

Organization:

2017-VOCA

Version Date:

Pre-Application Instructions

GRANT PURPOSE

The purpose of the Victims of Crime Act (VOCA) grant is to provide direct services to victims of crime. Services are defined as those efforts that (1) respond to the emotional and physical needs of crime victims; (2) assist primary and secondary victims of crime to stabilize their lives after a victimization; (3) assist victims to understand and participate in the criminal justice system; and (4) provide the victims of crime with a measure of safety and security.

What's new in VOCA(click here)

Allowable and Unallowable Costs

Please click on this link for detailed information on Allowable and Unallowable Costs: **Allowable and Unallowable Costs**

Chart of Accounts(click here)

ELIGIBILITY REQUIREMENTS To be eligible for funding from the VOCA grant, an applicant must be one of the following:

- A state agency
- A unit of local government (i.e., city, county)
- A tribal government
- A non-profit agency

DUNS NUMBER

All applicants are required to include a DUNS (Data Universal Numbering System) number in their application. A DUNS number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving Federal funds. Obtaining a DUNS number is free and applications should be made immediately. To obtain a DUNS number or to see if the applicant agency already has a DUNS number, call 1-866-705-5711 or go to <http://fedgov.dnb.com/webform>. **Applications without a DUNS number will not be reviewed.**

SYSTEM FOR AWARD MANAGEMENT

All VOCA grant recipients must be registered in the System for Award Management (SAM) database (formerly Central Contracting Registry or CCR). The SAM database is the repository for standard information about federal financial assistance applicants, recipients, and subrecipients. Organizations that have previously submitted a VOCA application or applications via Grants.gov are already registered with SAM, however you must keep your registration current. When registering, do not select the opt-out of public search feature.

Updating your registration must be done annually! Information about registration procedures can be accessed at

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<https://www.sam.gov>. Registration in SAM must be completed prior to the start of the project period. This process can take time, so start early!

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PROGRAM PURPOSE AREAS

The nine-member VOCA Board has the authority to award funds to various programs in order to meet the needs of all crime victims; however at least 40% of VOCA funding must go to the following purpose areas:

Minimum of % of awarded funds	Description
10%	Programs that support Child Abuse victims.
10%	Programs that support Domestic Violence victims.
10%	Programs that support Sexual Assault victims.
10%	Programs that support Under Served victims.

Under served victimization includes, but is not limited to: federal crime victims, homicide survivors, assault victims, robbery victims, gang violence, hate/bias crimes, DUI, bank robbery, economic exploitation/fraud, elder abuse, residents of rural areas or inner cities, non-English speaking individuals, hearing impaired individuals, persons with disabilities, American Indians, and migrant workers.

TIMELINE

The VOCA grant is a yearly, competitive grant. For the 2017 grant year, the award cycle will run for 12 months: October 1, 2017 - September 30, 2018.

FINANCIAL AND PROGRAMMATIC REPORTINGVOCA recipients will be expected to submit the following information:

- Monthly expenditure and draw down reports
- Quarterly financial reports
- Quarterly programmatic reports (population demographics, types of victimization, and services provided)

MATCH REQUIREMENT

VOCA recipients are required to match the federal award by 25% using cash, in-kind, or a combination. American Indian tribes are not required to match the federal award. If Match is a barrier to applying for VOCA funding, the VOCA Board and the Office for Victims of Crime may elect to waive the Match requirements for certain applicants.

DEADLINE FOR SUBMISSION OF AN APPLICATION

VOCA grant applications are due to the District Attorneys Council on March 3, 2017. Late applications will not be accepted nor considered by the

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VOCA board.

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Applicant Information

Type of Application

Currently Receiving VOCA Funds Not Currently Receiving VOCA Funds
Number of Years Funded by VOCA 31
Existing subrecipient requesting new project?

Have you had a change in:

Project Director Finance Officer
No

Program Title

Organization Name

Street Address

City

State Oklahoma

Zip

Mailing Address (if different)

City

State Oklahoma

Zip

Area Code/Phone Number

Area Code/Fax Number

Web Address

Organization:

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Applicant Information

Authorizing Official

Title

Address

City

State Oklahoma

Zip

Area Code/Phone Number

Area Code/Fax Number

E-mail Address

Organizator:

Applicant Information

Project Director

Title

Address

City

State Oklahoma

Zip

Area Code/Phone Number

Area Code/Fax Number

E-mail Address

Applicant Information

Organization:

Finance Officer

Title

Address

City

State Oklahoma

Zip

Area Code/Phone Number

Area Code/Fax Number

E-mail Address

Organization

Applicant Information

Type of Organization	Public Agency Tribal ✓ Non-Profit	State Local Gov't Faith-Based	CASA Child Advocacy Center DA's Office Law Enforcement
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Federal Employer I.D. #

DUNS Number

Are you currently registered with SAM? ✓ Yes In Process No

Attach proof of registration or process of registration on the Required Attachments page (<https://www.sam.gov/>). If you fail to register with SAM or start the registration process prior to the application deadline, your grant application may not be considered.
https://grants.ok.gov/_Upload/448837-SAMverification17.18.pdf

Current Service Area
(Counties Served)

Population 106,917

Proposed Service Area
(Counties Served)

Population 106,917

How long has the organization served crime victims? · years

Program Narrative**State the Problem**

Please provide a written statement that comprehensively describes the problem to be addressed with the requested crime victims assistance funds. Supportive statistical information, such as existing and projected caseloads, incidences of crimes, etc., should be provided whenever possible. If more than one problem exists that you wish to address, please set priorities. If project focuses on meeting the needs of previously underserved victims of violent crime, please provide an assessment of how you identified this group as "underserved."

Succinctly stated, the problem we seek to resolve is lack of access to adequate funds from other sources that will allow _____ the ability to provide essential services for victims in our service area. The purpose of the Victims of Crime Act (VOCA) grant is to provide direct services to victims of crime. Services are defined as efforts that (1) respond to the emotional and physical needs of crime victims; (2) assist primary and secondary victims of crime to stabilize their lives after victimization; (3) assist victims to understand and participate in the criminal justice system; and (4) provide victims of crime with a measure of safety and security. The funding we are requesting will permit _____ the ability to provide the aforementioned services to victims of crime, crimes that include domestic violence, sexual assault and stalking.

_____. (This group is identified as underserved per the definition provided by the national census bureau). In addition to the underserved victim groups, last year over 20% of the 165 women and children housed in our shelter identified specifically as Native American. We are thankful for the tribal entity relationships we have developed in our area which enables us to serve this minority population in a more culturally responsive way. Our Shelter Director coordinates the day-to-day provision of care and necessities for residents of the shelter, and coordinates with tribal entities and other resources on behalf of all shelter residents who qualify for referrals to other available services. We also continue to strengthen our cultural sensitivity to minority groups that we serve within our area by receiving up-to-date and applicable training as it becomes available. Continued and additional funds will allow these services to be more readily accessible and effective in our rural setting to all victims regardless of race, gender, or sexual orientation.

We are requesting funding that will allow us to maintain the present services provided through VOCA. Over 95% of the clients surveyed last year indicated that because of our services they felt more equipped to identify and utilize existing resources that will increase their ability to be independent and acquire services for themselves. Furthermore, 100% of those surveyed stated they are more able to plan for their safety, utilize our services to update safety plans as situations change, and recognize unsafe behaviors/environments. The victims and survivors in our community along with our collaborative partners have come to depend upon the comprehensive care and services provided by the currently funded positions of Shelter Director, Community Advocate with Adult Emphasis, Family & Child Advocate/Case Manager, _____ County Community Advocate, Full-time Licensed Professional Counselor, Court Advocate, On-Call Advocate, Crisis Hotline Advocates and Shelter Advocate. These services and positions at _____ are vital to the health, welfare, safety and recovery of those we serve in our community. Please see attached Program Narrative for full details.

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Program Narrative

Upload supporting files. If additional pages are needed, upload supporting files. A new upload box will appear when SAVE is clicked after a file is uploaded.

https://grants.ok.gov/_Upload/448838-VOCAProgramNarrative2017.docx

Program Summary (A brief description of the project)

Example: Domestic Violence and Sexual Assault Program providing crisis intervention, counseling, emergency shelter, transportation to court, case management, advocacy and transitional living. Serving ***** and ***** Counties.

is a certified Domestic Violence and Sexual Assault Victims' Program providing emergency shelter, emergency/scheduled transportation, 24/7 crisis hotline services, face-to-face and telephonic crisis intervention, safety planning, individualized advocacy to include court advocacy, referrals to resources, case management, and coordination with collaborative agencies per request of the victim in and Counties.

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Goals, Objectives, and Activities: 01

Please state in MEASURABLE terms what you want to achieve with the requested VOCA funds. The goals and objectives must be realistic and MEASURABLE for the VOCA project period.

Were all goals and objectives listed in your previous VOCA grant application met?

No

If No, please explain:

All objectives for this goal have either been met, or will be met by the end of the grant period. Some of our goals appear to be on target to exceed the number of clients we aimed to serve.

Goals, Objectives, and Activities

Goal *

will provide safety and support for victims of domestic violence, sexual assault, stalking and human trafficking, by providing crisis intervention services, counseling/therapeutic individual and group services, advocacy, emergency shelter as needed, and support services for all residential and non-residential client

Measurable Objective *

- 1.) Provide 24-hour crisis intervention for at least 800 victims of domestic violence through telephone and face-to-face services.
- 2.) Maintain an on-call schedule to ensure that an advocate is available to provide immediate transportation to safety, as well as provide emergency crisis intervention and support during all SANE examinations, which should include a minimum of 70 clients.
- 3.) Provide emergency shelter services to a minimum of 200 victims of domestic violence and their children to include safety, housing, food, clothing, advocacy, and transportation. In addition provide shelter for a minimum of 20 victims of sexual violence or stalking. Crime Victims Compensation fund information will be presented to all adult shelter residents and referral to the Court Advocate as necessary.
- 4.) Provide non-residential support services to a minimum of 450 clients to ensure that safety planning is available, as well as the education and advocacy to enable a transition into an independent and safe lifestyle.

Goals, Objectives, and Activities: 01

- 5.) Provide non-residential services to a minimum of 75 victims of sexual violence and stalking including SANE advocacy, legal advocacy, support, and referrals to resources.
- 6.) Provide a minimum of 215 referrals to collaborative partners and community organizations for assistance in establishing and achieving client goals and objectives.

Activities *

See Program Work Plan for Goal Specific Activities

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Goals, Objectives, and Activities: 02

Please state in MEASURABLE terms what you want to achieve with the requested VOCA funds. The goals and objectives must be realistic and MEASURABLE for the VOCA project period.

Were all goals and objectives listed in your previous VOCA grant application met?

No

If No, please explain:

All objectives for this goal have either been met, or will be met by the end of the grant period. Some of our goals will be exceeded in terms of the number of clients we aimed to serve. Over 250 clients have already received EPO and/or court advocacy during the current grant cycle. If trends hold, then we should meet or exceed our goal for court advocacy assistance.

Goals, Objectives, and Activities

Goal * will provide competent and expedient Court Advocacy for victims of domestic violence, sexual violence and stalking as needed

Measurable Objective *

- 1.) An Advocate will provide support and court advocacy for every client who informs the Advocate of such needs. The advocate will be available to meet with a client in advance of the court date to provide support and information, and will provide assistance in preparation for Victim's Protective Orders (VPO) in and Counties. In doing this we will serve a minimum of 350 clients.
- 2.) An Advocate will be present at each domestic violence docket in the and County Court along with every client who has received an emergency protective order. If the hearing is outside of this county, and an advocate, staff, or volunteer is available, this person will accompany the client to the hearing. In doing this, an advocate will serve a minimum of 200 clients.
- 3.) An Advocate, Counselor, or other staff will meet with an individual who is requesting assistance with a protective order in a timely and efficient manner. The maximum wait time will be 20 minutes. Every individual who requests assistance with a protective order will receive information about Crime Victims Compensation and will receive assistance in accessing this resource when assistance is requested.

