**ATTACHMENT B**

**Victims of Crime Act (VOCA)**

**APPLICATION KIT**

Release Date: Friday April 27, 2018

**Submission Deadline Date and Time:**

**Tuesday May 22, 2018**

For additional information, please contact:

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**COVERSHEET**

**Victims of Crime Act (VOCA)**

**July 1, 2018 through June 30, 2019**

Applicant Agency:

Physical Address:

Mailing Address:

Website?  Yes Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No

Contact Person:

Phone Number:

Email Address:

DUNS Number:

CCR Registered:  Yes (Attach Verification, if available)  No

**Geographic Area to be Served:  Clark County  Washoe County  Rural (County)\_\_\_\_\_\_\_**

**Victim Populations to be served: Specify % percentage of services by population/client**

Sexual Assault \_\_\_\_\_\_\_\_\_\_\_  Domestic Violence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Abuse \_\_\_\_\_\_\_\_\_\_\_\_\_  All Other Victims of Crime \_\_\_\_\_\_\_\_\_\_\_

Previously Underserved Populations

Children and Minors \_\_\_\_\_\_\_\_\_\_\_

Immigrants \_\_\_\_\_\_\_\_\_\_\_\_\_

People with Disabilities \_\_\_\_\_\_\_\_\_\_

Elderly \_\_\_\_\_\_\_\_\_\_\_

LGBTQIA2 \_\_\_\_\_\_\_\_\_\_\_

Tribal Communities \_\_\_\_\_\_\_\_\_\_\_

Homeless \_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Mission Statement:

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding History / Request** | | | |
| **Funds** | **SFY 18 Award** | **SFY19 Request** | **Difference** |
| **Victims of Crime Act (VOCA)** | $ | $ | $ |

**Checklist for:**

**Victims of Crime Act (VOCA)**

(Please compile your application in the following order)

Coversheet

Completed Checklist

Project Narrative

Program Evaluation

Cost Effectiveness of the Project

Potential for Ongoing Sustainability of the Project

Description of Services, Scope of Work and Deliverables

Vicarious Trauma

Staff Qualifications and Job Descriptions

Community Coordination / Collaboration

Budget Narrative

Agency Self-Assessment

Confidentiality Policy

Confidentiality Release Form

Organizational Chart

List of Board or Governing Body with Officers’ Affiliations and Terms

Most recent completed Independent Audit / Financial Opinion

Current Memorandums of Understanding

**Signed Assurances and Agreements and Certifications:**

Section A - Assurances and Certification

Section E - Audit Information Request

Section F - Notification of Utilization of Current or Former State Employees

Section G - Business Associate Addendum

Section H – Victims of Crime Assurance

**Copies of Insurance Coverage (not applicable to local government agencies):**

General Liability

Worker’s Compensation

Professional Liability

Fire Insurance

Vehicle Liability

Other Insurance Policies

One (1) electronic copy plus one (1) original copy

**Project narrative**

**(Length = 12 page maximum, 12-point font, single-spaced)**

Insert text here.

**Program evaluation**

**(Length = 2 page** **maximum, 12-point font, single-spaced**).

Insert text here.

**Cost effectiveness of the project**

**(Length = 2 page** **maximum, 12-point font, single-spaced**).

Insert text here.

**Potential for ongoing sustainability of the project**

**(Length = 1 page** **maximum, 12-point font, single-spaced**).

Insert text here.

**ATTACHMENT C**

**Budget Narrative Instructions**

**All applications must include a detailed project budget for the grant. The budget should be an accurate representation of the funds needed to carry out the proposed Scope of Work and achieve the projected outcomes for SFY19. If the project is not fully funded, the GMU will work with the applicant to modify the budget, the Scope of Work and the projected outcomes.**

Applicants **must** use the budget template form (Excel file) provided for downloading in the Budget Section of the online application. Use the budget definitions provided in the “Categorized Budgets” section below to complete the narrative budget (spreadsheet tab labeled Budget Narrative 1). This spreadsheet contains formulas to automatically calculate totals and links to the budget summary spreadsheet (tab labeled Budget Summary) to automatically complete budget totals in Column B. **Do not override formulas**.

**Personnel:**

Employees who provide direct services are identified here. The following criterion is useful in distinguishing employees from contract staff.

|  |  |
| --- | --- |
| CONTRACTOR | EMPLOYEE |
| Delivers product | The applicant organization is responsible for product |
| Furnishes tools and/or equipment | The applicant organization furnishes work space & tools |
| Determines means and methods | The applicant organization determines means and methods |

In the narrative section, list each position and employee name, if know. Provide a breakdown of the wages or salary and the fringe benefit rate (e.g., health insurance, FICA, worker’s compensation). For example:

Program Director – ($28/hour x 2,080/year + 22% fringe) x 25% of time = $17,763

Intake Specialist – ($20/hour x 40 hours/week + 15% fringe) x 52 weeks = $47,840

Only those staff whose time can be traced directly back to the grant project should be included in this budget category. This includes those who spend only part of their time on grant activities. All others should be considered part of the applicant’s indirect costs (explained later).

\*\*Administrative/Executive Staff salaries will not be allowed.

**Staff Travel/Per Diem:**

Travel costs must provide direct benefit to this project. Identify staff that will travel, the purpose, frequency, and projected costs. U.S. General Services Administration (GSA) rates for per Diem and lodging, and the state rate for mileage (currently 54.5 cents), should be used **unless** the organization's policies specify lower rates for these expenses. Local travel (i.e., within the program’s service area) should be listed separately from out-of-area travel. Out-of-state travel and nonstandard fares/rates require special justification. GSA rates can be found online at

<https://www.gsa.gov/portal/category/26429>.

