

2016

Office of Attorney General

Request for Proposal

FVPSA Funds

Services to Underserved Populations means programs and protocols that make services available to domestic violence victims who are members of underserved populations. Populations may be underserved due to ethnic, racial, cultural, sexual orientation, language diversity, or geographic isolation.





Office of Attorney General

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REQUEST FOR PROPOSAL
(RFP)

RFP #: FVPSA 2016G991538
Issue Date: February 26, 2016
Title: FVPSA Domestic Violence Services Grant
Location: Statewide
Initial Contract Period: July 1, 2016 – June 30, 2017
Proposal Due Date and Time: April 8, 2016 (5:00 P.M.)
Award Posted Date: April 22, 2016 by 5 PM on OAG Website

ISSUING AGENCY:
Oklahoma Office of Attorney
General
Attention: Lesley March
Victim Services
313 NE 21st
Oklahoma City, OK 73105

The purpose of this Request For Proposal (RFP) is to fund a Contractor who will establish, maintain and/or expansion of programs and projects to prevent incidents of family violence, domestic violence, and dating violence; to provide immediate shelter, supportive services, and access to community-based programs for victims of family violence, domestic violence, stalking or dating violence, and their dependents, and to provide specialized services for children exposed to family violence, domestic violence, or dating violence, **underserved populations** and victims who are members of racial and ethnic minority populations.

Services to Underserved Populations means programs and protocols that make services available to domestic violence victims who are members of underserved populations. Populations may be underserved due to ethnic, racial, cultural, sexual orientation, language diversity, or geographic isolation.

Sealed Proposals for providing domestic violence services described herein will be received subject to the conditions cited herein until the **Proposal Due Date and Time** shown above. **Proposals received after that time will not be considered. Send by mail** or hand-deliver all proposals directly to the Oklahoma Office of Attorney General, Attention: Lesley March. **Do not fax or e-mail.**

Qualifications for Applicant Entities: Eligible applicants are incorporated nonprofit organizations in Oklahoma providing comprehensive domestic violence services **certified** by the Oklahoma Office of Attorney General. For all non-profit organizations, **proof of IRS 501(c) 3 designation is required at the time of application.** Applicant must be registered with the Secretary of State.

All non-tribal applicants must be certified through this office to provide domestic violence services before July 1, 2016.

Oklahoma Tribes (Nations) are eligible applicants for FVPSA funding. If a Tribe (or Nation) wishes to apply for FVPSA funding through the Oklahoma Office of Attorney General, the tribe (or Nation) shall agree to the Contract Waiver of Immunity Provisions. Please attached signed waiver with the application. **(See Attachment 13.)**

If a tribal (or Nation's) proposal is awarded, the tribe (or Nation) must go through the certification process to provide domestic violence services, pursuant to the certification provisions of the administrative rules of the Oklahoma Office of Attorney General before July 1, 2016.

A. The Office of the Attorney General shall have the authority to collect information sufficient to meet its responsibilities related to oversight, management, evaluation, performance improvement and auditing of domestic violence and sexual assault services and combating and preventing domestic violence and sexual assault in this state.

B. The individual forms, computer and electronic data, and other forms of information collected by and furnished to the Attorney General shall be confidential and shall not be public records as defined in the Oklahoma Open Records Act.

C. Except as otherwise provided by state and federal confidentiality laws, identifying information shall not be disclosed and shall not be used for any public purpose other than the creation and maintenance of anonymous datasets for statistical reporting and data analysis.

All inquiries for information should be directed to: **Margaret Goldman:(405) 522-0146 or margaret.goldman@oag.ok.gov**

I. Purpose

The intent and purpose of this Request for Proposals (RFP), being issued by the Oklahoma Office of Attorney General is, to solicit sealed proposals to establish contracts through competitive negotiation for the purchase of services through private non-profit, incorporated agencies, organizations and tribes in Oklahoma for the underserved populations of domestic violence victims. The main goal of each agency's service program should be as follows:

- To prevent incidents of family violence, domestic violence, and dating violence;
- To provide immediate shelter, supportive services, and access to community-based programs for victims of family violence, domestic violence, or dating violence, and their dependents; and
- To provide individual and group counseling, peer support groups, and referral to community-based services to assist family violence, domestic violence, and dating violence victims, and their dependents, in recovering from the effects of the violence;
- To increase awareness of family violence, domestic violence, and dating violence and increase the accessibility of family violence, domestic violence, and dating violence services;
- To provide culturally and linguistically appropriate services;
- To provide services for children exposed to family violence, domestic violence, or dating violence, including age-appropriate counseling, supportive services, and services for the non-abusing

parent that support that parent's role as a caregiver, which may, as appropriate, include services that work with the non-abusing parent and child;

- To provide specialized services for children exposed to family violence, domestic violence, or dating violence, underserved populations, and victims who are members of racial and ethnic minority populations;
- To provide direct crisis services to victims of domestic violence. Crisis services include, but are not limited to, hotline services, crisis intervention, safety planning and access to shelter available 24 hours per day to victims of domestic violence who are in imminent danger;
- To provide outreach to underserved populations;
- To promote best and promising practices and to fill gaps in services that will help meet identified unmet needs; and
- To educate the community and stakeholders on the prevalence and effects of domestic violence in locality.

Through this solicitation, ten (10) percent of the annually awarded Family Violence Prevention and Services Act (FVPSA) funding will be distributed through this RFP. Each recipient of a sub grant award will receive funding for the period from July 1, 2016 through June 30, 2017. **Please Note:** The amount available for this RFP is **\$ 143,961.**

II. STATEMENT OF NEEDS

Applicants are required to propose services that address the full spectrum of services benefiting victims of domestic violence and their children including, but not limited to victim assistance and domestic violence prevention. **(See attachments 4, 4a.)**

III. FUNDING REQUIREMENTS:

FVPSA funds available for distribution have numerous obligations. Please note that all applicants shall be required to:

1. Comply with all federal and state laws;
2. The Office of the Attorney General shall have the authority to collect information sufficient to meet its responsibilities related to oversight, management, evaluation, performance improvement and auditing of domestic violence services and combating and preventing domestic violence and sexual assault in this state.
3. The individual forms, computer and electronic data, and other forms of information collected by and furnished to the Attorney General shall be confidential and shall not be public records as defined in the Oklahoma Open Records Act.
4. Except as otherwise provided by state and federal confidentiality laws, identifying information shall not be disclosed and shall not be used for any public purpose other than the creation and maintenance of anonymous datasets for statistical reporting and data analysis.