Goals, Objectives, and Activities: 02

4) All individuals requesting EPO assistance that are victims of domestic violence, sexual assault, and stalking will be assessed for need of emergency legal services. If legal representation is warranted, a referral to an attorney will be made by the Advocate. A minimum of 40 clients will receive referral and/or accompaniment to legal appointments at their request.

Activities *

See Program Work Plan for Goal Specific Activities

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Goals, Objectives, and Activities: 03

Please state in MEASURABLE terms what you want to achieve with the requested VOCA funds. The goals and objectives must be realistic and MEASURABLE for the VOCA project period.

Were all goals and objectives listed in your previous VOCA grant application met?

No

If No, please explain:

All objectives for this goal have either been met, or will be met by the end of the grant period. Some of our goals may be exceeded in terms of the number of volunteers recruited or utilized.

Goals, Objectives, and Activities

Goal * will provide a volunteer program that effectively utilizes the skills of volunteers to assist in providing support, stability, advocacy, and counseling for victims of domestic violence, sexual assault and stalking.

Measurable Objective * 1.) Enlist the services of at least 1 volunteer counselor or practicum student who are enrolled in graduate training programs.

- 2.) Enlist the services of at least 5 trained volunteers who are qualified to provide unsupervised direct services for clients or who will help with victim awareness programs and events.
- 3.) All volunteers performing unsupervised direct client services will be screened by program leaders, undergo an OSBI background check, and receive at least 30 hours of orientation training prior to providing unsupervised direct services to clients.
- 4.) Identify and recruit at least 10 new volunteers for our program through outreach.

Activities * See Program Work Plan for Goal Specific Activities

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Goals, Objectives, and Activities: 03

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Goals, Objectives, and Activities: 04

Please state in MEASURABLE terms what you want to achieve with the requested VOCA funds. The goals and objectives must be realistic and MEASURABLE for the VOCA project period.

Were all goals and objectives listed in your previous VOCA grant application met?

No

If No, please explain:

All objectives for this goal have either been met, or will be met by the end of the grant period.

Goals, Objectives, and Activities

Goal *

Continued partnership with the District Attorney's Office staff and other community partners involved in the service of crime victims through ongoing participation in the Coordinated Community Response Team (CCRT) and the Sexual Assault Response Team (SART) to better serve victims of crime in our service area.

Measurable Objective *

- 1.) Provide minimum of 1 training to each team respectively.
- 2.) Attend scheduled trainings with team members for development and education.
- 3.) Continue to attend meetings, a minimum of 9 monthly meetings during this 12 month grant cycle and 3 quarterly meetings for SART.
- 4.) Through team collaboration Project Safe will support CCR Team and member agencies in fundraising events.
- 5.) Meet with a minimum of 2 other agencies currently not involved with either CCRT or SART for recruitment and education purposes.

Goals, Objectives, and Activities: 04

Activities *

See Program Work Plan for Goal Specific Activities

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Goals, Objectives, and Activities: 05

Please state in MEASURABLE terms what you want to achieve with the requested VOCA funds. The goals and objectives must be realistic and MEASURABLE for the VOCA project period.

Were all goals and objectives listed in your previous VOCA grant application met?

No

If No, please explain:

All objectives for this goal have either been met, or will be met by the end of the grant period.

Goals, Objectives, and Activities

Goal * Continue to increase the cultural competence of our staff and agency regarding minority and under served populations.

Measurable Objective *

- 1.) Attend/participate in a minimum 2 training's pertaining to Native American culture, Hispanic culture, elderly populations, college students, and/or LGBTQI regarding their relationship to domestic violence, sexual assault, and stalking.
- 2.) Attend at least 1 tribal events in order to increase our visibility and offer information about our services to native populations.
- 3.) Attend at least 1 event where the focus is the elderly and disabled to increase our visibility and provide information about our services.
- 4.) Attend at least 1 event where the focus is on college aged individuals to increase our visibility and provide information about our services.
- 5.) Ensure that all staff have the ability to communicate the National Domestic Abuse hotline number in Spanish.

Activities *

See Program Work Plan for Goal Specific Activities

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Goals, Objectives, and Activities: 05

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Goals, Objectives, and Activities: 06

Please state in MEASURABLE terms what you want to achieve with the requested VOCA funds. The goals and objectives must be realistic and MEASURABLE for the VOCA project period.

Were all goals and objectives listed in your previous VOCA grant application met?

No

If No, please explain:

All objectives for this goal have either been met, or will be met by the end of the grant period. All goals seem to be on target to be exceeded in terms of the number of clients we aimed to serve.

Goals, Objectives, and Activities

Goal * Increase accessibility and visibility in County, a rural population in our service area

Measurable Objective * 1.) Continue to provide a domestic violence, sexual assault, and stalking survivor group by holding at least 10 meetings in County.

2.) Attend Protective Order Court in County each week.

3.) Provide EPO assistance and court advocacy to a minimum of 75 victims.

4.) Provide at least 40 victims individual supportive services in County.

5.) Participate in a minimum of 2 public awareness events in County to increase our visibility and public awareness of services offered by

6.) Develop relationships with law enforcement, court personnel, and other community partners in an effort to strengthen victims' services and identify possible recruits for CCRT or SART.

Activities * See Program Work Plan for Goal Specific Activities

Goals, Objectives, and Activities: 06

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Program Work Plan

List major activities to address each goal and objective provided in Tab "Goals and Objectives." Prepare a complete work plan that lists the steps and tasks to be undertaken over the project period. This should include day-to-day tasks, short or long term projects, purchases, and all activities and services to be completed during the funding period.

See Attached Document

Upload supporting files. A new upload box will appear when SAVE is clicked after a file is uploaded.

https://grants.ok.gov/_Upload/448864-VOCA2017.2018WorkPlansFinal.docx

VOCA Guideline Requirements**Crime Victims Compensation Requirement**

It is a federal requirement that subrecipients help victims apply for crime victims compensation benefits. Such assistance may include identifying and notifying crime victims of the availability of compensation, assisting them with application forms and procedures, obtaining necessary documentation, and/or checking on claim status. Aiding victims in applying for victims compensation is a VOCA requirement.

a) How many clients were assisted during the past fiscal year or calendar year

b) What method is used to assist victims of the availability of crime victims compensation benefits?

is fortunate to have a unique working relationship with the local court system. In a collaborative effort with the area judicial system, we initiate petitions for Victim Protection Orders (VPOs) and act as a liaison during VPO court hearings. This has allowed us to work closely within the civil justice system and advocate for victims more directly. All individuals who come through our office for VPOs (as well as other services) are screened and given information about Crime Victims Compensation. In many cases, we also contact the Victim Witness Coordinator about the status of an application and for clarification on issues that may be different in each individual case. Our Victim Witness Coordinator's (VWC's) office is a very important piece of our community response to domestic violence, sexual assault, and stalking. We work closely with the VWC and often act as a liaison between the VWC and the victim. This ensures that victims receive all the information regarding Crime Victims Compensation and are able to process their claim easily. In addition, each shelter client, non-residential client, and victims requiring SANE exams are informed about the availability of the Crime Victims Compensation fund upon initial intake. Furthermore, if situations arise after the initial intake that are relevant to receiving assistance through the Crime Victims Compensation fund, advocates will remind clients of its availability. If the client wishes to apply to the fund, an Advocate will assist with the necessary paperwork.

Community Coordination

Applicants must promote within the community served and help victims apply for compensation benefits.

Clearly describe how you will coordinate victim services with local courts, law enforcement agencies, criminal justice officials, crime victims compensation, and other victim service providers. A demonstration of coordinated public and private efforts is essential to receiving VOCA

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VOCA Guideline Requirements

funding.

Memorandums of Understanding and/or Letters of Support for the project should be included with this application (on the Required Grant Enclosures page) only if this is a first time application or an application for a new project not previously funded by VOCA.

Coordination within a community is absolutely imperative in order to provide the best services possible to the victims of crime that we serve. _____ is proud to take an active role in the community coordination of District _____. The agency's Community Crisis Advocate, Shelter Director, Executive Director, and Court Advocate are active members of _____ County and _____ County's Coordinated Community Response Team and Sexual Assault Response Team. Our Community Crisis Advocate serves as Co-Chair along with an Assistant District Attorney from the DA's Office, and our Shelter Director is the team's Treasurer. Our VAWA funded Sexual Assault Advocate coordinates the meetings of the Sexual Assault Response Team. Both teams, made up of representatives from tribal and non-tribal victim service agencies across District _____, meet monthly to determine how our community can work as a unit to best serve victims of crime. As a result of the rapport built between members of the _____ and _____ County Coordinated Community Response Team, Sexual Assault Response Team, and _____ we are able to effectively coordinate victim services with local law enforcement agencies, court systems, criminal justice officials, crime victim's compensation, victim advocacy agencies and other victim service providers. The opportunity to work together for victims at a round table with each service provider in our community creates an advocacy for our survivors unlike any other. When a victim presents at our agency for a Victim's Protective Order, our Court Advocate, (and in instances when she is unavailable, Community Advocate, Sexual Assault Victims' Advocate and Executive Director) meets immediately with them to assist in the necessary paperwork. If it is determined that a police report is needed and has not yet been filed, or when service of the Protective Order paperwork is urgent and specialized, the working relationship we have with our local Law Enforcement and court systems creates an efficient and safe process for the victim in a potentially dangerous time. Our Advocates usher each victim through the court and legal process, networking with each community service provider necessary along the way to achieve the best interests of the victim, and providing information and assistance with application to victim's compensation as necessary. Our Advocates are present at each Protective Order docket in _____ and _____ Counties to provide support and information to victims of domestic violence, sexual assault, and stalking. Court advocacy is available in other locations and in other dockets (DHS family court/custody hearings, any hearings that require the victim to testify or appear in the presence of their abuser) when needed by the victim. With the understanding that domestic violence and sexual assault are traumatizing experiences on multiple levels, _____ and _____ CCRT began to see the need for a tool for victims that could provide direction to each agency they might require assistance from, and in a format that was condensed enough for an officer to distribute on-scene at the first response. We also began to understand that the more networked and connected a community is, the easier it is for victims to navigate the system. Bringing together all five tribal entities within our counties, and service providers from across the District we worked together to create a packet specifically for victims of violence that would provide contact information to all law enforcement agencies, and tribal and non-tribal victim's advocacy services in the area; information on how to obtain a

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VOCA Guideline Requirements

Victim's Protective Order; apply for Oklahoma Crime Victim's Rights; become involved with the Oklahoma Vinelink program, or the Oklahoma Address Confidentiality Program; and resources on counseling services available locally and state-wide. This packet has proven to be a valuable resource for victims, and its effectiveness will continue to be a reflection of the willingness to work together as a community to strive towards an end to domestic violence, sexual assault, and stalking.

If additional pages are needed, upload supporting files. A new upload box will appear when SAVE is clicked after a file is uploaded.

Volunteers

Do you currently have a volunteer waiver from the District Attorneys Council? Yes No

Volunteer Requirement

Please note that utilizing volunteers is a VOCA requirement. Federal VOCA Guidelines state: Subrecipient organizations must use volunteers unless the state grantee determines there is a compelling reason to waive this requirement. A "compelling reason" may be a statutory or contractual provision liability or confidentiality of counselor/victim information, which bars using volunteers for certain positions, or the inability to recruit and maintain volunteers after a sustained and aggressive effort.

Volunteer hours may be used as match toward the grant if the volunteers are performing duties allowed under the grant.

Describe how volunteers are recruited and utilized in your organization. In addition, please identify your most successful recruiting methods.

is fortunate to be located in a community that is highly volunteer-oriented. We operate with an all volunteer Board of Directors and Auxiliary. The volunteer auxiliary's purpose is to assist in raising money for . Our annual auction's earnings are utilized in our agency budget to assist residential clients in a variety of areas to include, car repair, medications, clothing, and bus tickets if a client decides they want to go to a safe place out of Oklahoma. The Auxiliary also expanded their giving to non-residential clients. They have assisted clients in paying electric bills, rent, and attorneys fees to name a few. We have the benefit of having two universities located within Shawnee and we have working agreements with these universities to recruit practicum students to volunteer within our office and shelter system. We have also increased our volunteer base of college students who belong to specific organizations on campus and choose an agency in the community to support.

