Application Checklist

Print and sign the completed application. Complete this checklist prior to scanning/submitting.

Section I: Application Form
- ☐   All boxes are checked to indicate the correct answer.
- ☐   All fields are completed according to instructions.
- ☐   Certification is signed.

Section 2: Proposal Narrative
- ☐   All fields are completed according to instructions.

Section 3: Scope of Work
- ☐   Complete Scope of Work

Section 4: Budget
- ☐   Numbers in the *Proposed Project Budget* match numbers in the *Budget Narrative*.
- ☐   Completed Budget Narrative (All three tabs)

Section 5: Agency Self-Assessment
- ☐   All boxes are checked to indicate the correct answer.
- ☐   All fields are completed according to instructions.

Section 6: Past Performance with DCFS Grant Management Unit
- ☐   Attached most recent Single Audit, or 990

Section 7: Application Attachments
- ☐   Included copies of licenses of licensed personnel (including contractors)
- ☐   Included Letters of Collaboration you have for community collaboration
- ☐   Included a copy of completed Scope of Work
- ☐   Included a copy of completed "SFY24 Budget Narrative" all three (3) tabs
- ☐   Included a copy of the Federally Negotiated Indirect Agreement (if applicable)

Application Submission
- ☐   A PDF will be emailed to **DCFSGRANTS@DCFS.NV.GOV** with all required documentation no later than Friday, January 27, 2023, by 5:00 p.m. PST

Application Form

Please complete each item. Add extra rows if more space is needed to provide complete response.

Applicant Organization

Agency Name	
Mailing Address	
City & State, Zip (9-digit)	
Physical Address	
City & State, Zip (9-digit)	
Federal Tax ID # (EIN)	
SAM UEI Number	

Organization Type
☐ For-Profit ☐ 501(c)(3) Nonprofit ☐ Government Agency
☐ Tribal ☐ University or College

Geographic Area of Service (Check applicable boxes & provide brief narrative of service area) If you provide services in states other than Nevada, include numbers or percentages served by state.

☐ City ☐ County ☐ Region ☐ Statewide	

Victim Populations to be served: Specify (%) percentage of funding requested for services by population/client. Only services that are specific to a federal priority category should be included. All services not specific to the federal priority category should be included in the "ALL other Victims of Crime" category.

Victim Population	% Of Funding (Must Total 100%)	Victim Population	% Of Funding (Must Total 100%)
☐ Child Abuse ☐ Domestic Violence ☐ Sexual Assault		☐ Underserved Populations 　☐ Children and Minors 　☐ Immigrants 　☐ Elderly 　☐ People with Disabilities 　☐ LGBTQIA2+ 　☐ Tribal Communities 　☐ Homeless	
☐ All other Victims of Crime		**Total**	

Funding Request

Funding	SFY 23 Award	SFY 24 Request	Difference
Victims of Crime Act (VOCA)			

If you are requesting more funding on this application than you received for SFY23, please briefly describe how the increased funding will be used. Due to declining funds, any increase will need to have exceptional justification provided to be considered. (250 word maximum)

Purpose of Request
Briefly describe the project/purpose for which you are requesting VOCA funding (250 word maximum)

Program Point of Contact

Name		Title	
Phone		Email	

Fiscal Officer

Name		Title	
Phone		Email	

Subcontracting of Services
Does your organization subcontract its services? ☐ Yes   ☐ No

Subcontractor	
Mailing Address	
Physical Address	
City & State, Zip (9-digit)	
Federal Tax ID #	(xx-xxxxxxx)

Current Funding: List all funding sources for your agency. To qualify for VOCA funding your agency must receive at least 25% of its funding from non-federal sources. 28 C.F.R 94.112(b)

Funding	Type (Federal, State, Private, Etc.)	Project Period End Date	Amount Awarded ($)

Key Personnel

Name	Title

L. Certification by Authorized Official

As the authorized official for the applying agency, I certify that the proposed project and activities described in this application meets all requirements of the Victims of Crime Act (VOCA) legislation governing the grant as indicated by the Division of Child and Family Services (DCFS) and the certifications in the Application Instructions; that all the information contained in the application is correct; that the appropriate coordination with affected agencies and organizations, including subcontractors, took place; that this agency agrees to comply with all provisions of the applicable grant program and all other applicable federal and state laws, current or future rules, and regulations. I understand and agree that any award received as a result of this application is subject to the conditions set forth in the Notice of Subaward and accompanying documents.