5. Collect statistical information on services provided and enter it into the OAG web site by the 10th of the month;
6. Budget only for costs and expenses necessary for the performance of grant activities;
7. Ensure that services to victims and their children are:
 - Provided free of charge and regardless of income
 - Provided on a voluntary basis
 - Culturally and linguistically appropriate
 - Accessible and offered to underserved populations
 - Trauma informed services
8. Protect the confidentiality of client information; **(See Appendix A, A1)**
9. Display Civil Rights/Equal Employee Opportunity information;
10. Maintain time and attendance records for all grant-funded staff;
11. Utilize volunteers;
12. Provide 20% match, cash or in-kind;
13. Register with the System for Award Management (SAM) and have a DUNS number. Please ensure that the applicant's organization has a D-U-N-S number. To acquire a D-U-N-S number at no cost call the dedicated toll-free D-U-N-S number request line at 1-866-705-5711 or request a number online at <http://www.dnb.com>. **(See Attachment 5)**
14. **Sign Assurances listed under appendix guide, page 37.**

IV. UNALLOWABLE SERVICES/EXPENSES FOR THESE GRANT FUNDS:

1. Services to perpetrators;
2. Juvenile justice activities;
3. Fundraising;
4. Inpatient treatment services;
5. Contract services without prior permission;
6. Lobbying/administrative advocacy; and
7. Research
8. Limit administration, prevention and/or community collaboration time and costs to no more than 25% of any grant funded staff time.
9. No funds provided by this grant under this title may be used as direct payment to any victim of family violence, domestic violence, or dating violence, or to any dependent of such victim.
10. No real property, equipment office supplies purchase is allowed under this RFP.

V. FEDERAL OUTCOME MEASURES:

The Family Violence Prevention and Services Act (FVPSA), a program of the US Department of Health and Human Services, requires each state to collect data from the local domestic violence programs regarding the outcomes of services. This project, "Documenting Our Work" (DOW), developed by the National Resource Center, uses data to evaluate domestic violence services and how services provided are helpful

to the victims. Sub-grantee agencies are required to participate in DOW by distributing and collecting the most current Shelter Survey and Community-Based Services.

1. As a result of contact with the domestic violence program, at least 75% of domestic violence survivors will have strategies for enhancing their safety.
2. As a result of contact with the domestic violence program, at least 75% of domestic violence survivors will have knowledge of available community resources.
3. Applicants must use the DOW survey forms as part of the project outcome (**See Attachments 6**).

a. Local Outcome Measures Applicants are encouraged to develop outcomes that are specific to their local services and are reflective of the activities planned for the contract period. **Local outcomes** shall be included in the Evaluation Section of the Narrative as well as the Work Plan. Every local outcome, however, must have a documented method of evaluation that is clearly explained.

VI. INSTRUCTIONS FOR COMPLETING WORK PLAN FORM

Why Performance Measurement?

No longer are legislators and funders satisfied with allocating dollars and getting back reports of numbers served and program activities. Performance measurement enables legislators, funding sources, and communities to know what impact the dollars have had i.e. **what effect or change has resulted from dollars invested and how a person's life or community has been changed.** Performance measurement starts with "the end in mind" e.g. what do you want to occur as a result of your service?

Performance measurement consists of:

High level outcomes: Desired results in social health or well-being. High level outcomes reflect the longer-term, global effects the program is intended to achieve. e.g. To reduce domestic violence abuse and sexual assault.

- **Activities:** List the key activities/initiatives proposed to achieve the goal(s) and objective(s) of the grant program.
- **Staff Responsible:** Indicate the staff or organizations responsible for carrying out each activity/initiative.
- **Output:** An output is a process measure which describes the conditions under which measurements will be made. This may refer to the timeframe and/or implementation of an activity/initiative, frequency, number of participants, etc. Process measures are activity focused and contribute to interim outcomes. They do not reflect qualitative outcomes. E.g. the number of victims participating in support groups or the number of community presentations.
- **Outcomes:** Interim improvements in participant's or community progress towards a high level outcome. Interim outcomes reflect a more immediate or direct effects a program is intended to achieve. Outcomes typically address changes in participant performance/behavior that occur as a result of specific activities. They

may include, but are not limited to a change or benefit in behavior, knowledge, skills, attitude, values, or condition.

- **Outcome Measures:** Documents the condition of clients after a service has been provided e.g. increased skills, modified behavior, improved condition. Outcome measures address qualitative outcomes.
- Outcome measures can include research based instruments with demonstrated reliability and validity, statistics, interviews, observations, rating scales, surveys, focus groups, records, goal attainment, etc.

VII. PROPOSAL PREPARATION AND SUBMISSION INSTRUCTIONS

In order to be considered for selection, applicants must submit a complete response to this RFP including one (1) original and five (5) copies. The original shall be so marked. In addition, Applicants must submit one (1) complete, signed and scanned proposal on an unprotected CD or jump drive that must be labeled with the name of the Applicant.

1. The signed proposal should be returned in a separate envelope or package, sealed and identified as follows: name of applicant, address, city/state/ zip.