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VOCA Guideline Requirements

outreach to reach out to at least two community groups per month in an effort to reach as many potential volunteers as possible. In addition, we continue to follow the previously developed plan which engages more college aged volunteers from the local Universities, and is attempting to keep our community updated through various social media outlets and our website which has a specific tab for anyone interested in volunteering.

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Project Classification and Evaluation

Proposed VOCA Project Classification by Crime Type

Federal Priority Categories (check all that apply)

✓ Sexual Assault 13%

Percentage of Grant and Match Funds that will be focused on this crime type:

✓ Spousal Abuse, Intimate Partner Violence, or Dating Violence 82%

Percentage of Grant and Match Funds that will be focused on this crime type:

Child Abuse %

Percentage of Grant and Match Funds that will be focused on this crime type:

Underserved Categories (check all that apply)

DUI / DWI ✓ Survivors of Homicide Victims

✓ Assault ✓ Adults Molested

✓ Elder Abuse Robbery

✓ Other Violent Crime

Percentage of Grant and Match Funds that will be focused on underserved crime victims: 5%

Underserved Victims: If the program assists victims in one of more of the under served categories, indicate the type of services provided to under served victims and the number of under served victims that benefited from those services during the last grant period.

provides all of the same services to under served victims that we provide for all other victims including emergency shelter, safety planning, lethality assessment, crisis intervention, individual and group support, housing/employment/court advocacy, and more. These services are tailored to the needs of under served populations. The following is the number of clients served in each category:

Assault: 10

Elder Abuse: 19

Other Violent Crime: 0

Survivors of Homicide: 9

Adults Molested As Children: 67

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Project Classification and Evaluation

a) What is your agency's current method of tracking demographic, types of victimization, and services provided? Utilization and integration of computerized individual tracking spreadsheets and OAG service entry/billing system.

b) Has your program been in operation less than 2 years? No Yes No

c) Has there been an analysis/evaluation of the activities of the program from an outside source? Yes No

d) If No was answered in Part B above, explain the program's record of providing effective services to victims of crime.

To Be Answered By All Applicants Except CASAs

e) Please answer the following questions based on either the previous fiscal year or previous calendar year.

1) How many clients were served during the period stated above? 1287

2) How many more or less clients were served compared with the previous fiscal or calendar year? 32
More Less

3) If there is an identifiable reason for the increase or decrease (i.e. reduction in staff) please explain:
While we cannot with certainty pinpoint the reason for the decrease, we are experiencing longer shelter stays due to lack of housing and other community resource barriers. We are hopeful that the move to the new shelter with space for increased capacity will enable us to provide shelter for more victims in need for years to come. We are also continuing to attempt to increased awareness in our service area, have established an available presence in _____ County, and try to create an increased exposure to the community through outreach efforts of Executive Director, Volunteer Coordinator and Auxiliary Board.

To Be Answered By CASA Applicants Only

f) Please answer the following questions based on either the previous fiscal year or previous calendar year.

Project Classification and Evaluation

- 1) Number of volunteers appointed to a case:
- 2) Number of cases appointed a CASA:
- 3) Number of children served in the above cases:
- 4) Average time CASA volunteers who worked on the above cases have been with the program: Months
- 5) What method is used to refer cases to the program?
- 6) Number of cases the program was unable to serve due to a shortage of staff and/or volunteers:

In order for a CASA Program to be considered for VOCA funding, the program must be in good standing with the Oklahoma CASA Association.

- 7) Is the program for which the funding is being requested in good standing? Yes No
- 8) If No, please explain:

Funding Sources

Funding Sources for Services to Victims of Crime - Include entire victims services budget within the organization.

The figures below should be for the organization's fiscal year cycle. Programs must be able to show financial support from non-federal sources to receive VOCA funding.

A) Indicate the organization's fiscal year. 7/1/2016 to 6/30/2017

B) Annual funding amounts allocated to all victimization programs and/or services for the current fiscal year. (Identify by source the amount of funds allocated to the victimization programs/services budget of the organization.)

STATE/TERRITORY refers to state-generated funds dedicated to victim programs in the organization.

LOCAL refers to funds obtained from sources that are described as county, municipal, local nonprofit, local group that raises money on behalf of the organization, etc.

OTHER NON-FEDERAL refers to any non-federal funding source not identified above.

Funding Source

Amount

Specific Source(s)

State/Territory	\$153,264.57	OAG-State appropriations
Local	\$70,000.00	UW, Fundraiser, Private donors/grant

i.e. county, municipal, local, nonprofit, local group that raises money on behalf of the organization, etc.

Other Federal (non-VOCA)

\$61,848.49

OAG-FVPSA, VAWA

Note: Do not include the VOCA subaward amount. If the organization has other VOCA subgrants, those awards should be included here.

Other Non-federal

\$0

Funding Sources

increased funding. In addition, we were informed by United Way of County that once again they were unable to reach their fundraising goals within our county. If they are unable to obtain these funds from reserves or another source, this shortfall will equate to a loss of over \$5000 in expected funding to our agency, and we continue to receive communication that state funded agencies may have to endure funding cuts this year. It is my impression from continued discussions with other area agencies, that they are observing a general downward trend in giving as well. In addition to a decrease in funding, we have many clients needing increased assistance. For instance, we had 265 shelter requests not met for women and children last year. While we do our best to assist these victims to obtain other safe shelter by making calls on their behalf, providing numbers of other shelters, or transporting them to other shelters, some of these victims have legal proceedings, employment, children enrolled in local schools, or family/friend support in our area and are unwilling or unable to relocate. Thankfully the donation of the new shelter should go a long way in helping us to reduce the number of victims that must be relocated out of area. Along with the anticipated increase in shelter stays for victims comes the added burden of making sure they have adequate assistance and opportunity for advocacy. That is why the opportunity to maintain funding for Crisis Hotline Staff and continued funding for currently supported positions is being pursued with zeal and sense of urgency. Please know that we feel an acute responsibility to utilize our limited resources for direct client services as much as is possible. We translate this desire to be fiscally responsible into our daily business operations by examining the true need of any expense. This past year we have exclusively utilized free training opportunities for our advocates with the exception of the OAG Partnership Conference and the VOCA funded National Sexual Assault Conference. We continue to trim our expenses as much as possible by managing utility usage, printing brochures and handouts in house, asking for donations of office supplies and paper goods from inquiring donors, participating in outreach activities that are free of registration fees, operating without administrative office staff, etc. We continue to reach out to those in the community with resources or expertise to assist us in our endeavor to be fiscally responsible. Regardless of the bottom line of our budget, our agency will continue to be committed to ethical, practical and frugal fiscal practices in an effort to provide services to our clients. Despite the efforts of the Auxiliary Fundraising Board to raise funds, it continues to fall short of the much needed additional funds it takes to run an agency. Requests for funding have been submitted on behalf of our agency, but we have been unable to secure substantial additional funding. continues to be involved in local community fundraising projects that have netted a small amount of income. Once again, those funds are helpful but not enough to replace any existing grant. Our agency needs to maintain this funding in order to fully meet the overwhelming needs of our community.

Non-Supplanting Requirement Would the federal funds being requested replace prior local or state support for this project?

Yes No

Funding Sources

If yes, please explain.

Audit Information

a) In the last two completed audits, were there any findings and/or recommendations for corrective action?

Yes No N/A

b) If yes, describe the finding(s) and whether the issue(s) has been corrected.

Fiscal Impact

a) If you are requesting more VOCA funds than you *received* last year, briefly describe how the additional funds would be used and identify the personnel changes that would be made, if any.

We are not requesting any equipment this year as all of our equipment requests were fulfilled in this current grant cycle. However, we are petitioning for proposed minimal cost of living and longevity wage increases for staff. Our agency provides group health insurance, and are typically faced with a minimum increase in premiums of 10% on average for the last several years, this request will assist employees in offsetting some of this increase. In addition, we are asking to increase our presence in County by 12hrs per week. This would move the previously funded part-time County advocate from 20hrs per week to 32hrs per week in order to attempt to provide more assistance for that rural area. These increases are approximately \$375/pay period or around \$10,000 annualized. Other than that, we should be consistent with the same amounts requested in the previous grant.

b) Briefly describe the impact VOCA funding has had on the delivery services; specifically any increase or decrease in funding.

7 full-time employees are 100% funded by the VOCA grant— LPC, Court Advocate, Community Advocate, On-Call Advocate, Shelter Advocate, Family and Child Advocate/Case Mgr, and Shelter Director, and there are 9 part-time positions that are either fully or partially funded – Volunteer Coordinator, County Advocate, and Crisis Hotline Advocates (up to 7 part-time employees cover the hotline 24/7). These positions are vital to victims' services. If we were to receive a cut in VOCA funding, our staff would decrease accordingly which would greatly impact victims' services in an extremely negative way.

LPC, was a much needed addition to our staff and agency. Her skill, knowledge and expertise assisted many clients who walk into our public office and are experiencing immediate acute trauma. In addition, she has been able to provide the in-depth therapeutic services to over 40 residential and non-residential clients. She has been instrumental in their state of well-being through legal processes and recovery. Until she came on staff, we were unable to obtain timely crisis intervention of this level for our clients who need it the most. Unfortunately, she took a position with the DV program, and we are currently interviewing for her replacement.

The Court Advocate in County has assisted 203 individuals with EPO's so far in this current grant cycle. The County Advocate also processes EPO's and has assisted 45 victims with EPO's during this time frame. Last calendar year, our agency assisted in the filing of and provision of court advocacy for over 400 victims filing for EPO's in and counties. The part-time county advocate, has also assisted over 70 other clients in addition to EPO clients with advocacy, support services, referrals and crisis intervention in the first 6 months of the current grant cycle.

Our Community Advocate, provides advocacy for walk-in clients, DHS referred clients, exiting residents of the shelter, shelter residents, and others requesting services from various agencies. In addition, she answers crisis calls and completes Lethality Assessments with law enforcement, provides shelter screening, transportation, referrals and information. She provided services for over 40 individuals in the first 6

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Fiscal Impact

months of this grant. She provides DHS referred clients with the required domestic violence assessments and advocacy sessions, provides court advocacy and EPO assistance, and co-chairs the _____ County CCRT. _____ our On-Call Advocate, provides emergency transportation, crisis intervention, and SANE advocacy. She is on-call for our agency 24/7, and rotates with alternate on-call staff every other weekend in order to have some time off. Last year she assisted with 46 SANE's of the 79 performed, and in the first 8 months of this grant 55 victims have received SANE services, 42 of these received advocacy from _____

The Family & Child Advocate, _____, focuses her attentions on the women and their children in our shelter. Last year advocacy was provided for children in the shelter who comprised 1061 days of the total 2964 shelter days through activities, comfort and support, child care needs, transportation, clothing and medical attention, etc. Advocacy, transportation, referrals, and case management services are provided _____ to their mothers in an effort to provide support and stability to these families. In addition, she assists with support groups in the shelter and provides appropriate activities and outings. She continues to provide advocacy after exit from the shelter as requested. Crisis hotline advocates answered over 500 calls last year, and in the first 7 months of the current grant have assisted over 290 callers so far.

The Shelter Director has provided oversight and direction of shelter and hotline staff, and direct services as necessary to meet the need of over 165 residents who stayed with us for 2964 days last year. She wears many hats to ensure that the facilities, supplies, safety, security and training needs of our residential clients are met.

c) What impact has the economic climate (either good or bad) had your program's ability to serve crime victims? *

Without VOCA funding, the poor economic climate in our community due to the statewide economic downturn will have a significant impact on our ability to serve victims. Victims' requests for services continue to increase while private funding and community financial support for direct services is showing a downward trend in our area. Community members seem more willing to donate time or items as opposed to financial resources. Maintaining funding is crucial for provision of victims' services. _____ is constantly trying to analyze our fiscal position in an effort to insure we are working smarter with the resources we have available, and effectively utilizing our time and money. As a way to be more cost effective and reach a greater number of people, we will attempt to attend more free community organized events in the rural areas to increase the awareness and availability of our services to individuals who may otherwise not know we exist. Despite the population of our respective counties, the service areas are extremely rural in nature, and we depend on the relationships we have developed with law enforcement and DHS to assist these individuals in seeking our services. Without an adequate budget we are relying on our partner agencies and individuals to assist us in making known the availability of services we offer in both counties we serve. Without an increase in VOCA funding, we may not be able to provide _____ the services required to meet the needs exhibited in our service area. It would be detrimental to our agency and the communities we serve, in

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Fiscal Impact

and Counties, if funding is not renewed. Without a budget increase from our current funding sources and a continued effort of across-the-board budget restraints, would be forced to decrease services and consider discontinuation of some services all together.

d) Describe how the increase in VOCA funding has positively impacted your community.