Name (type/print)

Phone

Title

Email

Signature

Date

Proposal Narrative

1. Overview:
   1) Provide Organization's mission statement.
   2) Introduce the applicant organization and its role in providing services, including any subcontractor(s) as necessary.
   3) Explain staffing changes during the past fiscal year.
   4) Provide three (3) brief examples of the organization's successes.
   5) Describe the organization's desired goals and outcomes with service numbers. (10,000 characters maximum)

2. Statement of Need:
    1) Establish the degree of need of VOCA services within the geographic area using service numbers from your agency. If a new agency, provide anticipated service numbers including data to support those numbers.
    2) Identify the targeted population and explain how the target population would benefit from the proposed project using service numbers from your agency. If a new agency, provide anticipated service numbers including data to support those numbers.
    3) If demand for services currently exceeds organization capacity, explain in what specific ways.
    (8,000 characters maximum)

3. Services Proposed:
   1) Identify what services will be provided.
   2) Explain how your agency will ensure that services are accessible to all populations, how the needs of your clients will be assessed, and how services will be individualized, victim-centered, and trauma-informed.
   3) Describe your agency's approach to direct service delivery and how it meets the needs of the client.
   4) If you are already providing the proposed services in the proposed community/ communities, indicate whether there is a waiting list for the proposed services and provide the average length of wait and the number of prospective clients on the list.
      (8,000 characters maximum)

4. Goals and Objectives:
    1) Describe the organization's goals and objectives to meet the geographic area's needs
    2) Provide the projected number of services that will be provided with these grant funds.
    3) Describe the plan to achieve the outlined goals and objectives. Include how, who, where, and when these goals and objectives will be achieved.
    4) Explain what measurements will be used to report on the program's success.
*Note that these projections must match the Scope of Work and Budget Narrative. *
    (10,000 characters maximum)

5. Availability and Accessibility of Services:
   1) Detail the availability of services within the organization's geographic area.
   2) Identify other organizations providing similar services and describe why duplication of services is warranted.
   (8,000 characters maximum)

6. Community Coordination/Collaboration:
1) Which of the following do you collaborate with in your region?

☐CASA Program
☐Child Advocacy Center (CAC); Which one(s)? _____
☐Dept. of Health and Welfare; Which dept(s)? _____
☐Hospitals/SANE nurses
☐Local Law Enforcement; Which agencies? _____
☐Multi-Disciplinary Teams; List: _____
☐Offender Intervention Programs
☐Other Victim Service Agencies; Which one(s)?

_____
☐Prosecutors; Who? _____
☐Public Schools
☐Colleges/Universities
☐Regional Housing Coalition
☐Victim Witness Coordinators
☐Other: _____
☐Other: _____
☐Other: _____
☐Other: _____