2. Proposal Preparation:

a. Proposals **shall be signed by the authorized representative** of the applicant. All information requested should be submitted. Failure to submit all information requested may result in OAG requiring prompt submission of missing information and/or giving a lowered evaluation of the proposal. Proposals which are substantially incomplete or lack key information may be rejected by OAG.

b. Proposals should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content that addresses every component of proposal instructions.

c. Proposals should be organized in the order in which the requirements are presented in the RFP. All pages of the proposal shall be numbered. The proposal shall contain a table of contents which cross-references the RFP requirements. Unless requested, no other attachments should be submitted.

d. Proposals must be typed, double spaced on 8.5" x 11" paper using font size no smaller than 12 point. Each copy of the proposal should be bound or contained in a single volume where practical. All documentation submitted with the proposal shall be contained in that single volume. The use of paperclips, staples or rubber bands does not meet this requirement. **The use of a large binder clip is the preferred method.**

e. Oral Presentation: Applicants who submit a proposal in response to this RFP **may be contacted**. If scheduled, it is an explanation session only and does not include

negotiation. OAG will schedule the time and location of these presentations. Oral presentations are an option of OAG and may or may not be conducted.

VIII. SPECIFIC PROPOSAL INSTRUCTIONS:

Proposals should be as thorough and detailed as possible so that the evaluation panel may properly evaluate the applicant's capabilities to provide the required services. Applicants are required to submit the following items as a complete proposal, in the order listed:

1. The RFP cover sheet (See Attachment 4)

2. Assurances signed and completed

2. Copy of 501C3

3. Certificate of Good Standing from the Oklahoma Secretary of State

4. DUNNS Number

5. Project Narrative –

a. Introduction: (1 to 2 pages) outline **your organization or agency by describing the following:**

- **Agency Description:** Briefly describe the purpose of your agency, the mission statement, the year of establishment, the types of services currently being offered (if a new agency, please also provide the number of clients served in the 12-month period as reflected in your attached statistical report).
- **Project summary:** Provide a brief description of your proposed project that includes the target populations/localities to be served and services to be provided.
- **Agency Qualification:** Describe your agency's experience with similar projects and managing federal/state/local funds, your agency's area of expertise in regard to the proposed activities, and your agency's organizational capability to manage the DVP grant.

b. Description of Needs/Problem Statement: (2 pages maximum)

Provide a statement of need for the proposed activities in your service area by focusing on your unique community. Describe in a detailed manner the needs of victims and children that will be addressed (not the applicant organization's or agency's needs). Include needs of **underserved populations** in your service area, how they were identified as well as how you intend to provide services to them.

Support your service area's needs with local statistical data; i.e., as evidenced by the data from your agency's service provision, statistics from law enforcement, hospitals, community partners, schools, local departments of social services, homicide statistics, etc. Describe the current or proposed relationship/collaboration with stakeholders in your service area regarding domestic violence such as direct services, serving on committees/task forces, sharing office space with partnering agencies, and/or cross-trainings, etc.

c. Program Goals and Objectives: (2 pages maximum)

This is your opportunity to explain in a clear and succinct manner, your agency's project plan, staff needed for implementation and the specific services you intend to provide with this funding in clearly measurable terms.

The project's work plan and budget should be linked to and support the activities that are described in this section. Project goals should define the overall direction of a program and state what is to be accomplished by the program. Goals are measurable statements of the desired impact of the program and typically address changes in actual behaviors, such as decreased victimization, increased community involvement or improved safety and well-being.

Objectives or outcomes are specific measurable statements of the desired immediate or direct outcome of a program, which support the accomplishment of a goal. Well-formulated objectives reflect changes in knowledge, attitudes, skills, and/or behaviors that are the direct result of specific activities.

- Identify at least one objective for each problem or need committed to in the problem statement (objectives are outcomes).
- Work Plans will detail the activities and services to be performed that will result in a measurable outcome. Use only the Work Plan to elaborate on what your program will do to meet the objectives, rather than including this information in the narrative.
- Consider how your work plan will connect to the outcomes listed in Section III. (Work Plan attachments do not count in the page limitations), and Identify any best or promising practices to be used in the program.

d. Evaluation: (2 pages maximum)

- Present a plan for determining the degree to which the program objectives/outcomes (described above) are/will be met:
- Present a plan for evaluating accomplishment of program objectives
- Present a plan for evaluating and modifying methods over the course of the program
- Present a plan for establishing the criteria for success
- Describe how data will be analyzed
- Present a plan for client's completion of the DOW surveys

e. Work Plans (Attachment 5): Complete the Activities/Outcomes Work Plan forms to describe the project details on Attachment C.1. Activities should clearly outline all of the grant funded work being conducted by the agency staff and volunteers. **Copy Attachment 5.a as needed.**

f. Budget (Attachment 6): All applicants requesting funding must complete a Budget request. Since we are a fee for service state the budget will have to reflect the number of services projected in the proposal.

g. Budget Narrative (Attachment 7): A budget narrative is also a requirement. Be mindful that requested costs must be linked to the program goals and objectives. Not doing so could result in individual line item requests not being approved.

6. Additional Attachments

- A letter from the agency head, finance director, or treasurer indicating that the agency understands that this is a reimbursable grant and that the agency has sufficient funds available to cover three months of expenses prior to reimbursement. If your agency does not have three months, then a plan of action must be submitted to provide how you will ensure upcoming expenditures will be covered within required time frames.
- Cooperative Agreements demonstrating collaboration with other agencies in the community that reflect the services specifically provided through your work plan.
- Organizational chart that clearly shows all existing and proposed positions listed in the budget and work plan.
- Job Descriptions and qualifications for each position listed in the work plan.
- Signed Authorization / Certifications / Assurances (Attachment E)
- Copy of most recent audit or financial statement.

IX. METHOD OF PAYMENT

The invoice period is monthly. The subgrantees shall invoice OAG each month on forms supplied by OAG. Invoices shall be submitted by the 10th of each month for services provided the previous month.

X. PROPOSAL EVALUATION AND AWARD CRITERIA

Proposals will be evaluated by panel of six (6) individuals who have expertise in areas of domestic violence, family violence, program development, and other related fields of experience as chosen by the Chief of the Victim Services Unit. The evaluation panel will make programmatic and budgetary recommendations for contract awards. To be considered for funding, proposals must first meet the stated objectives, and general and specific requirements outlined in this RFP.