**Supplies:**

List and justify tangible and expendable property, such as office supplies, program supplies, etc., that are purchased specifically for this project. Generally, supplies do not need to be priced individually, but a list of typical program supplies is necessary. If food is to be purchased for shelters, detail must be provided that explains how the food will be utilized to meet the project goals.

**Equipment:**

List equipment to purchase or lease costing $1,000 or more and justify these expenditures. Also list any computer hardware to be purchased regardless of cost. All other equipment costing less than $1,000 should be listed under Supplies. 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.

**Contractual/Consultant Services:**

Project workers who are not employees of the applicant organization should be identified here. Any costs associated with these workers, such as travel or per diem, should also be identified here. Explain the need and/or purpose for the contractual/consultant service. Identify and justify these costs. For collaborative projects involving multiple sites and partners, separate from the applicant organization, all costs incurred by the separate partners should be included in this category, with subcategories for Personnel, Fringe, Contract, etc. Written sub-agreements must be maintained with each partner, and the applicant is responsible for administering these sub-agreements in accordance with all requirements identified for grants administered under the DCFS. A copy of written agreements with all partners must be provided. Scan these documents along with the budget into one file to attach to the application.

**Training:**

Identify and justify any training costs specifically associated with the project, include type of training, location, # attending, benefit to subrecipient and implementation of a subaward.

**Other Expenses:**

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. Sub-awards, mini-grants, stipends, or scholarships 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. If there is insufficient room in the narrative section to provide adequate justification, please add a third tab to the budget template for that purpose.

**Indirect Costs:**

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 and the conduct of activities it performs. Indirect costs include, but are not limited to: depreciation and use allowances, facility operation and maintenance, memberships, and general administrative expenses such as management/administration, accounting, payroll, legal and data processing expenses that cannot be traced directly back to the grant project. Identify these costs in the narrative section, but do not enter any dollar values. The form contains a formula that will automatically calculate the indirect expense at 10% of the total direct costs.

**Budget Summary Form 2**

After completing Budget Narrative Form 1, turn to Budget Summary Form 2. Column B of Form 2 (“DCFS”) should automatically update with the category totals from Budget Narrative Form 1. Column B should reflect only the amount requested in this application.

Complete Columns C through G of the form for all other funding sources that are either secured or pending for this project (not for the organization as a whole). Use a separate column for each separate source, including in-kind, volunteer, or cash donations. Replace the words “Other Funding” in the cell(s) in Row 6 with the name of the funding source. Enter either “Secured” or “Pending” in the cell(s) in Row 7. If the funding is pending, note the estimated date of the funding decision in Section B below the table, along with any other explanation deemed important to include.

Enter the “Total Agency Budget” in Cell I-26 labeled for this purpose. **This should include all funding available to the agency for all projects including the proposed project**. Cell I-27 directly below, labeled “Percent of Total Budget,” will automatically calculate the percentage that the funding requested from the DCFS for the proposed project will represent.

**Budget Summary Form 3**

After completing Budget Narrative Forms 1 and 2, turn to Budget Summary Form 3. Budget Form 3 should include Match Information. Identify and justify match of 20% of the subaward if applicable to the grant source. All funds designated as match are restricted to the same uses as the subaward funds and must be expended within the grant period.

**ATTACHMENT D**

**SECTION B**

**Description of Services, Scope of Work and Deliverables**

\*In some instances, it may be helpful / useful to provide a brief summary of the project or its intent. This is at the discretion of the author of the subaward. This section should be written in complete sentences.

Subrecipient’s name, hereinafter referred to as Subrecipient, agrees to provide the following services and reports according to the identified timeframes:

\*\*\*Include projected service numbers

**Scope of Work for Subrecipient**

**Goal 1:** Describe the primary goal the program wishes to accomplish with this subaward.

| **Objective** | **Activities** | **Due Date** | **Documentation Needed** |
| --- | --- | --- | --- |
| 1.  2. Add more lines if necessary | 1.  2. | XX/XX/XX  XX/XX/XX | 1.  2. |

**Goal 2:** Describe the most important secondary goal the program wishes to accomplish with this subaward.

| **Objective** | **Activities** | **Due Date** | **Documentation Needed** |
| --- | --- | --- | --- |
| 1. | 1. | XX/XX/XX | 1. |
| \*Note to preparer: Add lines to the table as applicable to accomplish all that goals of the subaward. Line up activities, due dates and documentation as best as possible for easier analysis. | | | |

Note: This document should not contain any red text when completed.

**ATTACHMENT E**

**Staff Qualifications and Job Descriptions**

Provide a brief job description,including required qualifications, education and experience of staff for whom funding is being requested out of VOCA, by completing the table below. Please be sure to identify the funding source(s) for each proposed position.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Source** | **Position Title** | **Required Qualifications** | | **Brief Job Description** |
| **Education** | **Experience** |
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**ATTACHMENT F**

**Community Coordination / Collaboration**

List all agencies that your program coordinates / collaborates with and describe the coordination of activities. DCFS reserves the right to contact the agencies listed. Remember to include a copy of your Memorandums of Understanding.

|  |  |  |
| --- | --- | --- |
| **Agency Name** | **Contact Name**  **and Phone Number** | **Describe Coordination of Activities** |
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