2) Provide a brief description of your collaboration and collaborative efforts.
3) If you do not currently collaborate with other victim service providers, please identify which ones, and explain why not.
(8,000 characters maximum)
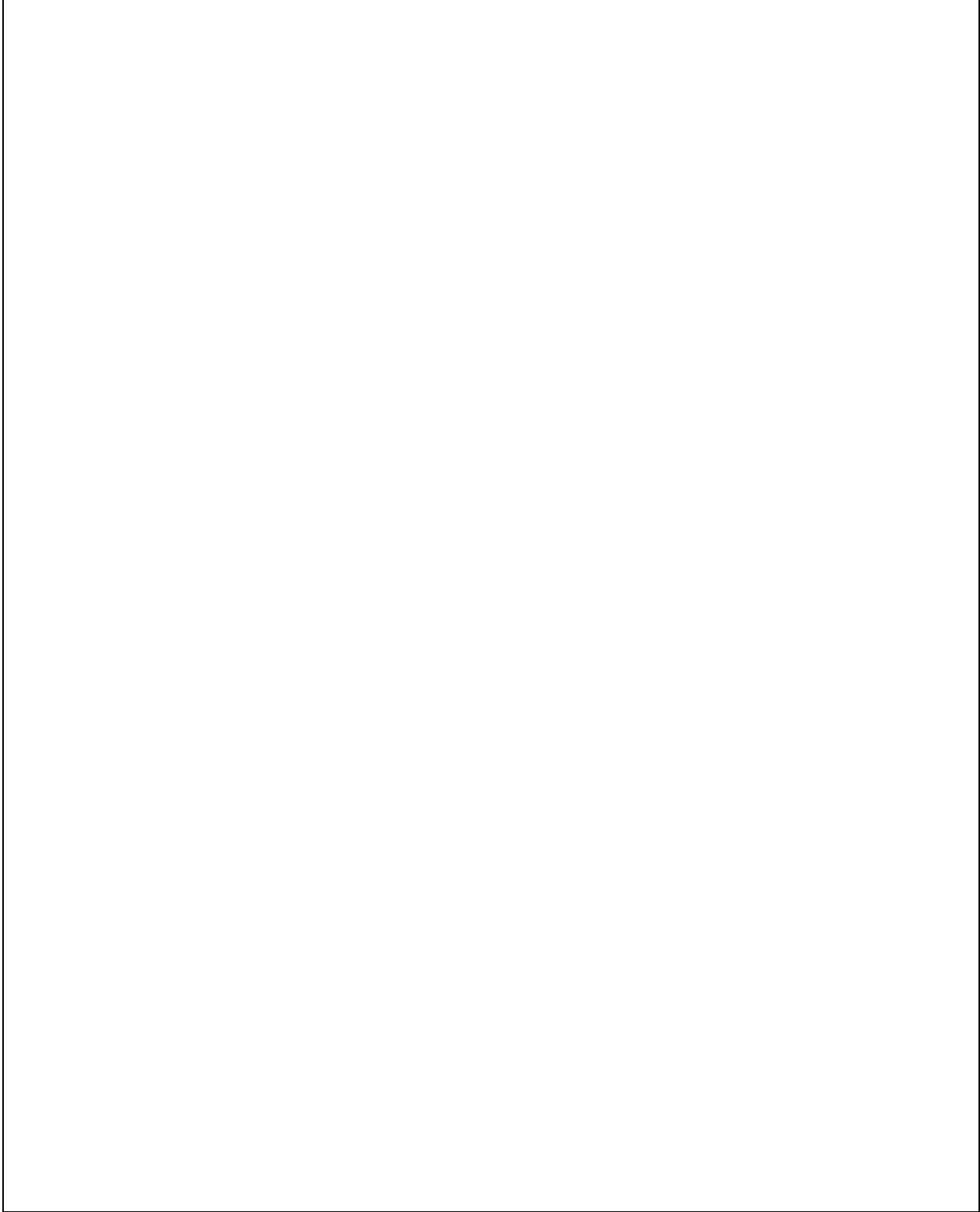
7. Vicarious Trauma:
    1) Describe what services or strategies will be utilized to address vicarious trauma involving direct service providers such as your agency's advocates.
       (8,000 characters maximum)

8. Sustainability:
   1) Describe fundraising activities undertaken during the past twelve months.
   2) Explain planned fundraising activities for SFY23, including your funding goal.
   3) Describe your agency's sustainability plan outside of VOCA funding that supports sustainability, including diverse funding resources, staff commitments, and longevity of the organization.
   (8,000 characters maximum)

Scope of Work

INSTRUCTIONS: Scope of Work (SOW) Table

The Purpose of the Scope of Work (SOW) Table is to provide a clear and concise description of the services that will be provided with this grant funding. This description needs to contain measurable deliverables so that the Grant Management Unit staff can objectively measure if the program met its goals.

