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Governor



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Department of Health and Human Services

Division of Child and Family Services
VOCA Pre-Application Mandatory Webinar

Presented by Julie Lindesmith and Jean Booth



1/19/2021

Helping people. It's who we are and what we do.

Agenda

1. What is VOCA
2. Eligibility Requirements for Subrecipients
3. Allowable/Unallowable Costs
4. Application Materials- Applying Process
5. Scope of Work
6. Budget Narrative
7. Timeline
8. Award Notification
9. Requests for Reimbursement
10. Compliance- Performance Reporting, Subrecipient Monitoring



What is VOCA

- The Victims of Crime Act (VOCA) was passed by Congress in 1984
- The Crime Victims Fund was established and is generated from fines and penalties paid by convicted federal offenders, **not tax dollars**



What is VOCA Cont.

- Crime Victims Fund is distributed by the Office of Victims of Crime (OVC) through the Department of Justice (DOJ)
- The VOCA Assistance Program funding is available for states to fund and facilitate the development of programs to provide direct services to victims of crime.

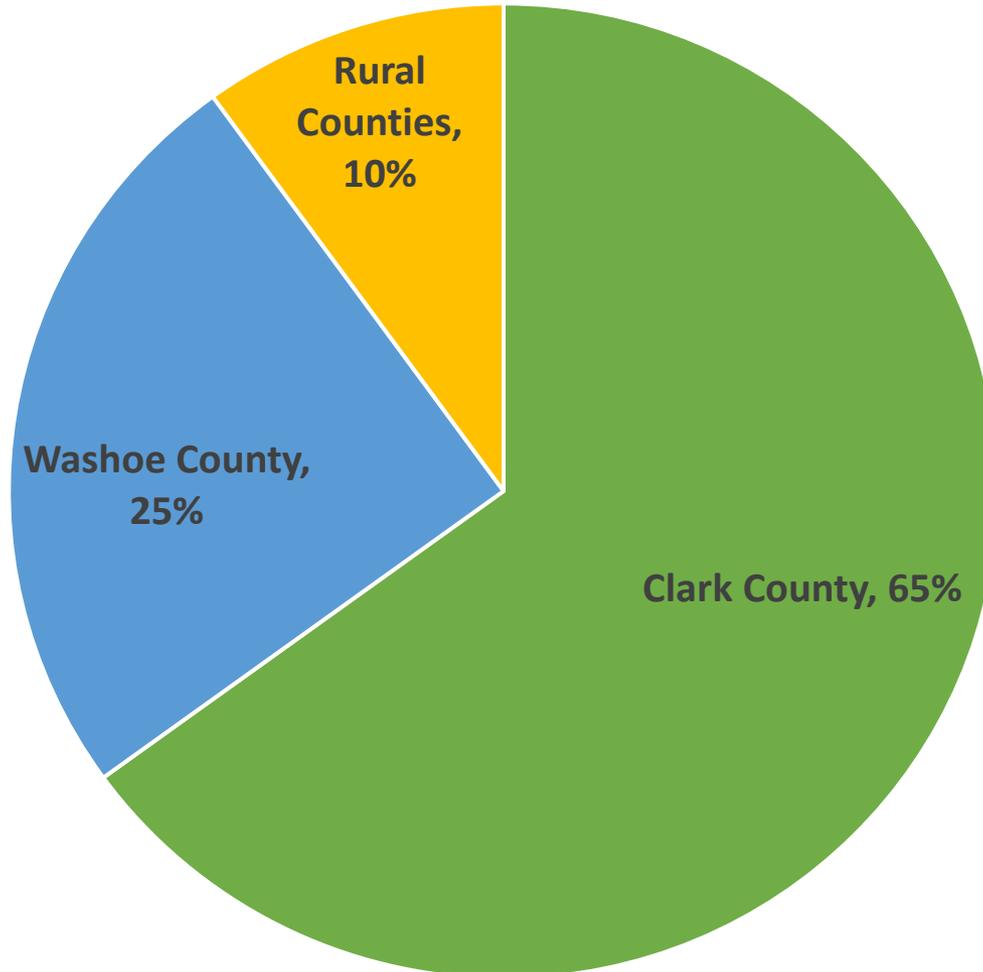


VOCA in Nevada

- **Purpose:** to promote and support quality victim assistance service programs throughout Nevada
- Role of the Division of Child and Family Services (DCFS):
 - State Administering Agency (SAA) that administers funding to subrecipients in Nevada.
 - Responsible for ensuring
 - Subrecipients meet eligibility and organizational requirements
 - Federal and State quality and compliance standards
 - Tracking and reporting standards
 - Funding rules and regulations



VOCA in Nevada



VOCA in Nevada Cont.

