Does the organization maintain written procurement policies and procedures? Yes No
- n. Does the organization have adequate staff to comply with the terms of the grant agreement? Yes No

If you answered "No" to any of the questions above please provide a brief explanation why:

N/A

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 the following information for the civil rights contact for your program.

Name: Annie Townsend

Agency: HCVAC

Address: 687 E. Any St.

City: Anytown State: AZ Zip Code: 86246

Telephone Number: 928-555-6980

General Conditions

1. ACJC grant funds shall be used to provide direct services to victims of crime.
2. ACJC grant funds shall not be used to supplant federal, state, county, or local funds that would otherwise be made available for such purposes.
3. The applicant shall operate in a manner consistent with, and in compliance with, the provisions and stipulations of the approved grant application and agreement.
4. The applicant agrees that it will incorporate the use of volunteers in its program to the extent that such volunteers contribute to the effective and efficient provision of services to crime victims.
5. The applicant agrees to promote coordinated public and private efforts to assist crime victims within the community served.
6. The applicant agrees that ACJC grant funds are not to be expended for any indirect costs that may be incurred in administering the funds.
7. The applicant agrees to expend funds only in the approved budget categories for the amount approved.
8. The applicant agrees that payment obligation is conditioned upon the availability of funds appropriated or allocated for the payment of such obligation.
9. The applicant agrees to retain all books, account reports, files, and other records for a period of five years after the completion of the expiration of the project. All such documents shall be subject to inspection and audit at reasonable times.
10. The applicant agrees to provide accounting, auditing, and monitoring procedures to safeguard grant funds and keep such records to assure proper fiscal controls, management, and the efficient disbursement of grant funds.
11. The applicant agrees to remit all unexpended ACJC grant funds to the Commission within 30 days of receipt of a written request from the Commission.
12. The applicant agrees to submit Quarterly Financial Reports to the Commission on the forms provided. Quarterly Financial Reports are due on October 31, 2008, January 31, 2009, April 30, 2009, and August 15, 2009. An Annual Performance Report is required to be submitted to the Commission on the forms provided. It is due AUGUST 15, 2009. **In the event that reports are not received on or before the required date(s), the Commission may require more frequent reports. Funding will be suspended until such time as the delinquent report(s) are received.**
13. The applicant agrees to comply with all applicable requirements of A.R.S. § 41-1463, all applicable state and federal civil rights laws, and Executive Order 1999-4 and 2000-4. In the event that a federal or state court or federal or state administrative agency makes a finding of discrimination after a due process hearing on the basis of race, color, religion, national origin, sex, age, or disability against the applicant, the applicant will forward a copy of the findings to the Commission.
14. The applicant will assign to the Commission any claim for overcharges resulting from antitrust violations to the extent that such violations concern materials or services supplied by third parties to the applicant in

exchange for grant funds provided.

15. The applicant agrees to use arbitration in the event of disputes in accordance with the provisions of A.R.S. §12-1501 et. seq.
16. The applicant agrees that it is acting as an independent contractor and agrees to hold the Commission harmless for the actions of the grantee's employees.
17. The applicant agrees to obtain and maintain subrogation agreements from victims as a condition of receipt of assistance exceeding one hundred dollars (\$100) in direct financial aid.
18. The applicant agrees to comply with the applicable laws and provisions of the Arizona Crime Victim Assistance Program Rules A.A.C. R10-4-201 through R10-4-204.
19. The applicant agrees to submit, upon request, a copy of its financial audit for the most recently completed 12-month period.
20. The applicant assures that it will collect and maintain information on victim services provided by ethnicity, sex, age, and disability.
21. The applicant assures that it will comply with all applicable state and federal drug-free workplace requirements.
22. The applicant assures that it will comply with all state and federal laws regarding privacy during the course of the program. All information relating to clients should be treated with confidentiality. Information shall be disclosed to the Commission, when requested, in compliance with the Crime Victim Assistance Program Rules, state and federal laws, and the grant agreement.

Certification

I certify that the program proposed in this application meets all the requirements of the Arizona Crime Victim Assistance Program and its implementing regulations and guidelines; that all the information presented is correct; that there has been appropriate coordination with affected agencies; and that the applicant will comply with the provisions of all applicable laws and the General Conditions.

Agency: Hopi County Victim Advocacy Center

Authorized Official: _____
Signature of authorized official Date

Annie Townsend
Typed name of authorized official

HCVAC Executive Director
Title



Arizona Criminal Justice Commission (ACJC)
Crime Victim Assistance Program Grant
Application Check List
Fiscal Year 2009 (July 1, 2008 – June 30, 2009)

This check list does not need to be submitted with the completed application.

- Did you provide an answer for each question or list the response as "N/A" (Not Applicable)?
- Did you prioritize personnel positions for grant funding? (Program Budget, Number 1, A)
- Did you list the grant expiration date for any additional grant funds or put "P" for pending? (Program Budget, Numbers 2 & 5)
- Did you provide the entire program budget and have the Financial Officer certify the budget with his/her signature? (Program Budget, Number 5)
- DID YOU CHECK YOUR MATH?**
- Did an *authorized official* sign and date the application, agreeing to the General Conditions?
- Have you included the following:
 - (1) ORIGINAL GRANT APPLICATION + ATTACHMENTS
 - (1) COPY OF THE APPLICATION + ATTACHEMENTS
 - (1) COPY OF THE MOST RECENTLY COMPLETED AUDIT + SCHEDULE OF FINDINGS

Are the following pages included in an ATTACHMENT SECTION?

- Non-Profits Only: A letter from the prosecutor's office or law enforcement agency endorsing the application.
- Non-Profits Only: A copy of the organization's 501(c)(3) designation letter from the IRS.
- Non-Profits Only: A current board list that includes affiliations, identifies current officers and provides the Chairman's contact information.
- All Agencies: Job descriptions for personnel to be funded by ACJC Victim Assistance Grant funds.