How to Complete the SOW Table:

1. Replace the red text that says "Subrecipient's Name" with the name of your agency/ organization in the sentence under the document name. Please note that this should be the name on your application.
2. Replace the red text that says "Subrecipient Name" with the name of your agency/organization in the "Scope of Work for Subrecipient Name" line of the document. Please note that this should be the name on your application.
3. Determine how many goals the program funded with this grant will have. You will need to have one Goal Statement and Table with details for each Goal.
    a. If your program has only one goal, delete the second goal statement and table from the template form
    b. If your program has more than two goals, copy the goal statement and table and paste it below the second table. Remember to change the numbering. Repeat this until you have the correct number of goals for your program.
4. Type the first goal statement for your program above the first table after where it says, "Goal 1:" See below for more details on the differences between a goal, an objective, and an activity.
5. Determine the Target Number of the objective(s) you are going to provide to meet your goal. Example below.
6. Determine the Objective(s) that will show how your agency is going to demonstrate that it met its goal and type them in the first column of the table labeled Objectives.
    a. Number each objective in the table.
    b. Each goal must have at least one objective.
    c. Objectives need to be specific and measurable. This means that they most likely will have a number in them.
7. Put the target number for each objective in the column labeled "Target Number"
    a. These should be numbered to match the number of the objective that they are connected to.
8. Determine the Activities that the agency/organization will need to complete to accomplish the objective.
    a. Each Objective must have at least one activity.
    b. Number each activity with the number of the objective that it applies to then point and the number of the activity. Example: If the first objective had three activities, they would be numbered 1.1, 1.2., 1.3, then the second objective had two activities, they would be numbered 2.1, and 2.2.
9. Determine the amount of time it will take to accomplish each objective. This can be any period between the start and end date of the grant year but not exceed the grant year.
    a. This is just the end date, not a range and should not be "continuing."
    b. These should line up with each objective in the table.

10. Determine the documentation needed to measure the objectives and activities to show that they were completed. This documentation may be reviewed by request of the Grant Management Unit.
   a. The numbering of the documentation should match the objective that the documentation will support.

Determining the Difference between Goals, Objectives, and Activities

Goal: The object of the agency's ambition or effort; and aim or desired result. This is a very broad statement on what your agency plans to do with this funding. It should establish the big picture and include the target population and what benefits/assistance they will receive.

Objective: A concrete, measurable milestone on the way to achieving the goal they relate to.

Activity: Things that happen or are being done to accomplish the objective they relate to.

Documentation: Material that provides official information or evidence or serves as a record of the activities and objectives being completed.

Scope of Work (SOW) Table

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

Scope of Work for Subrecipient name

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

Target Number	Objectives	Activities	Due Date	Documentation Needed for Measurement
1. Total number, not percentage, of victims, training, or classes you hope to achieve in your objective 1. 2. Total number, not percentage, of victims, training, or classes you hope to achieve in your objective 2.	1. These are specific objectives that need to be made to achieve the Goal. These need to be measurable. 2.	1.1 These are the activities that can or need to be accomplished to achieve the Objectives 2.1	1. 2.	1. What documentation do you have to show this objective was accomplished? How will you measure the information to show the objective is being met? 2.

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

Target Number	Objectives	Activities	Due Date	Documentation Needed for Measurement
1. 2.	1. 2.	1.1 2.1	1. 2.	1. 2.

Note: This document should not contain any red text when completed.
Note to Preparer: Add lines to the table as applicable to accomplish all the goals of this subaward. Line up activities, Target Number, documentation, and measurements as best as possible for easier analysis.

Budget

Proposed Project Budget

Category	Total Requested ($)
Personnel	
Travel/Training	
Operating	
Equipment	
Contractual/Consultant	
Other	
Indirect	
Total Funding Requested ($)	

Remember to also submit your completed SFY24 Budget Narrative.