- 10% Domestic Violence
- 10% Sexual Assault
- 10% Child Abuse
- 10% Underserved Populations

10%



Nevada's Underserved Populations

- Children and Minors
- Immigrants
- Elderly
- People with Disabilities
- LGBTQIA2+
- Tribal Communities
- Homeless



What is Innovative

- Based on research
- Incorporates technology to improve access or efficiency
- Uses new resources or techniques
- Can be replicated
- Increases efficiency, productivity, or quality
- Enhances services
- Reduces costs
- Improves consumer satisfaction
- Borrowed from another field and adapted to meet the needs of victims
- Reaches a new population





Innovative Funding

1 Million Dollars

Priority Funding Areas:

- Children as secondary victims of domestic violence
- Military sexual trauma (MST)
- Service delivery innovation for sexual assault victims in rural counties
- Homelessness-related victim services (excluding shelter)
- Human trafficking
- Native American tribes and organizations



Borrowing Innovation

- Vision 21 Transforming Victims Services
- OJP's website www.crimesolutions.gov



You don't ~~X~~ have to reinvent
the wheel.

Eligible Subrecipients Cont.

- Must meet program match requirements
- Operated by a public or private non-profit organization, or a combination of such organizations, and provide services to all types of crime victims
- Have a record of effective services for victims of crime in their community
- Provide meaningful access of services to Limited-English-Proficient (LEP) Persons - www.lep.gov
- At least 25% of the program's funding in the year of, or the year preceding the award comes from other funding sources



Cultural Competency

- The process of communicating with audiences from diverse geographic, ethnic, racial, cultural, economic, social, and linguistic backgrounds.



Usage of VOCA funds

- Available to subrecipients to provide **direct services.**
- Subrecipients must provide services to victims of federal crimes on the same basis as to victims of crimes under state or local law.

Allowable Costs

- **§ 94.119 Allowable direct service costs.**

- Immediate emotional, psychological, and physical health and safety
- Personal advocacy and emotional support
- Mental health counseling and care
- Peer-support
- Facilitation of participation in criminal justice and other public proceedings arising from the crime
- Legal assistance
- Forensic medical evidence collection examinations
- Forensic interviews
- Transportation
- Public awareness
- Transitional housing
- Relocation



Allowable Costs Cont.

- **§ 94.120 Allowable costs for activities supporting direct services.**
 - Coordination of activities
 - Supervision of direct service providers
 - Multi-system, interagency, multidisciplinary response to crime victim needs
 - Contracts for professional services
 - Automated systems and technology
 - Volunteer trainings
 - Restorative justice



Allowable Costs Cont. 2

- **§ 94.121 Allowable sub-recipient administrative costs.**
 - Personnel costs
 - Skills training for staff
 - Training-related travel
 - Organizational Expenses
 - Equipment and furniture
 - Operating costs
 - VOCA administrative time
 - Leasing or purchasing vehicles
 - Maintenance, repair, or replacement of essential items
 - Project evaluation

Allowable Costs

VOCA funds may be used include, but are not limited to, the following:

1. Coordination of activities.
2. Supervision of direct service providers.
3. Multi-system, interagency, multidisciplinary response to crime victim needs.
4. Contracts for professional services.
5. Automated systems and technology.
6. Volunteer trainings.
7. Restorative justice.

See 28 CFR 94.120.

Emergency Shelter

- VOCA funds may be used to pay for hotel accommodations for victims while a shelter is out of service or unavailable
- The rule sets forth a non-exhaustive list of examples of allowable direct service costs, including costs associated with the immediate emotional, psychological, and physical health and safety of victims, such as emergency shelter. This may include hotel expenses in these circumstances.
- 28 CFR 94.119(5)

Direct Services for personal advocacy and emotional support

- Personal advocacy and emotional support services include, but are not limited to, the following:
 1. Working with a victim to assess the impact of a crime.
 2. Identification of a victim's needs.
 3. Case management.
 4. Management of practical problems created by the victimization.
 5. Identification of resources available to the victim.
 6. Provision of information, referrals, advocacy, and follow-up contact for continued services, as needed.
 7. Traditional, cultural, and/or alternative therapy/healing (e.g., art therapy, yoga).