Proposals will be evaluated using an adjectival rating method according to the following descriptions:

| | |
|--------------------|---|
| Exceptional | Exceeds requirements and demonstrates an exceptional understanding of goals and objectives. One or more major strengths exist. No significant weaknesses exist. |
|--------------------|---|

| | |
|---------------------|--|
| Acceptable | Demonstrates an acceptable understanding of goals and objectives of the procurement. There may be strengths and weaknesses, however strengths outweigh the weaknesses. |
| Marginal | Demonstrates a fair understanding of the goals and objectives of the procurement. Weaknesses have been found that out balance any strength that exists. Weaknesses will be difficult to correct. |
| Unacceptable | Fails to meet an understanding of the goals and objectives of the procurement. The proposal has one or more significant weakness that will be very difficult to correct or are not correctable. |

The following criteria will be used in the evaluation and are of equal importance:

1. Description of Proposed Project

- a. Proposed services are directly provided to domestic violence survivors.
- b. Staffing and services are clear.
- c. Proposal gives a clear definition of the population to be served and the need for services.
- d. Proposal includes the identification and outreach to underserved populations.
- e. Work Plans identify measurable outcomes and sufficient activities and outputs.
- f. Work Plans are complete, and reflect the same work as the narrative.

2. Description of Applicant Agency

- a. Applicant agency mission addresses provision of services to survivors of domestic violence.
- b. Demonstrates community collaboration through description of services and cooperative agreements specific to the work plan.
- c. Applicant demonstrates history of and commitment to providing comprehensive domestic violence services.
- d. Audit and current fiscal year budget show soundness and a capacity for ongoing operations.

3. Budget

- a. All costs are related to the proposed client services.
- b. Budget forms are accurate and complete. Sources of in-kind match are correctly calculated and meet funding requirements.
- c. Budget Narrative fully explains the proposed costs.

4. Other

- a. Concise, complete and realistic .
- b. Reflects “best or promising practices”.
- c. Reflects congruence among all application components.
- d. Demonstrates planning in all aspects.
- e. Table of contents is included and page numbers are accurate.
- f. Project evaluation plan is measurable and thorough.

g. Plans for future certification are clearly stated and attainable (currently un-accredited programs only).

XI. AVAILABILITY OF FUNDS:

It is understood and agreed between the parties herein that OAG shall be bound hereunder only to the extent of the funds available or which may hereafter become available for the purpose of these contracts (sub grants).

XII. FISCAL ADMINISTRATION:

These funds are not intended to supplant established resources or to duplicate established funds. It is expected that this source of revenue will encourage and stimulate contributions from other public and private sources.

A contract will be signed between the OAG and the local administrator of the applying agency upon granting of a sub-grant award. Upon approval of the contract, the sub grantee will be reimbursed for expenses on a monthly basis according to the terms of the contract. Therefore, the applicant agency must be prepared to pay expenses as they are incurred and bill OAG for reimbursement with the OAG invoice. The sub grantee should allow 45 days from the time expenditure statements are received by OAG.

XIII. SPECIAL TERMS AND CONDITIONS

The subgrantee agrees to comply with the audit and reporting requirements defined by the Federal Office of Management and Budget (OMB) circular A-133, "Audits of States, Local Governments and Non-Profit Organizations" as applicable. A subgrantee that exceeds \$500,000 or more in combined federal funding is required at its expense to have an independent grant audit performed annually in accordance with OMB Circular A-133. A copy of the audit shall be submitted to OAG within the earlier of thirty days after receipt of the audit report.

XIV. ANNOUNCEMENT OF AWARD:

Upon the award or the announcement of the decision to award a contract, as a result of this solicitation, OAG will publicly post such notice on the OAG web site (www.ok.gov/oag) for a minimum of 10 days.

XV. AWARD TO MULTIPLE APPLICANTS:

Selection shall be made of multiple applicants deemed to be fully qualified and best suited among those submitting proposals on the basis of the evaluation factors included in the request for proposals, including price, if so stated in the request for proposals. Negotiations may be conducted with applicants so selected. Price may be considered, but need not be the sole determining factor. The agency shall select the applicants which, in its opinion, have made the best proposal, and shall award the contracts to those applicants.

The applicant assures that funds made available under this RFP will not be used to supplant state or local funds, but will be used to increase the amounts of such funds that would be, in the absence of these funds, made available for domestic violence services.

XVI. ATTACHMENT GUIDE

| | |
|---|---------------|
| NOTICE OF CONFIDENTIALITY..... | ATTACHMENT 1 |
| CLIENT RELEASE FORM..... | ATTACHMENT 1a |
| TERMS AND DEFINITIONS..... | ATTACHMENT 2 |
| SAMPLE WORK PLAN..... | ATTACHMENT 3 |
| SAMPLE WORK FORM..... | ATTACHMENT 3a |
| SERVICE CODES, RATES AND INCREMENTS | ATTACHMENT 4 |
| SERVICE CODES DEFINITIONS..... | ATTACHMENT 4a |
| FVPSA APPLICATION COVER FORM..... | ATTACHMENT 4 |
| D-U-N-S REQUIREMENT..... | ATTACHMENT 5 |
| FVPSA SURVEY FORMS | |
| FVPSA SURVEY-COUNSELING | ATTACHMENT 6 |
| SHELTER RESIDENT SURVEY..... | ATTACHMENT 7 |
| SUPPORT GROUP SURVEY..... | ATTACHMENT 8 |
| SUPPORT SERVICES SURVEY..... | ATTACHMENT 9 |
| FVPSA APPLICATION COVER FORM..... | ATTACHMENT 10 |
| BUDGET..... | ATTACHMENT 11 |
| BUDGET NARRATIVE..... | ATTACHMENT 12 |
| WAIVER PROVISIONS FORM..... | ATTACHMENT 13 |

NOTICE OF CONFIDENTIALITY

When services are provided at [program name] all information is kept confidential (private) and cannot be released to anybody without your written permission. However, there are limited exceptions.