Please see uploaded letter from Client describing impact of services received. This client received services from our Community Advocate and LPC. This letter is attached in Letters of Support.

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Personnel & Benefits:

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

- 1) List each position by name and check whether the position is new or existing in Column A.
- 2) List the position/title in Column B.
- 3) List the total salary for the project period in Column C, and the total benefits for the project period in Column D.
- 4) List the percentage of the employee's time requested from VOCA funds in Column E.
- 5) Federal funds requested will calculate automatically when the form is saved.
- 6) List hours this person will work per week
- 7) Enter this person's FTE (Full Time Equivalent).
- 8) Check whether this person is Exempt or Non-Exempt.
- 9) Provide a brief summary of the job duties.
- 10) Complete the prior year's funding questions.
- 11) Complete the Budget Narrative if the position is existing and there has been a reduction of funds or if any further explanation is needed.
- 12) A complete job description for each position requested should be uploaded on the Required Grant Enclosures page.

	(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested	
Crisis Hotline Advocate		\$10,404	\$1,974	100.0000%	\$12,378	
New <input type="checkbox"/> Existing <input checked="" type="checkbox"/>	Total hours this position will work per week: 24		Full Time Equivalent .6			
Exempt <input type="checkbox"/> Non-Exempt <input checked="" type="checkbox"/>			<u>Dept. of Labor FLSA</u>			

Summary of job duties:
MAJOR RESPONSIBILITIES

Personnel & Benefits:

Provide crisis intervention services via the crisis line to those in need. Provide face-to-face crisis intervention to those people requesting sheltering services as directed by Shelter Director or Shelter Advocate. Complete initial assessments for admission status of those seeking sheltering. Provide continual advocacy, support, and guidance to adult and juvenile residents of the shelter facility as directed by the Shelter Director.
See Job Description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

***This position is listed multiple times because we need to fill 4.2 FTE's in order to cover the 24/7 hotline. 5-7 staff members will be utilized to cover these hours.

Total Request: \$12,378

Organization:

Personnel & Benefits:

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

- 1) List each position by name and check whether the position is new or existing in Column A.
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(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
Crisis Hotline Advocate		\$10,404	\$1,974	100.0000%	\$12,378

New Existing Total hours this position will work per week: 24 Full Time Equivalent .6
 Exempt Non-Exempt Dept. of Labor FLSA

Summary of job duties:
MAJOR RESPONSIBILITIES

Personnel & Benefits:

Provide crisis intervention services via the crisis line to those in need. Provide face-to-face crisis intervention to those people requesting sheltering services as directed by Shelter Director or Shelter Advocate. Complete initial assessments for admission status of those seeking sheltering. Provide continual advocacy, support, and guidance to adult and juvenile residents of the shelter facility as directed by the Shelter Director.
See Job Description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source: Amount:
Source: Amount:
Source: Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

***This position is listed multiple times because we need to fill 4.2 FTE's in order to cover the 24/7 hotline. 5-7 staff members will be utilized to cover these hours.

Total Request: \$12,378

Organization:

Personnel & Benefits:

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

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Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
Crisis Hotline Advocate		\$10,404	\$1,974	100.0000%	\$12,378

New Existing Total hours this position will work per week: 24 Full Time Equivalent .6

Exempt Non-Exempt Dept. of Labor FLSA

Summary of job duties:
MAJOR RESPONSIBILITIES

Organization:

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Personnel & Benefit:

Provide crisis intervention services via the crisis line to those in need. Provide face-to-face crisis intervention to those people requesting sheltering services as directed by Shelter Director or Shelter Advocate. Complete initial assessments for admission status of those seeking sheltering. Provide continual advocacy, support, and guidance to adult and juvenile residents of the shelter facility as directed by the Shelter Director.
See Job Description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

***This position is being shown multiple times because we have to fill 4.2 FTE's to cover the 24/7 hotline. 5-7 staff members may be used to staff these hours.

Total Request: \$12,378

Organization:

Personnel & Benefits

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

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- 11) Complete the Budget Narrative if the position is existing and there has been a reduction of funds or if any further explanation is needed.
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Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
Crisis Hotline Advocate		\$10,404	\$1,974	100.0000%	\$12,378

New Existing Total hours this position will work per week: 24 Full Time Equivalent .6

Exempt Non-Exempt Dept. of Labor FLSA

Summary of job duties:
MAJOR RESPONSIBILITIES

Personnel & Benefits:

Provide crisis intervention services via the crisis line to those in need. Provide face-to-face crisis intervention to those people requesting sheltering services as directed by Shelter Director or Shelter Advocate. Complete initial assessments for admission status of those seeking sheltering. Provide continual advocacy, support, and guidance to adult and juvenile residents of the shelter facility as directed by the Shelter Director.
See Job Description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

****This position is being shown multiple times because we have to fill 4.2 FTE's to cover the hotline 24/7. 5-7 staff members will be utilized to cover these hours.

Total Request: \$12,378

Organization:

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Version Date:

Personnel & Benefits:

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

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- 11) Complete the Budget Narrative if the position is existing and there has been a reduction of funds or if any further explanation is needed.
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(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
County Advocate		\$22,272	\$5,420	100.0000%	\$27,692

New Existing Total hours this position will work per week: 32 Full Time Equivalent .8

Exempt Non-Exempt Dept. of Labor FLSA

Summary of job duties:
MAJOR RESPONSIBILITIES

Personnel & Benefits:

Coordinate direct advocacy services to victims of sexual assault, domestic violence, stalking, and child abuse, with a focus on expanding services to communities in Lincoln County.
See Job Description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

Total Request: \$27,692

Personnel & Benefits:

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

- 1) List each position by name and check whether the position is new or existing in Column A.
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(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
Family & Child Advocate		\$24,187	\$8,371	100.0000%	\$32,558

New Existing Total hours this position will work per week: 40 Full Time Equivalent 1

Exempt Non-Exempt Dept. of Labor FLSA

Summary of job duties:

Provides individual and group advocacy to all women and child victims of sexual and domestic abuse residing in shelter. Provides assistance in

Personnel & Benefits:

completion of Emergency Protective Orders to victims and/or court preparation and advocacy, when relevant. See job description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

Total Request: \$32,558

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Personnel & Benefits:

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

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(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
	Crisis Hotline Advocate	\$10,404	\$1,974	100.0000%	\$12,378
New	Existing	Total hours this position will work per week: 24	Full Time Equivalent .6		
	Exempt	Non-Exempt			
				<u>Dept. of Labor FLSA</u>	

Summary of job duties:
MAJOR RESPONSIBILITIES

Personnel & Benefits:

Provide crisis intervention services via the crisis line to those in need. Provide face-to-face crisis intervention to those people requesting sheltering services as directed by Shelter Director or Shelter Advocate. Complete initial assessments for admission status of those seeking sheltering. Provide continual advocacy, support, and guidance to adult and juvenile residents of the shelter facility as directed by the Shelter Director.
See Job Description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

****This position is listed multiple times because we need to fill 4.2 FTE's to cover the 24/7 hotline. 5-7 staff members will be utilized to cover these hours.

Total Request: \$12,378

Organization:

Personnel & Benefits:

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

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(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
Shelter Advocate		\$20,106	\$6,935	100.0000%	\$27,041
New <input checked="" type="checkbox"/> Existing	Total hours this position will work per week: 40			Full Time Equivalent 1	
	Exempt <input checked="" type="checkbox"/> Non-Exempt			<u>Dept. of Labor FLSA</u>	

Summary of job duties:
MAJOR RESPONSIBILITIES

Personnel & Benefits:

Provide crisis intervention services via the crisis line to those in need. Provide face-to-face crisis intervention to those people requesting sheltering services. Complete initial assessments for admission status of those seeking sheltering. Provide continual advocacy, support, and guidance to adult and juvenile residents of the shelter facility. See Job Description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

Total Request: \$27,041

Personnel & Benefits:

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

- 1) List each position by name and check whether the position is new or existing in Column A.
- 2) List the position/title in Column B.
- 3) List the total salary for the project period in Column C, and the total benefits for the project period in Column D.
- 4) List the percentage of the employee's time requested from VOCA funds in Column E.
- 5) Federal funds requested will calculate automatically when the form is saved.
- 6) List hours this person will work per week
- 7) Enter this person's FTE (Full Time Equivalent).
- 8) Check whether this person is Exempt or Non-Exempt.
- 9) Provide a brief summary of the job duties.
- 10) Complete the prior year's funding questions.
- 11) Complete the Budget Narrative if the position is existing and there has been a reduction of funds or if any further explanation is needed.
- 12) A complete job description for each position requested should be uploaded on the Required Grant Enclosures page.

	(A)	(B)	(C)	(D)	(E)	(F)
	Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
		Crisis Hotline Advocate	\$10,404	\$1,974	100.0000%	\$12,378
New <input type="checkbox"/> Existing <input type="checkbox"/>	Total hours this position will work per week: 24		Full Time Equivalent		.6	
	Exempt <input type="checkbox"/> Non-Exempt <input type="checkbox"/>		<u>Dept. of Labor FLSA</u>			

Summary of job duties:

MAJOR RESPONSIBILITIES

Personnel & Benefits:

Provide crisis intervention services via the crisis line to those in need. Provide face-to-face crisis intervention to those people requesting sheltering services as directed by Shelter Director or Shelter Advocate. Complete initial assessments for admission status of those seeking sheltering. Provide continual advocacy, support, and guidance to adult and juvenile residents of the shelter facility as directed by the Shelter Director.
See Job Description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

***This position is listed multiple times because we need to fill 4.2 FTE's in order to cover the 24/7 hotline. 5-7 staff members will be utilized to cover these hours.

Total Request: \$12,378

Personnel & Benefits:

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

- 1) List each position by name and check whether the position is new or existing in Column A.
- 2) List the position/title in Column B.
- 3) List the total salary for the project period in Column C, and the total benefits for the project period in Column D.
- 4) List the percentage of the employee's time requested from VOCA funds in Column E.
- 5) Federal funds requested will calculate automatically when the form is saved.
- 6) List hours this person will work per week
- 7) Enter this person's FTE (Full Time Equivalent).
- 8) Check whether this person is Exempt or Non-Exempt.
- 9) Provide a brief summary of the job duties.
- 10) Complete the prior year's funding questions.
- 11) Complete the Budget Narrative if the position is existing and there has been a reduction of funds or if any further explanation is needed.
- 12) A complete job description for each position requested should be uploaded on the Required Grant Enclosures page.

(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
Community Advocate		\$27,144	\$9,757	100.0000%	\$36,901
Total hours this position will work per week: 40 Full Time Equivalent 1					

New Existing Exempt Non-Exempt Dept. of Labor FLSA

Personnel & Benefits:

Coordinate direct advocacy services to victims of sexual assault, domestic violence, and child abuse.
See Job Description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

Total Request: \$36,901

Personnel & Benefits:

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

- 1) List each position by name and check whether the position is new or existing in Column A.
- 2) List the position/title in Column B.
- 3) List the total salary for the project period in Column C, and the total benefits for the project period in Column D.
- 4) List the percentage of the employee's time requested from VOCA funds in Column E.
- 5) Federal funds requested will calculate automatically when the form is saved.
- 6) List hours this person will work per week
- 7) Enter this person's FTE (Full Time Equivalent).
- 8) Check whether this person is Exempt or Non-Exempt.
- 9) Provide a brief summary of the job duties.
- 10) Complete the prior year's funding questions.
- 11) Complete the Budget Narrative if the position is existing and there has been a reduction of funds or if any further explanation is needed.
- 12) A complete job description for each position requested should be uploaded on the Required Grant Enclosures page.