Restorative Justice

- Restorative justice activities support opportunities for crime victims to meet with perpetrators, including, but not limited to, tribal community-led meetings and peace-keeping activities, if such meetings are requested or voluntarily agreed to by the victim.
- Victims must always have the opportunity to withdraw from participation, and there must be a reasonably anticipated beneficial or therapeutic value to the crime victim.
- Ultimately, the state administering agency (SAA) maintains the discretion to determine what restorative justice activities it wishes to fund and has the responsibility of monitoring and overseeing the program.
- 28 CFR 94.120(g)



Unallowable Costs

- **§ 94.122 Expressly unallowable subrecipient costs.**

- Lobbying
- Research and studies
- Active investigation and prosecution of criminal activities, except for the provision of victim assistance services (ie. emotional support, advocacy, legal services)
- Fundraising
- Capital expenses (property loss, real estate purchases, mortgage payments)
- Compensation for victims of crime
- Medical care
- Salaries and expenses of management (salaries, benefits, fees, furniture, equipment, and other expenses of executive directors, board members, and other administrators)

Application Materials

- Application Checklist
- Section 1 - Application Form
- Section 2 - Proposal Summary
- Section 3 - Proposal Narrative
- Section 4 - Scope of Work Table
- Section 5 - Budget
- Section 6 - Agency Self-Assessment
- Section 7 – Past Compliance
- Application Guide

Application Checklist

- Does not need to be submitted
- Tool to assist you



Application Form

- One document with:
 - Application Form- 0 points but must be completed
 - Scope of Work Table- 15 points
 - Proposed Project Budget- 10 points