Your case may be discussed with other [program name] counselors or supervisors for purposes of review and consultation, but all [program name] personnel are bound by law and professional ethics to protect a client's confidentiality.

The case records including all communications and information, case files, or case notes of programs shall be confidential and shall not be disclosed except with your written consent, or in the case of a death or disability, of the individual's personal representative or other person authorized to sue on the individual's behalf or by court order for good cause shown by the judge in camera.

State law grants authority to the Office of Attorney General to collect information sufficient to meet its responsibilities related to oversight, management, evaluation, performance improvement and auditing of domestic violence and sexual assault in this state. However, any and all information reviewed or collected by the Attorney General shall be confidential and shall not be disclosed or used of any public purpose other than the creation of anonymous data for statistical reporting and analysis.

Additionally, the district court shall not order the disclosure of the address of a domestic violence or sexual assault program, or any other information which is required to be kept confidential.

Other certain circumstances under which confidential information may be revealed are: if a counselor has a duty to warn compelling to break confidentiality when danger exists to clients or others or when there is a reason that a child or vulnerable adult has been abused.

[Program name] is committed to protecting your privacy and ensuring your safety. If for any reason you are fearful of providing information, please discuss with [program name] staff so that any necessary precautions can be taken.

My signature below indicates that I have read and understand; the information regarding confidentiality.

Client Signature

Date

Witness/Staff

Date

READ FIRST: Before you decide whether or not to let [Program/Agency Name] share some of your confidential information with another agency or person, an advocate at [Program/Agency Name] will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want [Program/Agency Name] to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to certain individuals or agencies.

I, _____, authorize [Program/Agency Name] to share the following **specific** information with:
Client name

| | |
|---|--|
| Who I want to have my information: | Name: Specific Office at Agency: Phone Number: |
|---|--|

The information may be shared: in person by phone by fax by mail by e-mail
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

| | |
|---|--|
| What info about me will be shared: | <i>(List as specifically as possible, for example: name, dates of service, any documents).</i> |
| Why I want my info shared: (purpose) | <i>(List as specifically as possible, for example: to receive benefits).</i> |

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by [Program/Agency Name].

- That I do not have to sign a release form to receive services. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [Program/Agency Name].
- That [Program/Agency Name] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on _____

Expiration, is typically no more than 15-60 days, but may be shorter or longer.

understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Client Signature: _____ **Date:** _____ **Witness:** _____

| | |
|--|--|
| Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release) | |
| I confirm that this release is still valid, and I would like to extend the release until _____ | |
| Client Signature: _____ | Date: _____ Witness Signature: _____ |
| FOR REVOCATION OF RELEASE | |
| Release revoked on Date: _____ | TIME _____ |
| Signature of Client: _____ | Witness Signature: _____ |

| Term | Definition |
|---|---|
| "Certified domestic violence and sexual assault program" or "Certified DV / SA program" | means a status which is granted to an entity by the Oklahoma Attorney General, and indicates approval to offer domestic violence, sexual assault and stalking services pursuant to 74 O.S. § 18p-6. In accordance with the Administrative Procedures Act, 75 O.S. § 250.3(8), certification is defined as a "license." |
| "Family Violence:" FVPSA defines this term at 42 U.S.C. §10402(4). | Any act or threatened act of violence, including any forceful detention of an individual, that (1) results or threatens to result in physical injury; and (2) is committed by a person against another individual (including an elderly individual) to or with whom such person is related by blood, is or was related to by marriage, or was otherwise legally related to, or is or was lawfully residing with. |
| "Domestic Violence:" FVPSA references the definition under the Violence Against Women Act (VAWA), as amended, at 42 U.S.C. §134925(a)(6). | Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabitated with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's act under the domestic or family violence laws of the jurisdiction. |
| "Dating Violence:" FVPSA references the definition under VAWA, as amended, at 42 U.S.C. §134925(a)(8). | Violence committed by a person who has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship is determined based on consideration of the length of the relationship, the type of relationship, and the frequency of interaction between the persons involved. |
| "Elder abuse:" FVPSA references this term, but does not point to a specific definition. The term is defined under VAWA, as amended, at 42 U.S.C. §134925(a)(8). | Any action against a person who is 50 years of age or older that constitutes the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm, pain, or mental anguish; or deprivation by a person, including a caregiver, of goods or services with intent to cause physical harm, mental anguish, or mental illness. |
| "Witness Domestic Violence:" FVPSA references this term, but does not point to a specific definition. The term is defined in an unrelated context under the | To directly observe or be within earshot of an act of domestic violence that constitutes actual or attempted physical assault; a threat or other action that places the victim in fear of domestic violence; or the aftermath of these acts. (The term references an outdated statute that defines "domestic violence" (42 U.S.C. §3796gg-2) under VAWA. This term is now defined at 42 U.S.C. §134925(a)(6).) "Stalking:" |
| Victim Service Provider.— | The term 'victim service provider' or 'victim service providers' means a nonprofit, nongovernmental organization including rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking." |
| | |

| | |
|---|--|
| <p>Personally Identifying Information Or Personal Information.—</p> | <p>The term ‘personally identifying information’ or ‘personal information’ means individually identifying information for or about an individual including information likely to disclose the location of a victim of domestic violence, dating violence, sexual assault, or stalking, including—</p> <ul style="list-style-type: none"> “(I) a first and last name; “(II) a home or other physical address; “(III) contact information (including a postal, e-mail or Internet protocol address, or telephone or facsimile number); “(IV) a social security number; and “(V) any other information, including date of birth, racial or ethnic background, or religious affiliation, that, in combination with any other non-personally identifying information would serve to identify any individual. |
| <p>"Trauma-informed services"</p> | <p>Means a service approach that recognizes the impact of trauma and acknowledges the role of trauma in the lives of victims/survivors and their dependents.</p> |
| <p>"Voluntary Services"</p> | <p>Means a program shall not mandate participation in supportive services as a condition of shelter residency or emergency services (Family Violence Prevention and Services Act (426 U.S.C. 10401 et seq.)</p> |