(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
	Court Advocate	\$27,724	\$9,177	100.0000%	\$36,901
New	Existing	Total hours this position will work per week: 40		Full Time Equivalent 1	
	Exempt	Non-Exempt	<u>Dept. of Labor FLSA</u>		

Summary of job duties:

Provides one on one advocacy to clients seeking to obtain an Emergency Protective Order. Provides Court preparation for clients, who request it.

Personnel & Benefits:

prior to their court date. Ensures that all EPO clients have a safety plan in place and are informed of all services provided by Project Safe and other service providers. Has excellent working knowledge of court procedure with respect to Emergency Protective Orders. Provides information about and assistance for application to the Victims Compensation Fund. Stays abreast of all changes in law(s) with respect to Emergency Protective Orders.
See job description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

Total Request: \$36,901

Personnel & Benefits

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

- 1) List each position by name and check whether the position is new or existing in Column A.
- 2) List the position/title in Column B.
- 3) List the total salary for the project period in Column C, and the total benefits for the project period in Column D.
- 4) List the percentage of the employee's time requested from VOCA funds in Column E.
- 5) Federal funds requested will calculate automatically when the form is saved.
- 6) List hours this person will work per week
- 7) Enter this person's FTE (Full Time Equivalent).
- 8) Check whether this person is Exempt or Non-Exempt.
- 9) Provide a brief summary of the job duties.
- 10) Complete the prior year's funding questions.
- 11) Complete the Budget Narrative if the position is existing and there has been a reduction of funds or if any further explanation is needed.
- 12) A complete job description for each position requested should be uploaded on the Required Grant Enclosures page.

(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
	On-Call Advocate	\$21,000	\$3,162	100.0000%	\$24,162

New Existing Total hours this position will work per week: 40 Full Time Equivalent 1

Exempt Non-Exempt Dept. of Labor FLSA

- Summary of job duties:
- Provides emergency transportation to individuals in need of shelter.

Personnel & Benefits:

- Provides necessary transportation to shelter residents in an attempt to assist them in completing their goals.
 - Provides emergency crisis intervention to victims of sexual violence.
 - Advocates for victims of sexual violence throughout the SANE process.
 - Any other duties as requested by Supervisor or Executive Director
- See Job Description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source: Amount:
 Source: Amount:
 Source: Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

Total Request: \$24,162

Personnel & Benefits:

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

- 1) List each position by name and check whether the position is new or existing in Column A.
- 2) List the position/title in Column B.
- 3) List the total salary for the project period in Column C, and the total benefits for the project period in Column D.
- 4) List the percentage of the employee's time requested from VOCA funds in Column E.
- 5) Federal funds requested will calculate automatically when the form is saved.
- 6) List hours this person will work per week
- 7) Enter this person's FTE (Full Time Equivalent).
- 8) Check whether this person is Exempt or Non-Exempt.
- 9) Provide a brief summary of the job duties.
- 10) Complete the prior year's funding questions.
- 11) Complete the Budget Narrative if the position is existing and there has been a reduction of funds or if any further explanation is needed.
- 12) A complete job description for each position requested should be uploaded on the Required Grant Enclosures page.

	(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested	
New	Existing	Shelter Director	\$35,100	\$11,778	100.00000%	\$46,878
		Total hours this position will work per week:	100	Full Time Equivalent	1	

Exempt Non-Exempt Dept. of Labor FLSA

Summary of job duties:
MAJOR RESPONSIBILITIES

Personnel & Benefits

Coordinate comprehensive services for adult and juvenile shelter residents by providing direct services, supervising services provided by shelter staff, and by making appropriate referrals within the agency and with other community resources. Provide crisis intervention to those people requesting sheltering services. Complete initial assessments for admission status of those seeking sheltering. Provide continual advocacy, support, and guidance to adult and juvenile residents of the shelter
See Job Description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

Total Request: \$46,878

Organization:

Personnel & Benefits: TBH-LPC

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

- 1) List each position by name and check whether the position is new or existing in Column A.
- 2) List the position/title in Column B.
- 3) List the total salary for the project period in Column C, and the total benefits for the project period in Column D.
- 4) List the percentage of the employee's time requested from VOCA funds in Column E.
- 5) Federal funds requested will calculate automatically when the form is saved.
- 6) List hours this person will work per week
- 7) Enter this person's FTE (Full Time Equivalent).
- 8) Check whether this person is Exempt or Non-Exempt.
- 9) Provide a brief summary of the job duties.
- 10) Complete the prior year's funding questions.
- 11) Complete the Budget Narrative if the position is existing and there has been a reduction of funds or if any further explanation is needed.
- 12) A complete job description for each position requested should be uploaded on the Required Grant Enclosures page.

(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
TBH-LPC	LPC	\$43,326	\$12,732	100.0000%	\$56,058
New	Existing	Total hours this position will work per week: 40		Full Time Equivalent 1	

Exempt
 Non-Exempt
 Dept. of Labor FLSA

Summary of job duties:
MAJOR RESPONSIBILITIES

Personnel & Benefits: TBH-LPC

Provide individual, group, and/or family therapy to shelter residents and non-shelter clients. Provide short-term crisis intervention to those people requesting this service. Provide therapy in the best interest of the client while upholding strict adherence to professional rules of conduct in areas of confidentiality and other ethical concerns. The position is currently open, but we hope to have someone hired soon.
See attached job description for more details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

Total Request: \$56,058

Personnel & Benefits: TBH-Volunteer/Outreach Coord

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

- 1) List each position by name and check whether the position is new or existing in Column A.
- 2) List the position/title in Column B.
- 3) List the total salary for the project period in Column C, and the total benefits for the project period in Column D.
- 4) List the percentage of the employee's time requested from VOCA funds in Column E.
- 5) Federal funds requested will calculate automatically when the form is saved.
- 6) List hours this person will work per week
- 7) Enter this person's FTE (Full Time Equivalent).
- 8) Check whether this person is Exempt or Non-Exempt.
- 9) Provide a brief summary of the job duties.
- 10) Complete the prior year's funding questions.
- 11) Complete the Budget Narrative if the position is existing and there has been a reduction of funds or if any further explanation is needed.
- 12) A complete job description for each position requested should be uploaded on the Required Grant Enclosures page.

(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
TBH-Volunteer/Outreach Coord	Volunteer/Outreach Coordinator	\$25,766	\$6,871	60.0000%	\$19,582

New Existing Total hours this position will work per week: 40 Full Time Equivalent .6

Exempt Non-Exempt Dept. of Labor FLSA

Summary of job duties:

Personnel & Benefits: TBH-Volunteer/Outreach Coord

MAJOR RESPONSIBILITIES

Coordination of the agency volunteer program including solicitation, selection, training, and supervision of volunteers. Provide Outreach to the community to increase awareness of services available through Project Safe. The position is open at this time, but we are conducting interviews and should have someone hired soon.
Currently all planned duties of this position will be VOCA allowable, if there are any changes to the duties that are not allowed in the future the VOCA Board will be notified.
See job description for details.
See attached job description for more details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 75%

Indicate anticipated funding sources to be used to supplement this position.

Source: Amount:
Source: Amount:
Source: Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

Personnel & Benefits: TBH-Volunteer/Outreach Coord

Total Request: \$19,582

Personnel & Benefits:

Identify all requested salary positions, and include benefits (if requested). To add another position click Add after saving the page.

Check this box if no Personnel & Benefits are being requested.

- 1) List each position by name and check whether the position is new or existing in Column A.
- 2) List the position/title in Column B.
- 3) List the total salary for the project period in Column C, and the total benefits for the project period in Column D.
- 4) List the percentage of the employee's time requested from VOCA funds in Column E.
- 5) Federal funds requested will calculate automatically when the form is saved.
- 6) List hours this person will work per week
- 7) Enter this person's FTE (Full Time Equivalent).
- 8) Check whether this person is Exempt or Non-Exempt.
- 9) Provide a brief summary of the job duties.
- 10) Complete the prior year's funding questions.
- 11) Complete the Budget Narrative if the position is existing and there has been a reduction of funds or if any further explanation is needed.
- 12) A complete job description for each position requested should be uploaded on the Required Grant Enclosures page.

(A)	(B)	(C)	(D)	(E)	(F)
Name of Employee	Position/Title	Total Salary for Project Period (excluding benefits)	Total Benefits for Project Period	Percent of time to be funded by VOCA	Federal Funds Requested
Crisis Hotline Advocate		\$10,404	\$1,974	100.0000%	\$12,378

New Existing Total hours this position will work per week: 24 Full Time Equivalent .6

Exempt Non-Exempt Dept. of Labor FLSA

Summary of job duties:
MAJOR RESPONSIBILITIES

Personnel & Benefits:

Provide crisis intervention services via the crisis line to those in need. Provide face-to-face crisis intervention to those people requesting sheltering services as directed by Shelter Director or Shelter Advocate. Complete initial assessments for admission status of those seeking sheltering. Provide continual advocacy, support, and guidance to adult and juvenile residents of the shelter facility as directed by the Shelter Director.
See Job Description for details.

Please answer the following questions:

Has funding for the positions been lost or reduced?

Yes No If yes, please explain in the budget narrative below.

Show % of salary funded by current VOCA award: 100%

Indicate anticipated funding sources to be used to supplement this position.

Source:	Amount:
Source:	Amount:
Source:	Amount:

If the positions listed above are existing and currently STATE or LOCALLY GOVERNMENT funded, is a reduction of state or local funds or other non-federal funds anticipated for the new grant period?

Yes No

Budget Narrative: Please explain the loss or reduction of prior funding for the position in this section.

***This position is being shown multiple times because we have to fill 4.2 FTE's using 5-8 part-time staff.

Total Request: \$12,378

Contractors and Consultants

- 1) For each contractor/consultant, enter the name (if known), the type of service to be provided and the hourly or daily fee or rate. Consultant fees in excess of \$650.00 per day require additional justifications and prior approval from the Victims Services Director, District Attorneys Council.
- 2) Please provide a detailed explanation of the category in the Narrative section below. Explain how the consultant/contractor is necessary to the success of the project and provide any explanation necessary for the figures provided.

<u>Service or Product</u>	<u>Fee or Rate</u>	Hourly	Daily	Total Request	<u>Federal Funds Requested</u>
Budget Narrative				\$0	

Organization:

Travel

- 1) Travel must be project related. Itemize travel expenses by specific purpose and show basis of computation (include costs for meals, lodging, and mileage). Mileage, lodging, and per diem must computed at the current state/federal rate (this can be less if a non-profit agency).
- 2) Please provide a detailed explanation of the category in the Narrative section below. Explain how the travel is necessary to the success of the project; identify the personnel who will be using the travel funds and the purpose of the travel.

Per Diem Rates Look-Up

Oklahoma Mileage Table

Destination	Mileage and/or Airfare	Per Diem, Lodging and Registration Costs	Federal Funds Requested
2018 Conference on Crimes Against Women/Dallas, TX	\$189	\$1,324	\$1,513
Budget Narrative		Total Requested	\$1,513

2018 CONFERENCE ON CRIMES AGAINST WOMEN/DALLAS, TX-\$2195.09
 # OF ATTENDEES=2
 MILEAGE REIMB=\$188.94 (MILES=402 @ \$0.47/mi # OF DRIVERS=1)
 PER DIEM=\$448 (\$224/ATTENDEE)
 HOTEL=\$876 (\$438/ATTENDEE—3 NIGHTS AT ALLOWABLE RATE OF \$146/NIGHT)

Equipment

- 1) List non-expendable items that are to be purchased (expendable items should be included in the Supplies Category).
- 2) Please provide a detailed explanation of the category in the Narrative section below. Explain how the equipment is necessary to the success of the project.

Equipment	Quantity	Unit Price	Federal Funds Requested
			Total Requested
			\$0

Budget Narrative

Facilities, Rentals and Leases

- 1) Identify and itemize facility, equipment rental and lease costs. Show the basis for computation and total cost.
- 2) Please provide a detailed explanation of the category in the Narrative section below. Explain the purpose and how the facilities, equipment rental and/or lease is necessary to the success of the project.