Once Completed e-mail as a PDF to

DCFSGrants@dcfs.nv.gov



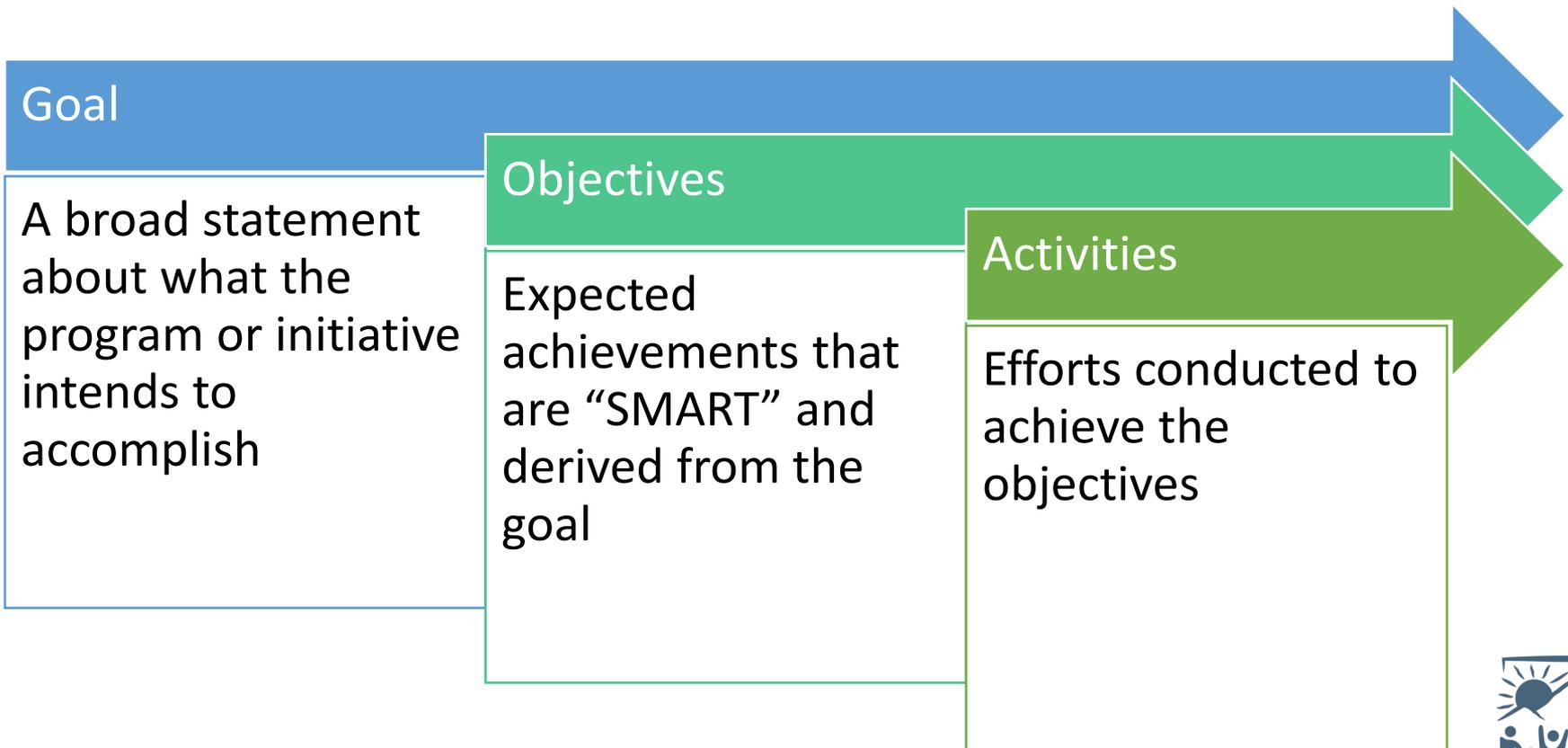
Online Application Form

https://hal.nv.gov/form/DCFS/VOCA_SF22_Application

- Section 2- Proposal Summary
 - 0 Points- Must be completed
- Section 3- Proposal Narrative
 - 105 points- Traditional
 - 165 points- Innovative
- Section 6- Agency Self-Assessment
 - 10 points

Scope of Work

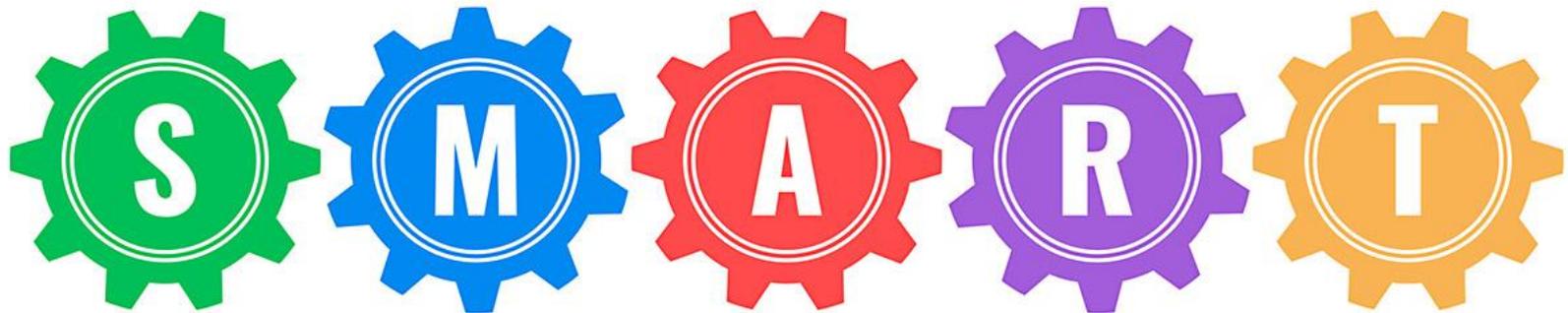
- The Narrative- Goals and Objectives section and Scope of Work table should be closely linked



SOW- Goals

- Should match with the other sections of your narrative
- Should match with your budget
- Should start with an action word
 - Provide
 - Increase
 - Improve
- Should state target population(s)

SOW- Objectives



SPECIFIC

MEASURABLE

ACHIEVABLE

RELEVANT

TIME-BOUND

SOW- Activities

- A set of tasks that accomplish an objective
 - Think about what things you need to do to accomplish the objective
 - List as many things as needed- you can have more than one activity for each objective

Goal 1:

<u>Objective</u>	<u>Activities</u>	<u>Due Date</u>	<u>Documentation Needed</u>	<u>How will this goal be measured (quantitative)</u>
1.	1.		1.	1.
2. <i>Add more line if needed</i>	2.		2.	2.