Agency Self-Assessment

Section A: GENERAL INFORMATION	
Organization Name	
Fiscal Point of Contact	Name: Title: Address: Phone: Email: Fax:
Program Point of Contact	Name: Title: Address: Phone: Email: Fax:
Organization Info	DUNS #: EIN #: URL: State Vendor #: # of Employees: Registered with SAM.gov? ☐ YES ☐ NO Expiration Date: _____ Is your organization or its principles presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from transactions by any federal department or agency? ☐ YES ☐ NO (If yes, please skip the rest of questionnaire, sign, and return)

1. Type of Organization (check all that apply):

☐ University ☐ Foundation ☐ Private, Non-Profit ☐ Private, For-Profit
☐ Government Entity – City ☐ Government Entity – District ☐ Government Entity – County
☐ Government Entity – State ☐ Other: _____

2. Organizational Fiscal Year (Month and Year):

3. Name of Cognizant Federal Agency (if applicable):   Approved Indirect Rate:

4. Approximate total organization-wide annual operating budget:

	Previous Fiscal Year	Current Fiscal Year
Federal Funds	$_____	$_____
Non-Federal Funds	$_____	$_____

5. Did your organization expend more than $750,000 in Federal funds combined? ☐ YES ☐ NO

6. Have your organizations' annual financial statements been audited by an independent audit Firm?
☐ YES ☐ NO

7. Has your organization received funds for activities which are similar to, or the same as the currently proposed
☐ ☐

8. Has your organization managed federal or state funds in the last 5 years? ☐ YES ☐ NO

9. Organization Director has been in place for:			
☐ Less than 1 year	☐ 1-2 years	☐ 3-5 years	☐ 5+ years

10. Fiscal key personnel have been in place for:			
☐ Less than 1 year	☐ 1-2 years	☐ 3-5 years	☐ 5+ years

11. Program key personnel have been in place for:			
☐ Less than 1 year	☐ 1-2 years	☐ 3-5 years	☐ 5+ years

12. Certify that checked policies and procedures exist within your organization:

☐ Personnel (including Time and Attendance, Pay Rate & Benefits, Time and Effort, Discipline and Conflict of Interest)
☐ Travel   ☐ Financial Management (including Purchasing, Receivables, and Payables) ☐ Internal Controls
☐ Equipment & Inventory   ☐ All National Policy Regulations (i.e., Civil Rights, Disability etc.)

Section B: BUDGET FORMATION & ADMINISTRATION

1. Does the organization have an operating budget for each of its grants? (UG §200.302)   ☐ YES   ☐ NO

2. Who are the people responsible for developing and reviewing the budget(s) for your organization?

Names and titles:

3. Does the organization have fiscal controls that result in (UG §200.303):

    a.   Control of expenditures within the approved operating budget?   ☐ YES   ☐ NO
    b.   Management review and approval prior to issuing budget amendments or incurring obligations or
        expenditures that deviate from the operating budget?   ☐ YES   ☐ NO

4. Is there timely, periodic financial reporting to management that permits (UG §200.308):
    a.   Comparison of actual expenditures with the budget for the same period? ☐ YES   ☐ NO
    b.   Comparison of revenue estimates with actual revenue (including program income, if applicable) for the
        same period?   ☐ YES   ☐ NO

5. Is the responsibility for maintain budget control established at all appropriate levels? ☐ YES   ☐ NO

6. What steps are taken if projected revenues were insufficient to cover actual expenditures?

Describe:

Section C: INTERNAL CONTROLS

1. Describe your organization-wide segregation of responsibilities in context of checks and balances and advise   where they reside within your policies or procedures regarding segregation of responsibilities:

2. Are specific officials designated to approve payrolls and financial transactions at various dollar levels?
☐ YES   ☐ NO