SAMPLE Work Plan

HIGH LEVEL OUTCOME: To improve the safety of the victims

| <u>ACTIVITIES</u> | <u>STAFF RESPONSIBLE</u> | <u>OUTPUT</u> | <u>INTERIM OUTCOMES FOR CHILD, FAMILY OR COMMUNITY</u> | <u>EVALUATION *</u> |
|---|--|---|---|---|
| <p>What the service/initiative does.</p> <p>Provide crisis intervention and safety planning for domestic violence victims in the shelter within 8 hours of entering shelter.</p> <p>Provide educational presentations in the service areas.</p> <p>Provide appropriate response to those calling the hotline 24-hrs/day, 7 days/wk.</p> | <p>Shelter staff: Victim Advocate Night Mgrs Children’s Adv</p> <p>Staff 1 Staff 2 Staff 3</p> <p>All Staff and Volunteers</p> | <p>What program produces? Service frequency, participant numbers, begin/end dates.</p> <p>Provide crisis intervention and safety planning for 75 domestic violence victims. Services will be provided for clients throughout the grant cycle.</p> <p>24 public education presentations will be made to a total of 150 adults and 800 students in 2 local high schools 9/2012-5/2013</p> <p>1,500 calls will be answered throughout the grant cycle.</p> | <p>Qualitative results from activity. What difference will the service make?</p> <p>Domestic violence victims will understand the dynamics of domestic violence and the value of safety planning.</p> <p>Participants will gain an understanding of the dynamics of domestic violence. They will learn how they can address the problem of domestic violence.</p> <p>Domestic violence victims will have the support and info</p> | <p>Qualitative & Quantitative Outcome Measures</p> <p>At least 70% of domestic violence survivors will be able to identify their safety options through the creation of their own specific safety plan.</p> <p>75% of participants surveyed will report an increase in knowledge and understanding of domestic violence on the evaluation forms completed.</p> <p>At least 70% of callers making victim related calls to the hotline will be more informed about the dynamics of DV and the services available to them.</p> |

WORK FORM

APPLICANT NAME _____

HIGH LEVEL OUTCOME: _____

| <u>ACTIVITIES</u> What the service/initiative does. | <u>STAFF RESPONSIBLE</u> List position titles | <u>OUTPUT</u> | <u>INTERIM OUTCOMES</u> <u>FOR CHILD, FAMILY OR</u> <u>COMMUNITY</u> | <u>EVALUATION</u> *Qualitative & Quantitative Outcome Measures |
|---|--|---------------|--|--|
| | | | | |

SERVICE CODES, RATES AND INCREMENTS

ATTACHMENT 4

| Service Code | Description | Rate | Increment | Per Hour Equivalent |
|---------------------|--|-------------|------------------|----------------------------|
| 141 | Screening and Assessment | \$20.00 | 15 Min. | \$80.00 |
| 144 | Advocacy | \$6.67 | 5 Min. | \$80.04 |
| 146 | Court Advocacy | \$7.50 | 5 Min. | \$90.00 |
| 150 | Crisis Intervention Face-to-Face | \$9.17 | 5 Min | \$110.04 |
| 151 | Crisis Intervention Telephone | \$9.17 | 5 Min | \$110.04 |
| 165 | Individual Supportive Services | \$15.15 | 15 Min. | \$60.60 |
| 166 | Group/Educational Services | \$8.00 | 15 Min. | \$32.00 |
| 169 | Referral | \$4.00 | 5 Min. | \$48.00 |
| | | | | |
| 200 | Children's Activities | \$4.50 | 15 Min. | \$18.00 |
| 245 | Travel | State Rate* | | |
| | | | | |
| 341 | Counseling Evaluation & Assessment (Licensed Behavioral Health Professional) | \$40.00 | 30 Min | \$80.00 |
| 365 | Individual Counseling (Licensed Behavioral Health Professional) | \$37.15 | 30 Min. | \$74.30 |
| 366 | Group Counseling (Licensed Behavioral Health Professional) | \$18.57 | 30 Min | \$37.14 |
| 369 | Case Management | \$17.50 | 15 Min. | \$70.00 |
| | | | | |
| 444 | Safety Planning | \$22.50 | 15 Min. | \$90.00 |
| 446 | Counseling Treatment Planning (Licensed Behavioral Health Professional) | \$135.00 | Per Plan | |
| 447 | Counseling Treatment Plan Review (Licensed Behavioral Health Professional) | \$85.00 | Per Review | |
| 449 | Intervention Team Meeting | \$15.00 | 15 Min. | \$60.00 |
| | | | | |
| 541 | Community Education | \$20.00 | 15 Min | \$80.00 |
| 543 | Training/Delivered/Received | \$20.00 | 15 Min | \$80.00 |
| 545 | Consultation | \$20.00 | 15 Min | \$80.00 |
| 547 | Language Interpretation | \$20.00 | 30 Min | \$40.00 |
| 550 | Outreach | \$15.00 | 15 Min | \$60.00 |
| 550B | Outreach Community Events | \$10.00 | 15 Min | \$40.00 |
| | | | | |
| RSA | Adult Shelter for Primary Victim | \$125.00 | Day | |
| RSC | Shelter for Dependents | \$80.00 | Day | |
| ES | Short Term Emergency Shelter | \$125.00 | Day | |
| TL | Transitional Living | \$55.00 | Day | |
| SH | Safe Home | \$30.00 | Day | |



OFFICE OF ATTORNEY GENERAL
BILLING CODES/SERVICES DEFINITIONS
 For
CONTRACTED DOMESTIC VIOLENCE/SEXUAL ASSAULT PROGRAMS

Documentation required on all services as set forth in applicable Administrative Rule

141 INTAKE/SCREENING/ASSESSMENT: An interaction intended to discover what has happened, determine what the crisis is, assess dangerousness indicators, do safety planning, and/or establish the immediate needs of domestic violence/sexual assault & stalking victims and their dependents to determine appropriate services and referrals. Includes interaction with an individual determined to be appropriate for ongoing service in order to obtain basic demographic information, gather vital information on the adult and the children, orient the victim/survivor to the program, program rules, and if applicable the facilities. Required: in person.