Budget Narrative- Personnel

- Employees who provide direct services are identified here.
- The NOFO has a table to help you distinguish an employee from contract staff
- List each position and employee name (if known)
- Provide a breakdown of the wages or salary and the fringe benefit rate (e.g. health insurance, FICA)
- Make sure to put the job description and explain how that position provides direct services
- Only those staff whose time can be traced directly back to the grant project should be included in this budget category. All other staff should be considered part of the applicant's indirect costs



Budget Narrative- Form 1

Personnel

Applicant Name: _____

Form 1

BUDGET NARRATIVE - \$FY21

Total Personnel Costs		Including Fringe	Total	\$	
List Staff, positions, percent of time to be spent on the project, rate of pay, fringe rate, and total cost to this grant.		:	:	-	
	Annual Salary	Fringe Rate	% of Time	Months	Amount Requested
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position					
*Insert details to describe position duties as it relates to the funding (specific program objectives).					
					\$ -
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position					
*Insert details to describe position duties as it relates to the funding (specific program objectives).					
					\$ -
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position					
*Insert details to describe position duties as it relates to the funding (specific program objectives).					
					\$ -
Name of Employee (if known, otherwise state new position). Title of position & Position Control Number Length of time in Position					
*Insert details to describe position duties as it relates to the funding (specific program objectives).					
					\$ -
*Insert new row for each position funded or delete this row.					
Total Fringe Cost		\$		Total	\$
		-		:	-



Budget Narrative- Travel/Training

- Travel costs must provide direct benefit to this project
 - Identify staff that will travel
 - The purpose
 - Frequency
 - Projected costs

Can not exceed the U.S. General Services Administration (GSA) rates

- Training- identify and justify any training costs specifically associated with the project,
 - include type of training,
 - location,
 - Number attending
 - Benefit to project

Form 1- Travel/Training



Travel/Training					Total:	\$
Identify staff who will travel, the purpose, frequency, and projected costs. Utilize GSA rates for per diem and lodging (go to www.gsa.gov) and State rates for mileage (54.0 cents) as a guide unless the organization's policies specify lower rates for these expenses. Out-of-state travel or non-standard fares require special justification.					-	
Out-of-State Travel					\$	-
<u>Title of Trip & Destination such as CDC Conference:</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>		
San Diego, CA Airfare: Cost per trip (origin & destination) x # of trips x # of staff					\$	-
Baggage fee: \$ amount per person x # of trips x # of staff					\$	-
Per Diem: \$ per day per GSA rate for area x # of trips x # of staff					\$	-
Lodging: \$ per day + \$ tax = total \$ x # of trips x # of nights x # of staff					\$	-
Ground Transportation: \$ per r/trip x # of trips x # of staff					\$	-
Mileage: <u>rate per mile</u> x # of miles per r/trip) x # of trips x # of staff					\$	-
Parking: \$ per day x # of trips x <u># of days</u> x # of staff					\$	-
Justification:						
Who will be traveling, when and why, tie into program objective(s) or indicate required by <u>funder</u> .						
If traveling to more than 1 out-of-state destination, copy section above, revise formula in Cell F33 and complete for each trip						
In-State Travel					\$	-
<u>Origin & Destination</u>	<u>Cost</u>	<u># of Trips</u>	<u># of Days</u>	<u># of Staff</u>		
Airfare: cost per trip (origin & designation) x # of trips x # of staff					\$	-
Baggage fee: \$ amount per person x # of trips x # of staff					\$	-
Per Diem: \$ per day per GSA rate for area x <u># of trips</u> x # of staff					\$	-
Lodging: \$ per day + \$ tax = total \$ x <u># of trips</u> x # of nights x # of staff					\$	-
Motor Pool: (\$ car/day + ## miles/day x \$ rate per mile) x # trips x # days					\$	-
Mileage: <u>rate per mile</u> x # of miles per r/trip) x # of trips x # of staff					\$	-
Parking: \$ per day x # of trips x <u># of days</u> x # of staff					\$	-
Justification:						
Who will travel and why						
If traveling to more than 1 out-of-state destination, copy section above, revise formula in F48 and complete for each trip						



Budget Narrative- Operating

Operating costs are cost associated with the operation of providing direct services to victims.