3. Do the procedures for cash receipts and disbursements include the following safeguards:
    a.   Receipts are promptly logged, restrictively endorsed, and deposited in an insured bank account.
☐ YES   ☐ NO
    b.   Bank statements are promptly reconciled to the accounting records and are reconciled by someone other than
        the individual(s) handling cash, disbursements and maintaining accounting records.
☐ YES   ☐ NO
    c.   All disbursements (except petty cash and electronic disbursements) are made with pre-numbered
        checks. ☐ YES   ☐ NO

d. Supporting documents (e.g., purchase orders, invoices, etc.) accompany the checks submitted for signature, and are marked paid or otherwise prominently noted after payments are made.
☐ YES   ☐ NO

e. Checks drawn to "cash" and advance signing of checks are prohibited. ☐ YES   ☐ NO

f. Multiple signatures are required on checks. ☐ YES   ☐ NO

4. Are individuals of trust required to take leave and delegate their duties to others while on leave?
☐ YES   ☐ NO

Section D: ACCOUNTING

1. Does the organization have written accounting policies and procedures to assure uniform practice in the

a.	Procurement	☐ YES	☐ NO
b.	Contract Administration	☐ YES	☐ NO
c.	Payroll	☐ YES	☐ NO
d.	Records to justify costs of salaries and wages	☐ YES	☐ NO
e.	Inventory	☐ YES	☐ NO
f.	Vendor payments	☐ YES	☐ NO
g.	Federal draws	☐ YES	☐ NO
h.	Grants budgeting and accounting	☐ YES	☐ NO
i.	Cash management	☐ YES	☐ NO
j.	Audit resolution	☐ YES	☐ NO
k.	Cash receipts	☐ YES	☐ NO
l.	Disbursements	☐ YES	☐ NO
m.	Records retention	☐ YES	☐ NO

2. Does the organization use the same policies and procedures for accounting for and expending federal funds as   it does for its organization funds?   ☐ YES   ☐ NO

3. Are all appropriate accounting staff trained on current federal policies, procedures, and instructions on accounting for and expending federal funds?   YES   NO

4. What accounting system does your organization use (e.g. QuickBooks, Peachtree, Socrates Media or custom)?

Describe:

How long it has been in use:

5. Which accounting basis is used by your organization?   ☐ Cash basis   ☐ Accrual basis   ☐ Modified Accrual

6. Are grant funds accounted for separately in your financial management system?   YES   NO

Describe.

7. Does your organization use a chart of accounts and accounting manual? ☐ YES   ☐ NO

8. For each grant, does the accounting system provide the following information:

a.	Authorizations	☐ YES	☐ NO
b.	Obligations	☐ YES	☐ NO
c.	Funds received	☐ YES	☐ NO
d.	Program income	☐ YES	☐ NO
e.	Subawards	☐ YES	☐ NO
f.	Outlays	☐ YES	☐ NO
g.	Unobligated balances	☐ YES	☐ NO

9. Are obligation records by:

a.	Funding source	☐ YES	☐ NO
b.	Object codes	☐ YES	☐ NO

10. Are accounting records supported by source documentation (e.g., canceled checks, paid bills, payrolls, contract and subaward documents, etc.)   YES   NO

11. Are purchasing and payment functions separate? ☐ YES ☐ NO

12. Do accounting staff review the following items prior to entry into the system:
a. Authorizations ☐ YES ☐ NO b. Purchase Orders ☐ YES ☐ NO c. Payments ☐ YES ☐ NO

13. Are there controls to preclude:
a. Over-obligation ☐ YES ☐ NO b. Under-or overstatement of unliquidated obligations ☐ YES ☐ NO c. Duplicate payments ☐ YES ☐ NO d. Inappropriate charges to grants ☐ YES ☐ NO

14. Does the organization have effective control over, and accountability for, all funds, property, and other assets?   The organization must adequately safeguard all assets and assure they are used solely for authorized purposes (UG   §200.302) ☐ YES ☐ NO

15. Does the organization reconcile bank statements (at least) monthly?   YES   NO

16. Are vouchers or supporting documents identified by grant, number, date, and expense classifications?   YES   NO

17. Are checks submitted for signature accompanied by supporting documents?   YES   NO

18. Are invoices and vouchers approved in advance by authorized officials, prior to payment?   YES   NO

19. For credit cards:
a. Does the bank provide the subrecipient with a list of credit-card users? ☐ YES ☐ NO b. Are the balances of credit cards capped? ☐ YES ☐ NO c. Are credit card purchases used for business purposes only? ☐ YES ☐ NO