144 ADVOCACY: Assistance provided on behalf of a domestic violence/sexual assault & stalking victim/survivor and their dependents within the legal, medical, educational, social services and other systems, to encourage self-reliance and provide information that will enable victims/survivors to do for themselves rather than doing things for them. Advocacy can be viewed as a combination of active listening and facilitating personal problem solving along with researching options of action, safety planning, community outreach, and education on the issue. Required: in person, telephone, electronic or written correspondence.

146 COURT ADVOCACY: Assistance provided to victims and their dependents in legal matters relevant to their situation. Information, support, assistance, safety planning, accompaniment and intervention with any aspect of the civil or criminal legal system on behalf of a victim of domestic violence, sexual assault or stalking. Court advocacy services must be provided by qualified, trained staff members or volunteers. Required: in person, telephone, electronic or written correspondence.

150 CRISIS INTERVENTION Face-to-Face

151 CRISIS INTERVENTION Phone

Services are based upon a problem-solving model to provide information and referrals that assist an individual domestic violence/sexual assault or stalking victim/survivor in crisis. Crisis intervention services include but are not limited to:

- Assessing dangerousness;
- Safety planning;
- Information about available legal remedies;
- Establishing rapport and communication;
- Identifying major problems;
- Exploring feelings and providing support;
- Exploring possible alternatives;
- Formulating an action plan; and
- Follow-up measures. Required: in person, electronic or telephone con

165 INDIVIDUAL SUPPORTIVE SERVICES: The process of supporting and helping victims/survivors and their dependents as they cope with and overcome the effects of domestic violence, sexual assault and stalking. Actions may include activities such as:

- Developing, reviewing, and updating the service plan that is designed to solve specific problems in the current life situation;
- Supporting adult/child survivor's skills in making their desired life changes through activities such as introducing new skills, modifying previous ways of coping with their situation and linking to resources to address immediate needs and secondary issues.
- Exit planning may be part of the individual supportive services. Required: in person, telephone.

166 GROUP / EDUCATIONAL SERVICES: Interactive group sessions for adult/child victims/survivors of domestic violence, sexual assault or stalking that may be topic oriented and educational and facilitated by qualified, trained staff members or volunteers. The focus is on safety, the dynamics of domestic violence, sexual assault, stalking, relationships, emotions, the impact of trauma and life skills. (House meetings are not considered group/educational services.) Required: in person.

169 REFERRAL: Information disseminated and/or coordinated access to agency and community services to meet victim/survivor's and their dependents identified needs; Required: in person, electronic or telephone contacts. Intra-agency referrals are not to be reported.

200 CHILDREN'S ACTIVITIES

Activities with children that are not counseling or advocacy in nature. This includes recreational activities, child care, and other activities. Required: in person.

245 TRAVEL: Transporting individuals to access needed services. Report the number of miles traveled.

341 COUNSELING EVALUATION AND ASSESSMENT: (Licensed Behavioral Health Professional) Evaluate and assess the adult/child victim/survivor's current situation. Provide therapy services that are appropriate to the needs of the adult/child victim/survivor. Program offering professional therapy must:

- Assess dangerousness indicators;
- Provide crisis intervention when needed, and
- Assist with safety planning and information on legal options available.

365 INDIVIDUAL COUNSELING (Licensed Behavioral Health Professional):

A face-to-face therapeutic session with one-on-one interaction between a licensed behavioral health professional and an individual to promote emotional and/or behavioral change focused on victim safety and perpetrator accountability. Those individuals providing professional therapy to adult/child victims/survivors of domestic violence/sexual assault and stalking must be prepared to provide education and information about:

- Safety;
- How perpetrators maintain control and dominance over their victims;
- The need to hold perpetrators accountable for their actions;
- The recognition that individuals victimized are not responsible for a perpetrator's violent behavior,
- The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on race, color, gender, sexual orientation, age, disabilities, economic or educational status, religion and national origin.

366 GROUP COUNSELING (Licensed Behavioral Health Professional):

- A face-to-face therapeutic session with a group of adult/child victims/survivors to promote emotional or behavioral change. Those individuals providing professional therapy to victims/survivors of domestic violence must be prepared to provide education and information about:
- Safety;
- How perpetrators maintain control and dominance over their victims;
- The need to hold perpetrators accountable for their actions;
- The recognition that individuals victimized are not responsible for a perpetrator's violent behavior, and
- The role of society in perpetuating violence against women and the social change necessary to eliminate violence against women, including the elimination of discrimination based on race, color, gender, sexual orientation, age, disabilities, economic or educational status, religion and national origin.

369 CASE MANAGEMENT SERVICES: The process of supporting and helping victims/survivors and their dependents as they cope with and overcome the effects of domestic violence, sexual assault and stalking. Actions may include activities such as:

- Developing, reviewing, and updating the service plan that is designed to solve specific problems in the current life situation.
- Supporting adult/child survivor's skills in making their desired life changes through activities such as introducing new skills, modifying previous ways of coping with their situation and linking to resources to address immediate needs and secondary issues.
- Exit planning may be part of the individual supportive services.

The service provider must be a Certified Domestic and Sexual Violence Response Professional (CDSVRP) certified by the Oklahoma Coalition Against Domestic Violence and Sexual Assault. Required: in person, telephone.

444 SAFETY PLANNING: The process of working with the adult/child victim/survivor to develop tools in advance of potential abuse or violence for the immediate and long term safety of the victim/survivor. The plans should be based on the individual's dangerousness indicators and should include the safety needs of dependents. Required: in person, electronic or telephone.

446 COUNSELING TREATMENT PLANNING (Licensed Behavioral Health Professional): The process of developing a written plan based on formal and/or informal assessments that identify the abuse issues necessitating treatment. This process includes establishing goals and objectives; planning appropriate interventions; and developing safety planning. This includes a review of the treatment plan with the individual 14 years of age or older and the modification of the plan as required. If the individual is under 18 years of age, the parent or guardian must also be involved. Required: written documentation which must include the individual's participation and signature.