- List and justify tangible and expendable property
 - Office supplies
 - Program supplies

General supplies do not need to be priced individually, but a list of typical program supplies is necessary.



Form 1- Operating

<u>Operating</u>	Total \$
	I: -
<p>List tangible and expendable personal property, such as office supplies, program supplies, etc. Unit cost for general items <u>are</u> not required. Listing of typical or anticipated program supplies should be included.</p>	
Office supplies: \$ Amount x # of FTE staff x # of months	\$ -
Occupancy	\$ -
Communications	\$ -
Rent: \$ per month x 12 months x # of FTE	\$ -
Utilities: \$ per quarter x 4 quarters	\$ -
State Phone Line: \$ per month x 12 months x # of FTE	\$ -
Voice Mail: \$ per month x 12 months x # of FTE	\$ -
Conference Calls: \$ per month x 12 months	\$ -
Long Distance: \$ per month x 12 months	\$ -
Email: \$ per month x 12 months x # of FTE	\$ -
<p><u>Justification:</u> <i>Provide narrative to justify purchase of meals, snacks, large <u>expense</u> or unusual budget items. Include details how budget item supports deliverables of the project.</i></p>	

Budget Narrative- Equipment

- List equipment to purchase or lease costing \$5,000 or more and justify these expenditures
- List any electronics regardless of cost

Equipment that does not directly facilitate the purpose of the project, as an integral component, is not allowed.

Equipment purchased for this project must be labeled, inventoried, and tracked as such.





Form 1- Equipment

<u>Equipment</u>	Total:	\$	-
List Equipment purchase or lease costing <u>\$5,000 or more</u> , and justify these expenditures. Also list any computers or computer-related equipment to be purchased regardless of cost. All other equipment costing less than \$5,000 should be listed under Supplies.			
Describe equipment:	\$	-	

Budget Narrative- Contractual/Consultant Services

- Project workers who are not employees of the applicant organization should be identified here
- Any cost associated with these workers (travel, etc.)
- Explain the need and/or purpose
- Identify and justify these costs

A copy of written agreements with all partners must be provided with the application

Form 1- Contractual/Consultant

Contractual

Total \$

:-

Identify project workers who are not regular employees of the organization. Include costs of labor, travel, per diem, or other costs. Collaborative projects with multiple partners should expand this category to break out personnel, travel, equipment, etc., for each site. Sub-awards or mini-grants that are a component of a larger project or program may be included here, but require special justification as to the merits of the applicant serving as a "pass-through" entity, and its capacity to do so.

Name of Contractor/Subrecipient:

\$

-

Method of Selection: Explain, i.e. sole source or competitive bid

Period of Performance: July 1, 2018 - June 30, 2019

Scope of Work: Define Scope of Work

*Sole Source Justification: Define if sole source method, not needed for competitive bid

Method of Accountability:

Define - Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant's work.

*Add additional Contractor/Subrecipients here with justification or delete this row.

\$

-

Budget Narrative- Other Expenses

- This can include things such as
 - Audit costs
 - Car insurance
 - Client transportation
 - Anything that doesn't fit in the other categories

Form 1- Other Expenses

Other	Total:	\$	-
<p>Identify and justify these expenditures, which can include virtually any relevant expenditure associated with the project, such as audit costs, car insurance, client transportation, etc. Stipends or scholarships that are a component of a larger project or program may be included <u>here</u>, but require special justification.</p>			
Printing Services: \$ amount/month x 12 months	\$		-
Copier/Printer Lease: \$ amount/month x 12 months	\$		-
Property and Contents Insurance per year	\$		-
Car insurance: \$ per month x 12 months	\$		-
Postage: \$ per month x 12 months	\$		-
Audit	\$		-
<p><i>Justification: Include narrative to justify any special budget line items included in this category, such as stipends, scholarships, marketing brochures, or public information. Tie budget piece to project deliverables.</i></p>			

Budget Narrative- Indirect Costs

- Represent the expenses of doing business that are not readily identified with or allocable to a specific grant, contract, project function or activity but are necessary for the general operation of the organization
- Subrecipients without a negotiated indirect rate with their cognizant federal agency may use a 10% de minimis rate
- Subrecipients that have a current federally approved indirect cost rate with their federal cognizant agency **must** include a copy of the negotiated indirect agreement with the application
- It is important to identify indirect costs