Facilities, Equipment Rental and Leases	Basis for Computation	Federal Funds Requested
County Office Rent	\$280/mo X 12 months	\$3,360
	Total Requested	\$3,360

Budget Narrative

We need to be able to provide a substantial presence in County . Due to the great need of Domestic and Sexual Violence services

would like to be able to provide services daily to clients. Prior to this grant cycle, not having a satellite office set up in County has resulted in missed opportunities for an advocate to ensure that all clients receive enhanced preparations for court hearings at protective order court and more exposure to services that provides for victims of Domestic and Sexual Violence , and for underserved victims

Our proposal is to continue to provide core advocacy services in County. We want to maintain our strong presence at protective order hearings for domestic and sexual violence victims, continue our excellent relationship with court officials to increase the proper use of protective orders. Our Community Advocate serves clients from County that request services voluntarily , including job search, self-esteem building, housing and child care search, etc. In addition, the Community Advocate has assisted over 100 clients so far in this grant cycle. In our opinion, these numbers are indicative of increased victim awareness and receipt of services because they are now readily accessible to them. Our advocates should be able to provide greater advocacy, support and services to a greater number of victims who deserve access to services. The Advocate educates clients regarding domestic violence, the dynamics of batterers, how to develop a safety plan, as well as give the client support in court and with community resources agencies. They will be able to provide continuity and stability to the victim step by step in an effort to give them every opportunity to achieve financial independence , and acquisition of life and coping skills. The County advocates will be able to provide assessment for referrals for counseling and support services for children that need help with emotional issues related to trauma, dynamics of domestic violence from the child perspective, and coping skills as requested/needed. We would like to continue to operate a satellite office in to provide essential advocacy services to victims of Domestic and Sexual Violence on a daily basis in a safe and comfortable environment.

Supplies and Operating

- 1) General supplies include any materials that are expended or consumed during the project period (office supplies, training supplies, postage, printing costs).
- 2) Operating costs are expenses that are required to implement the project such as telephone, utilities, printing, and maintenance.
- 3) List each item separately by type and show the basis for computation.
- 4) Please provide a detailed explanation of the category in the Narrative section below. Explain why the supplies to be purchased and the operating expenses requested are necessary to the project.

Item	Quantity	Unit Price	Federal Funds Requested
Gen Office and Training Supplies	12	\$248	\$2,976
Op Costs-Office	12	\$510	\$6,120
Gen Office/Training Co	12	\$65	\$780
Brochures for Outreach	1	\$750	\$750
Business cards	1	\$600	\$600
Craft, Therapeutic Activities and Suppli	1	\$1,000	\$1,000
Total Requested			\$12,226

Budget Narrative

For the Main Office computations, we will be using 51% of costs for VOCA funding requests. 3.6 employees of 7 are VOCA (3.6/7=.51) For Office/Shelter supply computations, we will be using 62% of costs for VOCA funding requests. 13.6 employees of 22 are VOCA (13.6/22=.62)

For County Office computations, we will be using 100% of costs for VOCA funding requests. 1 employee is VOCA. Gen Office/Training Supplies for VOCA Office/Shelter employees=Monthly avg cost of these supplies is \$400. 62% is \$248/mo. These funds will be used for office and training supplies necessary for provision of services, and employee and volunteer training. Op Costs-Office=Monthly avg Op costs (all utilities) avg \$1000/mo. 51% is \$510/month. These funds will be utilized to maintain public access office for victims served by VOCA funded employees. Gen Office/Training Co=Monthly avg of office and training supplies allotted is \$65. This office will be staffed solely by VOCA funded employees.

3000 Brochures for Outreach=3000 @ \$0.25. All brochures will be used for outreach and awareness of free services provided through this VOCA funded project. 9 VOCA employees will receive 500 business cards each at a cost of \$600. These cards will be used in client interaction, outreach and collaborative development. Craft, Therapeutic Activities and Supplies=These funds will be utilized by all VOCA funded personnel to provide therapeutic activities for their

Supplies and Operating

clients. None of these supplies will be utilized by any other employee that is not VOCA funded .

Organization :

Other Costs

- 1) Itemize all other expenses not included in the other categories.
- 2) Please provide a detailed explanation of the category in the Narrative section below. Explain why the other expenses to be purchased are necessary to the project.

Item Description	Federal Funds Requested
TRAINING	\$2,200
EMERGENCY LEGAL SERVICES	\$15,000
Total Requested	\$17,200

Budget Narrative

TRAINING:

2018 CONF. ON CRIMES AGAINST WOMEN (DALLAS, TX) -- CONFERENCE FEE=\$700.00 (CONF FEE/ATTENDEE=\$350 X 2 ATTENDEES)

2018 PARTNERSHIP CONFERENCE -- REGISTRATION FEE=\$1500 (CONF FEE/ATTENDEE=\$100 X 15 ATTENDEES)
 EMERGENCY LEGAL SERVICES -- Another unmet need is available funding for acquisition of skilled legal representation for emergency legal needs of victims. Some of our clients require legal assistance beyond what we are skilled to provide or may be facing a perpetrator that has legal representation. Too often in these scenarios, victims are in a position of significantly unfair disadvantage in the courtroom. We currently try to contact donors in the community in an attempt to raise funds to aid in the assistance of obtaining an attorney as these situations arise. Unfortunately, we are not always successful given the brief amount of time to raise funds. In light of this financial hardship, we would like to request \$15,000 to assist some of our clients with emergency legal services.

Indirect Cost

Request to Waive Indirect Costs

✓ The organization understands a request for indirect costs is voluntary and chooses **NOT** to request indirect costs for this grant. If the above box is **NOT** checked, select from one of the groups below.

De minimis Indirect Cost Request

Instruction: The de minimis indirect cost rate may be requested by:

a) Non-profit organizations that have never negotiated a federal indirect cost rate.

b) State and local units of government, and federally recognized tribal governments that receive less than \$35 million in direct federal funding and have never negotiated an indirect cost rate with a cognizant agency.

Note: If this method is chosen, it must be used consistently until such time the organization chooses to negotiate an indirect cost rate.

The organization certifies it has never negotiated an indirect cost rate and meets the qualifications for a de minimis rate of (a whole number between 1% & 10%) for this grant.

If requesting the de minimis rate, please complete the Modified Total Direct Cost form and submit it as part of the grant application.

Organizations with Negotiated Indirect Cost Agreements

The organization requests the approved negotiated rate of . The agreement is for the following period: to

The approved negotiated rate agreement is based on (select one)

Salaries Only; Salaries and benefits only; All budget categories;

Note: A copy of the current approved indirect cost agreement must be included with this application.

The organization has an approved negotiated rate of ; however, in order to allow a greater share of the program funds for direct program costs, the organization voluntarily chooses to charge a lesser rate of for this grant. The approved negotiated rate is for the following period: to .

The negotiated rate agreement is based on (select one)

Salaries only; Salaries and benefits only; All budget categories;

Note: A copy of the current approved indirect cost agreement must be included with this application on the Grant Enclosures page.

Organizations Requesting to Negotiate an Indirect Cost Rate

State and local units of government, and federally recognized tribal governments receiving between \$35 million and \$125 million in direct federal funding that have never negotiated an indirect cost rate, and any non-profit organization (regardless of how much federal funding is received) that has never negotiated an indirect cost rate, may choose to negotiate a rate with the District Attorneys Council (DAC), provided the DAC is the appropriate cognizant agency (e.g. DAC is the organization's major federal funding source).

Indirect Cost

In order to negotiate an indirect cost rate with the DAC, you may do so by completing an Indirect Cost

Proposal. Please contact DAC for guidance at 405-264-5006. Note: If the organization is currently

receiving de minimis indirect costs on any federal grant, what is the de minimis rate? *Grant name:*

Funding Agency:

The organization requests the negotiated indirect cost rate of , as agreed upon by this organization and the DAC, pursuant to the cost allocation plan currently in use by the organization, modified total direct costs, or another methodology that provides a fair and equitable distribution of costs to all programs that benefit from the overhead in accordance with 2 CFR 200. A copy of the approved indirect cost agreement between the organization and the DAC must be attached to this application.

Note: If the organization is currently receiving de minimis indirect costs on other federal grants, what is the de minimis rate? Grant name(s): . Please note, once there is a negotiated rate, the organization no longer qualifies for a de minimis indirect cost rate and must use the negotiated rate on all federal awards. Note: Organizations receiving more than \$125 million in direct federal funding that wish to negotiate an indirect cost rate must go through their federal cognizant agency. A list of federal cognizant agencies can be found at <https://www.dol.gov/oasam/boc/dcd/dcd-agency-list.htm>.

For more information on indirect costs, see 2 CFR Part 200, http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

Match

- 1) Match for a VOCA grant can be met by using either cash, in-kind (donated items or volunteer hours) or a combination of the two.
- 2) Match may be met in any of the allowable categories that VOCA could fund. For example, the requested grant funds may be for personnel, but the applicant may choose to match the federal funds with 3rd party in-kind volunteer hours and travel paid from other sources. Match is considered the same as VOCA funding - it must be used for direct services to victims.
- 3) Outline in detail how your match will be met. The match breakdown should specify the categories in which matching funds will be used. Categories used to match the grant are independent of the categories requested for actual federal grant dollars. Use the Narrative box if more space is required.
- 4) Volunteer hours must be computed at minimum wage (\$7.25/hour) unless the volunteer work is considered professional or paraprofessional. The most current paraprofessional volunteer rate can be found at www.independentsector.org.
- 5) If the match requirement is a barrier to applying for VOCA funding, the VOCA Board and the Office for Victims of Crime may approve a match waiver or reduction.
My organization requests a match waiver or reduction If yes, If yes, complete Match Reduction Request form below.

All Applicants

The VOCA grant requires all applicants meet the required match of 25% of the federal amount requested. This can be easily computed by taking the federal amount requested and dividing by four. Remember, match can only come from non-federal sources.

Organization:

Match

Total Federal Award Requested
\$428,718

Total Match Required
\$107,180

Match Breakdown	Description	Cash Amount	In-Kind Match	Total Match Amount
Personnel				\$0
Benefits				\$0
Contractors & Consultants				\$0
Travel				\$0
Equipment				\$0
Facilities, Equipment Rental and Leases	Facilities Value Matching		\$107,179	\$107,179
Supplies & Operating				\$0
Other				\$0
Volunteer Time				\$0
TOTAL		\$0	\$107,179	\$107,179

Match Narrative

Valuations have been obtained from local real estate and community developments experts regarding the monthly equivalent of rental values of both of our new properties. The shelter was estimated at \$5,312/mo (5000 sq ft @ \$11.75/sq ft + \$5000per year improvement divided by 12

Match

months) and the office at \$5,275 (4100 sq ft @ \$13/sq ft (as advised by Economic Development Office) + \$10,000per year improvement divided by 12 months). This comes to a total combined value of match at \$10,587/month. We have \$10,587/mo for 12mo's available for match (\$127,044 available).

See attached documentation attached in grant enclosures under personnel matching.

Match Reduction / Match Waiver Request Form Instructions

CURRENT VOCA GUIDELINE PERTAINING TO MATCH: The purpose of matching contributions is to increase the amount of resources available to the projects supported by grant funds. Matching contributions are required for each VOCA-funded project and must be derived from nonfederal sources. All funds designated as match are restricted to the same uses as the VOCA victim assistance funds and must be expended within the grant period. Any deviation from this policy must be approved by the VOCA Grant Board and the Office for Victims of Crime (OVC).

The purpose of this form is to provide a method for requesting a partial or full match waiver from OVC for this subgrant. The VOCA Board will review the information submitted by the applicant and decide whether or not to recommend a match waiver to OVC. Should the Board agree that a match waiver is warranted, after all attempts by the subrecipient to meet the required match have been exhausted, the next step is for DAC to submit the request to the OVC. The OVC Director will make the final decision on whether or not a match waiver is approved.