Form 1- Indirect Costs

<u>Indirect</u>		Total:	\$	-
<p>Indirect costs represent the expenses of doing business that are not readily identified with a particular grant, contract, project function, or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. This will be a percentage that cannot exceed 10% of Direct Expenses. Note that the formula in Cell F112 will automatically calculate 10%. Applicants may override this formula only to request a lower indirect rate.</p>				
Identify Indirect Expenses	\$	-		
Add more as necessary and adjust formula in F112	\$	-		
to reflect changes.	\$	-		
TOTAL BUDGET		Total:	\$	-

Budget Narrative- Form 2

- Column B should automatically update with the totals from Form 1
- Complete Columns C through G for all other funding sources for this project
- Don't forget to include an explanation of any funding source you list as pending
- Match column should automatically update once you have completed Form 3

Form 2- Budget Summary

FORM 2- Budget Summary (Please complete in "SFY21 Budget Narrative Template" excel file, this version is just for information purposes)

Applicant Name: _____

Form 2

PROPOSED TOTAL AGENCY BUDGET SUMMARY - SFY21
(Form Revised January 2020)

A. PATTERN BOXES ARE FORMULA DRIVEN - DO NOT OVERRIDE

FUNDING SOURCE \$	GMU	Other Funding	Match	TOTAL					
PENDING OR SECURED									
ENTER TOTAL REQUEST	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

EXPENSE CATEGORY

Personnel	\$ -							\$ -	\$ -
Travel/Training	\$ -							\$ -	\$ -
Operating	\$ -							\$ -	\$ -
Equipment	\$ -							\$ -	\$ -
Contractual/Consultant	\$ -							\$ -	\$ -
Other Expenses	\$ -							\$ -	\$ -
Indirect	\$ -							\$ -	\$ -

TOTAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
----------------	------	------	------	------	------	------	------	------	------

These boxes should equal 0	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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Total Indirect Cost	\$ -
Indirect % of Budget	10%

Total Agency Budget	\$ -
Percent of Agency Budget	#DIV/0!

B. Explain any items noted as pending:



Budget Narrative- Form 3

- Looks just like Form 1 but is for your match
- Match is 20% of the total award- to calculate this take the amount you are asking for and divide by 80% and then multiply by 20%
- All funds designated as match are restricted to the same uses as the subaward funds and must be expended within the grant period
- Match can be non-federal funding, donations, volunteers

Award Notification Timeline

Event	Date/Time
Notice of Funding Opportunity announced	January 15, 2021
Questions and Answers posted to DCFS GM webpage	February 3, 2021
Deadline for submission	February 12, 2021
Evaluation period (approximate time frame)	February 15 – March 5, 2021
Announcement of awards	Mid-March, 2021
Performance Period	July 1, 2021 through June 30, 2022

Award Notification: Post-Award

- Notice of Intent to Fund
- Notice of Subaward (NOSA)
- Grant Instructions and Requirements
- Requests for Reimbursements (RFR) Workbooks
- Quarterly Reporting (QR) Workbook

Requests for Reimbursements

- All costs charged to VOCA awards must be reasonable, allowable, and allocable. The DOJ Grants Financial Guide defines ‘reasonable’ as “those costs that a prudent person would have incurred under the circumstances prevailing at the time the decision to incur the cost was made.”
- RFR Coversheet
- Excel Workbook
- Backup Documentation
- DCFS is looking for the 5 C’s
 - Completeness, Correctness, Correlation, Consistency, Comprehensiveness

Compliance

Request for Reimbursements- due on the 15th of each month even if no reimbursement is required

Performance Reports – quarterly reports are due by the 15th of the month following the end of the reporting quarter

On-Site Monitoring - DCFS conducts routine on-site monitoring to provide ongoing technical support to subrecipients

Compliance with Changes to Federal and State Laws

- Subrecipients are required to respond to and adhere to any and all new regulations and requirements
- Adherence to Federal Civil Rights obligations

Nevada 2-1-1

- Subrecipients are required to add or update agency's profile on Nevada's 2-1-1 website www.nevada211.org within 60 days after receiving notification of award





Questions?





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