Match Reduction / Match Waiver Request Form

Organization Name:

Subgrant Number: Project Period: 10/01/2017 - 09/30/2018

Total Federal Award Requested: \$428,718

Total Match Required before waiver: \$107,180

How much of the required match does the organization request to waive:

Organization:

2017-VOC

Version Date: 12/08/2017 10:59:55

Match

The organization can match \$107,180 during the project period.

(This amount must equal the total match amount in the match breakdown chart above.)

MUST COMPLETE QUESTIONS 1-8 BELOW TO REQUEST A MATCH WAIVER.

1. How is the grant currently being matched (ie. In-kind sources and cash sources)

2. What extenuating circumstances exist that impede the organization's ability to partially or fully match the VOCA grant funds requested?

Has the organization considered all possible options for meeting the match with in-kind and cash sources that are not being used as match on another federal grant? YES NO

4. What methods has the organization used to consider all possible options for meeting the match requirements?

5. What steps does the organization plan to take in order to be able to meet the match requirement in the future (ie. Recruiting more volunteers)?

6. If a grant match waiver is approved, does the organization anticipate this is a one-time request or are there extenuating circumstances that will require a waiver request next year?

7. How would the denial of a match waiver impact the VOCA project?

Match

8. Would the program have to decline all or part of the grant award if a match waiver is not granted?

Budget Summary

	<u>VOCA Subgrant</u>	<u>Cash</u>	<u>In-Kind</u>	<u>Total</u>
	<u>Request</u>	<u>Match</u>	<u>Match</u>	<u>Amount</u>
Personnel	\$309,147	\$0	\$0	\$309,147
Benefits	\$85,273	\$0	\$0	\$85,273
Contractors & Consultants	\$0	\$0	\$0	\$0
Travel	\$1,513	\$0	\$0	\$1,513
Equipment	\$0	\$0	\$0	\$0
Facilities, Equipment Rental and Leases	\$3,360	\$0	\$107,179	\$110,539
Supplies & Operating	\$12,226	\$0	\$0	\$12,226
Other	\$17,200	\$0	\$0	\$17,200
Indirect Costs	\$0	\$0	\$0	\$0
Volunteer Time			\$0	\$0
TOTALS	\$428,718	\$0	\$107,179	\$535,897

Grant Enclosures

The following items must be attached to the application using the upload prompt.

1.) Job Descriptions (if requesting Personnel/Benefits costs)

- https://grants.ok.gov/_Upload/458943-2017OnCallAdvocate.doc
- https://grants.ok.gov/_Upload/458943_2-2017LincolnCountyAdvocateJobDescription.docx
- https://grants.ok.gov/_Upload/458943_3-2017ShelterDirectorJobDescription.docx
- https://grants.ok.gov/_Upload/458943_4-2017CrisisHotlineShelterAdvocateJobDescription.docx
- https://grants.ok.gov/_Upload/458943_5-2017CommunityAdvocateJobDescription.docx
- https://grants.ok.gov/_Upload/458943_6-2017CommunityAdvocatewithCourTEPOEmphasis.doc
- https://grants.ok.gov/_Upload/458943_7-2017FamilyChildAdvocateCaseManager.doc
- https://grants.ok.gov/_Upload/458943_8-2017ShelterAdvocateJobDescription.docx
- https://grants.ok.gov/_Upload/458943_9-2017CounselorJobDescription.docx
- https://grants.ok.gov/_Upload/458943_10-2017VolunteerOutreachCoordinatorJobDescription.docx

2.) Matching Personnel Job Description(s)

- https://grants.ok.gov/_Upload/458943-Officeannualvalue.pdf
- https://grants.ok.gov/_Upload/458943_2-shelterannualvalue.pdf

3.) Board of Directors

- https://grants.ok.gov/_Upload/458943-BoardofDirectors2017.doc

4.) Organizational Chart

- https://grants.ok.gov/_Upload/458943-OrganizationalChart2016.pptx

5.) Memorandums of Understanding and/or Letters of Support
(if a new applicant or if new services are being proposed)

Organization: -

2017-VOCA
Version Date: 12/08/2017 10:59:55

Grant Enclosures

https://grants.ok.gov/_Upload/458943-Clientletterforfiscalimpact.pdf

6) Cell Phone Policy

- * Upload required only if requesting funding for this category

7) Transitional Housing Policy

- * Upload required only if requesting funding for this category

8) Relocation Policy

- * Upload required only if requesting funding for this category

9) Emergency Funds Policy

- * Upload required only if requesting funding for this category

https://grants.ok.gov/_Upload/458943-EmergencyFundsPP.doc

10) Federal Negotiated Indirect Cost Agreement or Proposal

- * Upload required only if requesting funding for this category

11) MTDC Worksheet

- * Upload required only if requesting the de minimis rate.

Application Agreement and Submission

Application Agreement: By submitting this application, the Authorizing Official certifies 1) that the applicant agency is eligible to apply, 2) that the information provided in the application is accurate, and 3) that the applicant agency agrees to comply with all state and federal provisions of the Victims of Crime Act (VOCA) grant, the attached Certified Assurances, and all other state and federal laws.

Your typed name, in lieu of your signature, represents your legal binding acceptance of the terms of this application and your statement of the veracity of the representations made in this application. The documentation has been duly authorized by the governing body of the applicant and the applicant will comply with the following:

1. [Documentations/OKOSFVOCA_CERTIFIED_ASSURANCES.pdf](#)>Assurances
2. Certification Regarding Lobbying, Debarment, Suspension and Other Responsibility Matters, and Drug-Free Workplace requirements.

Authorizing Official
 Title
 Address
 City
 Area Code/Phone Number
 Area Code/Fax Number
 E-mail Address

Board President
 Drive
 State Oklahoma
 Zip+4
 @gmail.com

I have examined the information provided here regarding the signing authority and certify it is accurate. I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, to provide the information requested throughout this application system on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.

You must hit the SAVE button before you can submit the application. By clicking this link, you will be directed to the Application Status Menu where you must click the APPLICATION SUBMITTED button.

Staff Recommendation

Docket Number 141
 Recommendation Award/Decrease
 Funding Recommendation \$377,948

Staff Comments

List out each budget line item showing requested amount, and textbox for staff recommendation, and another textbox for Board Approval.

	Amount Requested	Match Requested	Staff Recommendation	Approved Budget	Approved Match	
Personnel	\$309,147	\$0	\$285,096	\$285,096	\$0	1 LPC, 1 Family Advocate, 1 Shelter Advocate, 1 Court Advocate, 1 Community Advocate, 1 Shelter Director, 1 On-call Advocate, each @ 100%; 1 Volunteer Outreach Advocate @ 60%, 1, County Advocate @ 50% and 7 Hotline Workers
Benefits	\$85,273	\$0	\$76,426	\$76,426	\$0	
Contractors & Consultants	\$0	\$0	\$0	\$0	\$0	
Travel	\$1,513	\$0	\$0	\$0	\$0	
Equipment	\$0	\$0	\$0	\$0	\$0	
Facilities, Equipment Rental and Leases	\$3,360	\$107,179	\$3,360	\$3,360	\$0	Rent County
Supplies & Operating	\$12,226	\$0	\$11,566	\$11,566	\$0	Shelter and office supplies Craft and therapeutic Activity Supplies
Other	\$17,200	\$0	\$1,500	\$1,500	\$0	Registration VOCA funded staff Partnership Conference

Organization:

2017-VOCA-

Version Date: 12/08/2017 10:59:55

Staff Recommendation

Indirect Costs	\$0	\$0	\$0	
Volunteer Time	\$0		\$94,487	
TOTALS	\$428,718	\$107,179	\$377,948	\$94,487
Subgrantee Number	2017-VOCA-		1st motion:	Baggett
Board Decision	Award		2nd motion:	Hardin
	\$377,948		Decision:	Award

Required Match on Approved Budget \$94,487

If Match Waiver Requested:

Amount Can Match \$107,179

Board Decision

Board Comments

Special Conditions

Training Special condition: a) Mandatory Victim Assistance Training (VAT) online or equivalent training for newly hired victim advocates, to be obtained within 6 months of hiring. This requirement would only apply to advocates new to the field of victims' services who have not received any formal training or education in the field of victims' services in the past 12 months; b) Trauma-Informed domestic violence training for all attorneys working with domestic violence and/or sexual assault clients. Trauma-specific training will be made available through DAC and partner agencies twice annually, and should be attended at least once by all VOCA-funded attorneys during the grant period; and c) Mandatory training every three years for non-attorneys providing direct victim services, unless there is already a mandatory continuing education requirement established for that profession.

Denial Reasons

Award Packet Instructions

Requested Amount	\$428,718
Awarded Amount	\$377,948.00

1. VOCA Award Budget Summary

- Open this page and carefully review the information.
- Once reviewed, click SAVE and proceed to the Award Notice.

2. Award Notice
 Review the information, click SAVE, and go to the Certification of Equal Opportunity Plan.

3. Certification of Equal Opportunity Plan.
 Select the appropriate answers, click SAVE, and go to the EOP Certification Form.

4. Certification of Privacy
 Select the appropriate answers, click SAVE, and go to Certification of Confidentiality.

5. Certification of Confidentiality
 Select the appropriate answer, click SAVE, and go to Certification of Compliance with Open Meeting Act.

6. Certification of Compliance with the Open Meeting Act
 Select the appropriate answer, click SAVE, and go to Statement of Audit Arrangements.

7. Statement of Audit Arrangements
 Select the appropriate answer, click SAVE, and go to Certification of Project Income.

8. Certification of Project Income
 Select the Appropriate Answers,click Save, and go to Disclosure of Lobbying Activities.

9. Disclosure of Lobbying Activities
 Select the appropriate answer, click SAVE. If "no" is selected, go to Accounting System Review. If "yes" is selected, complete the form, click SAVE, and go to Accounting System Review.

10. Accounting System Review
 Select the appropriate answers, click SAVE and follow the instructions below for submission.

11. The Authorized Official is the only person authorized to submit the Award Packet
 • This is done in the Change the Status link on the DAC Application Menu page.

12. Once the Award Packet has been submitted, print each of the award documents for your files.

VOCA Award Budget Summary

Awarded Amount: **\$377,948**
 Required Match: **\$94,487.00**

- Your Awarded Amount and Required Match are listed at the top of the screen and in the chart below.
- The Amount Requested/Match Requested columns are the amounts requested in your grant application.
- If the Approved Budget differs from the requested amounts and you need to make adjustments to the budget, you can request a GAN after the award is accepted.
- Once you have reviewed the Approved Budget amounts, you may SAVE the form and go to the Award Notice.

	Amount Requested	Match Requested	Approved Budget	Approved Match
Personnel	\$309,147	\$0	\$285,096	\$0
Benefits	\$85,273	\$0	\$76,426	\$0
Contractors & Consultants	\$0	\$0	\$0	\$0
Travel	\$1,513	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0
Facilities, Equipment	\$3,360	\$107,179	\$3,360	\$0
Rental and Leases				
Supplies & Operating	\$12,226	\$0	\$11,566	\$0
Other	\$17,200	\$0	\$1,500	\$0
Indirect Costs	\$0	\$0	\$0	\$0
Volunteer Time		\$0		\$94,487
TOTALS	\$428,718	\$107,179	\$377,948	\$94,487

Organization:

2017-VOCA-

Version Date: 12/08/2017 10:59:55

Award Notice

AWARD NOTICE

District Attorneys Council

421 N.W. 13th, Suite 290

Oklahoma City OK 73103

(405) 264-5006 FAX (405) 264-5097

Organization:

Inc.

SUBGRANT NO:

2017-VOCA-

PHONE:

(405)

Project Name:

Inc.

FAX:

(405)

START DATE:

10/1/2017

Federal ID Number:

731264293

END DATE:

9/30/2018

DUNS Number:

(405) 264-5006 or
VOCAhelp@dac.state.ok.us

CFDA:

Federal Award Number:

and/or

Program Director:

Grant Amount:

\$377,948.00

Match Amount:

\$94,487.00

Special Conditions:

Training Special condition: a) Mandatory Victim Assistance Training (VAT) online or equivalent training for newly hired victim advocates, to be obtained within 6 months of hiring. This requirement would only apply to advocates new to the field of victims' services who have not received any formal training or education in the field of victims' services in the past 12 months; b) Trauma-Informed domestic violence training for all attorneys working with domestic violence

Award Notice

and/or sexual assault clients. Trauma-specific training will be made available through DAC and partner agencies twice annually, and should be attended at least once by all VOCA-funded attorneys during the grant period; and c) Mandatory training every three years for non-attorneys providing direct victim services, unless there is already a mandatory continuing education requirement established for that profession.

This grant is subject to the terms and conditions set forth in the application which was submitted to the District Attorneys Council. The award is authorized by the District Attorneys Council (DAC). The subgrantees shall administer the project for which this subgrant is awarded in accordance with the applicable rules, regulations, and conditions as set forth in the federal guidelines; the Administrative Guide published by DAC, and the effective edition of the Department of Justice (DOJ) Office of Justice Programs, Financial and Administrative Guide for Grants. The subgrantee shall also administer the project in accordance with the Certified Assurances and Special Conditions of the award. The subgrantee shall maintain separate accounts and accounting records for the subgrant funds, and shall maintain and furnish to DAC and DOJ upon request, detailed accounting and supportive records. The subgrantee shall file such reports relating to the subgrant as are required by DAC and DOJ.

Name of Authorizing Official

Date
9/21/2017

✓ I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, to provide the information requested throughout this contract package on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.

Organization:

Certification Of Equal Employment Opportunity Plan

Subgrant Number:

Subgrant Name:

Address:

Project Director:

Award Amount:

Have you had any Findings of Discrimination with the last 5 years?

Yes No

The Office for Civil Rights, Office of Justice Programs (OCR), is now requiring all grant subrecipients go online to do their Equal Employment Opportunity Plan (EEO) Certification. The questions have been modified by OCR and they are no longer offering the paper version we have historically submitted on your behalf; therefore, each VOCA-funded organization should submit the Certification using these instructions:

1. Go to: https://ocr-eeop.ncjrs.gov/layouts/15/eeopLogin2/customLogin.aspx?ReturnUrl=%2f_layouts%2f15%2fAuthenticate.aspx%3fSource%3d%252F&Source=%2F

2. Follow the system's instruction.

3. Select New User and set up your organization and Authorized Users. Be sure to add your Authorizing Official as a user because this person will be required to log in and submit the EEO Certification. The questions can be answered by the Agency Head, but must be submitted by the Authorizing Official.

4. Project Directors can list whomever they choose as users in the system. The users will receive an e-mail from the system asking them to set a password.

5. After the Authorizing Official logs in and submits the form, click the link under Certification Submissions and save the form to your desktop.

6. Upload the saved Certification to Grant Enclosures.

Certification of Privacy

Subgrantee Name:

Address:

Project Director:

Award Amount:

Inc.
Ave

\$377,948.00

The

has policies and procedures in place which respond to the requirements of the Privacy Act of 1974, as amended, 5 U.S.C. Section 552a, and ensures that the information collected for the purposes of complying with the conditions of grant number do not contain specific references to any victim receiving services.

9/21/2017

Date

Authorized Official

✓ I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, to provide the information requested throughout this contract package on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.

Certification of Confidentiality

Subgrantee Name:

Address:

Project Director:

Award Amount:

Inc.
Ave

\$377,948.00

Pursuant to section 1407 of the Victims of Crime Act (42 U.S.C. Section 1604) regarding matters of confidentiality, section 1407(d) of VOCA provides that "Except as otherwise provided by Federal law, no officer or employee of the Federal Government, and no recipient of sums under this chapter, shall use or reveal any research or statistical information furnished under this chapter by any person and identifiable to any specific private person for any purpose other than the purpose for which such information was obtained in accordance with this chapter. Such information, and any copy of such information, shall be immune from legal process and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in an action, suit, or other judicial, legislative, or administrative proceeding." This provision is intended, among other things, to assure the confidentiality of information provided by crime victims to crisis intervention counselors working for victims services programs receiving funds provided under this Act.

28 CFR Part 9494.115 Non-disclosure of confidential or private information.

(a) Confidentiality. State Administering Agencies and subrecipients of VOCA funds shall, to the extent permitted by law, reasonably protect the confidentiality and privacy of persons receiving services under this program and shall not disclose, reveal, or release, except pursuant to paragraphs (b) and (c) of this section—(1) Any personally identifying information or individual information collected in connection with VOCA funded services requested, utilized, or denied, regardless of whether such information has been encoded, encrypted, hashed, or otherwise protected; or (2) Individual client information, without the informed, written, reasonably time-limited consent of the person about whom information is sought, except that consent for release may not be given by the abuser of a minor, incapacitated person, or the abuser of the other parent of the minor. If a minor or a person with a legally appointed guardian is permitted by law to receive services without a parent's (or the guardian's) consent, the minor or person with a guardian may consent to release of information without additional consent from the parent or guardian. (b) Release. If release of information described in paragraph (a)(2) of this section is compelled by statutory or court mandate, SAAs or sub-recipients of VOCA funds shall make reasonable attempts to provide notice to victims affected by the disclosure of the information, and take reasonable steps necessary to protect the privacy and safety of the persons affected by the release of the information. (c) Information sharing. SAAs and sub-recipients may share— (1) Non-personally identifying data in the aggregate regarding services to their clients and non-personally identifying demographic information in order to comply with reporting, evaluation, or data collection requirements; (2) Court-generated information and law-enforcement-generated information contained in secure governmental registries for protection

Certification of Confidentiality

order enforcement purposes; and (3) Law enforcement- and prosecution-generated information necessary for law enforcement and prosecution purposes. (d) Personally identifying information. In no circumstances may— (1) A crime victim be required to provide a consent to release personally identifying information as a condition of eligibility for VOCA-funded services; (2) Any personally identifying information be shared in order to comply with reporting, evaluation, or data-collection requirements of any program; (e) Mandatory reporting. Nothing in this section prohibits compliance with legally mandated reporting of abuse or neglect.

9/21/2017

Authorized Official

Date

✓ I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, to provide the information requested throughout this contract package on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.

Certification of Compliance with Open Meeting Act

Subgrantee Name:

Address:

Project Director:

Award Amount:

Inc.
Ave

\$377,948.00

I, _____ (authorizing official) certify that the Board of Directors for _____ (implementing agency) has read and understands the Open Meetings Act, Title 25, Okla. Statutes Sections 301-314, and agrees to the specific program receiving VOCA funds shall comply with all provisions of the act when conducting business for the program. Should the Board of Directors need technical assistance regarding the provisions of the Open Meetings Act, the authorizing official agrees to consult with the Board's legal counsel, the District Attorneys Council, or the Attorney Generals Office.

Authorized Official

9/21/2017

Date

✓ I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, to provide the information requested throughout this contract package on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review.

Note: This form does not apply to District Attorneys who receive VOCA subgrant awards since a Board of Directors does not manage those offices.

Statement of Audit Arrangements

Subgrantee Name and Address:

2017-VOCA

Inc.
Ave
Oklahoma

Telephone Number:

(405)

Fiscal Year Ends:

March 31

Other, Please Specify

Does your organization receive:

Under \$750,000 in total funds (If so: STOP HERE and SAVE.)

Name of CPA (or State Auditor):

Address:

City: State: Zip:

Contact person in CPA's Office:

Telephone:

Anticipated date A-133 audit report will be sent to District Attorneys Council:

Provide date for financial statements:

Name of Authorizing Official

Board President

Title

9/21/2017

Date

Certification of Project Income

Section 1: Assurance Statement

I, (Authorizing Official) assure that the funded entity will comply with the provisions on project income as set forth in the Financial and Administrative Guide. Selection of this section requires the submission of Certification of Project Income reports.

Name of Authorizing Official

Date

Project Director

Date

Section 2: Assurance and Certification Statement

I, (Authorizing Official) assure that the funded entity will not be receiving any income as a direct result of the program activity. I further certify that if the entity begins to receive income as a direct result of the program activities, I will notify the Federal Grants Division Director, in writing, within 30 days of the receipt of the income.

9/21/2017

Date

Name of Authorizing Official

9/21/2017

Date

Project Director

Disclosure Of Lobbying Activities Form

Do you conduct Lobbying Activities? No

Subgrant Name:

Subgrant Number: 2017-

1. Type of Federal Action:

2. Status of Federal Action

3. Report Type

For Material Change Only:

Year:

Quarter:

Date of last report:

4. Name and Address of Reporting Entity:

Prime

Subawardee Tier, if known:

Congressional District, if known:

5. If Reporting Entity in No. 4 is Subawardee, enter Name and Address of Prime:

Congressional District, if known:

6. Federal Department /Agency:

7. Federal Program Name/Description:

CFDA Number, if applicable:

8. Federal Action Number, if known:

9. Award Amount, if known:

10a. Name and Address of Lobbying Registrant

(If individual, last name, first name, MI):

10b. Individuals Performing Services

(including address if different from No. 10a.)

(last name, first name, MI)

11. Information requested through this form is authorized by Sec. 319, Pub. L. 101-121, 103 Stat. 750, as amended by sec. 10; Pub. L. 104-65, Stat. 700 (31 U.S.C. 1352). This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the

Disclosure Of Lobbying Activities Form

Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

✓ I am the signing authority, or have been delegated or designated formally as the signing authority by the appropriate authority or official, to provide the information requested throughout this contract package on behalf of this jurisdiction. Information regarding the signing authority, or the delegation of such authority, has been placed in a file and is available on-site for immediate review

Organization:

2017-VOCA
Version Date: 12/08/2017 10:59:55**Disclosure Of Lobbying Activities Form****Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities**

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency. A Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient, include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for

Disclosure Of Lobbying Activities Form

Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, state and zip code of the registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Organization:

Accounting System Review

1. Which best describes your accounting system?
 - Manual Automated
 - Combination of Manual and Automated Systems
2. Does your agency receive multiple grant awards (from DAC and/or any other agencies)?

Yes
3. Do you maintain an individual ledger, separate from the general ledger, for each grant award?

Yes
4. Does your accounting system identify the receipt and expenditure of funds for each grant?

Yes
5. Please describe how you account for the receipt and expenditure of funds in the general ledger.

All income and expenses are recorded utilizing QuickBooks software and are coded to the correct classification and grant fund by a designated and trained employee who has verified all substantiating documentation. The Executive Director reviews all entries and documentation to ensure compliance with grant stipulations, and the Board Financial Committee reviews all financial information monthly. All documentation related to the income and expenses is maintained and stored on site, and is readily available for review.
6. Does this grant include funding for personnel?

Yes
7. Are time sheets maintained for the employees that are paid on the grant?

Yes
8. If no, describe how will the employee(s) record their time.

Accounting System Review

9. For ALL employees paid on the grant, are time sheets broken down by funding source?

Yes

10. If no, please explain why time sheets are not broken down by funding source.

11. Are financial records maintained in-house or are they contracted out to another party?

In House Contracted Out
 Combination of In-House and Contracted Out

12. Provide a brief description of the controls that are in place to ensure correct and accurate accounting and reporting.

All income and expenses are recorded utilizing QuickBooks software and are coded to the correct classification and grant fund by a designated and trained employee who has verified all substantiating documentation. The Executive Director reviews all entries and documentation to ensure compliance with grant stipulations. Documentation for expenditures is presented to Board members who are signers on the account for approval. Two signatures are required for expenditures. Bank statements are reconciled each month, and an independent review of the month's activity is performed by a CPA on the Financial Committee. The Finance Committee will either approve each month's financial report as is or make recommendation for adjustment or correction as necessary. The financial report will be presented to the Board for review and approval upon the recommendation of the CPA.

13. Who is the person responsible for depositing grant funds?

Direct Deposited reconciled by Finance Officer

14. Where are the grant funds deposited?

State Treasurer County Treasurer
 City Treasurer Bank Other
 If other, please specify:

Accounting System Review

15. How many signatures are required on checks?

2

16. Identify the authorized check signers along with their title?

Name Title

Board President

Name Title

Board Vice President

Name Title

Board Secretary

Name Title

Board Treasurer

17. Does your organization have written accounting policies and procedures?

Yes

Name of Financial Officer

Date:

Sep 21 2017 4:55PM