447 COUNSELING TREATMENT PLAN REVIEW (Licensed Behavioral Health Professional): The evaluation or updating of the treatment plan based on victim/survivors documented progress. This includes a review of the treatment plan with the individual and the modification of the plan as required, if the individual is 14 years of age or older. If the individual is under 18 years of age, the parent or guardian must also be involved. Required: written documentation must include the individual's participation and signature.

449 INTERVENTION TEAM MEETING: A formal and structured process of interaction among staff from the same agency for the purpose of evaluating the individual's progress, when the individual is not present.

541 COMMUNITY EDUCATION: Presentation of domestic violence/sexual assault and stalking information to increase public knowledge of the destructive dynamics and societal costs and/or to increase awareness of available and needed resources and/or identify the role the community can play in eliminating domestic violence/sexual assault and stalking. Required: group activity.

543 TRAINING/DELIVERED/RECEIVED: A structured, formal process by which information is delivered to or received by staff for orientation purposes, enhancement of service procedures, on-going in-service, or accreditation for professional/contractual requirements. Required: individual or group activity.

545 CONSULTATION: A formal and structured process of interaction between staff members and unrelated individuals, groups, or agencies for the purpose of problem solving and/or enhancing services for the safety of victims/survivors within the program's service area. Required: in person, telephone.

547 LANGUAGE INTERPRETATION: Activities that involve a client who is deaf or hearing impaired or has limited English proficiency requiring an interpreter for a staff member to provide services. Required: in person or by electronic means.

550 OUTREACH: Activities directed toward potential domestic violence/sexual assault & stalking victims, with the purpose of establishing trust and rapport, explaining services available. Required: in person; individual or group activity.

550B OUTREACH COMMUNITY EVENTS:

The purpose of this code is to capture information about awareness events when a participant count is not feasible. This includes such things as health fairs, large community events, press conferences, etc.

RSA ADULT SHELTER FOR PRIMARY VICTIM: A residential living arrangement in a secure setting with staff providing appropriate services for the needs of the primary abuse victim.

RSC SHELTER FOR DEPENDENTS: A residential living arrangement for dependents of the primary abuse victim with staff providing appropriate services for the needs of the dependent.

ES SHORT TERM EMERGENCY SHELTER: Temporary residential sites which are provided to immediately remove domestic violence, stalking or sexual assault victims and their dependents from danger. Sites might include hotel/motel or other sites as appropriate.

TL TRANSITIONAL LIVING: Temporary, independent living programs with support services provided by the staff of the sponsoring domestic violence, sexual assault or stalking program. These services are extensions of domestic violence shelter services to victims of domestic violence and/or sexual assault and their dependents. These services permit victims to develop their financial capacity and other means to live independently.

SH SAFE HOMES: Private dwellings available for the temporary housing of victims of domestic violence, stalking or sexual assault to ensure safety of victims and their families until other housing arrangements can be made.

D-U-N-S Requirement

All applicants must have a DB Data Universal Numbering System (D-U-N-S) number. On June 27, 2003, the Office of Management and Budget (OMB) published in the Federal Register a new Federal policy applicable to all Federal grant applicants. The policy requires Federal grant applicants to provide a D-U-N-S number when applying for Federal grants or cooperative agreements on or after October 1, 2003. The D-U-N-S number will be required whether an applicant is submitting a paper application or using the government-wide electronic portal, Grants.gov. A D-U-N-S number will be required for every application for a new award or renewal/continuation of an award, including applications or plans under formula, entitlement, and block grant programs, submitted on or after October 1, 2003.

Please ensure that the applicant's organization has a D-U-N-S number. To acquire a D-U-N-S number at no cost call the dedicated toll-free D-U-N-S number request line at 1-866-705-5711 or request a number online at <http://www.dnb.com>.

Counseling Feedback Form

Thank you for your help! Although doing this is voluntary, your answers to these questions will help our program understand and improve the services we provide. We do not ask for your name. Your answers are confidential and very important to us. Please respond honestly. When you have finished, put this form in the envelope you were given, seal it, and put it in the place the staff member showed you.

1. About how many sessions with program staff for counseling have you had in the last year?

0 1 2 – 5 6 – 10 more than 10

2. Have you filled out one of these forms about your experience with counseling in the past?

no yes *If yes:* About how long ago? _____ months

3. People want to talk to counselors for different reasons. The following list describes different reasons why you may have come to our program for counseling. Every woman wants and needs different things, so there are no “right” answers. Please *use one of the numbers* in the box below to rate *each* of the items on the list according to the help you received *from counseling*:

3 = I got all of the help of this kind that I wanted
 2 = I got some of the help of this kind that I wanted
 1 = I wanted this kind of help, but I didn't get any
 0 = it doesn't apply to me—I didn't want or need this

- | | |
|---|---|
| <input type="checkbox"/> talking to someone who understands my situation | <input type="checkbox"/> help with issues related to my children |
| <input type="checkbox"/> learning more about why/how domestic violence happens | <input type="checkbox"/> support to make some changes in my life |
| <input type="checkbox"/> help figuring out how I can be safer | <input type="checkbox"/> understanding myself better |
| <input type="checkbox"/> hearing about what other women have done in my situation | <input type="checkbox"/> feeling better about myself |
| <input type="checkbox"/> learning to be more comfortable doing things for myself | <input type="checkbox"/> help ending my relationship safely |
| <input type="checkbox"/> finding out who to call or where to get help | <input type="checkbox"/> help staying in my relationship safely |
| <input type="checkbox"/> help figuring out what to do with my life | <input type="checkbox"/> help with budgeting |
| <input type="checkbox"/> help keeping access to my faith community | <input type="checkbox"/> feeling more comfortable asking for help |
| <input type="checkbox"/> help staying in my community safely | <input type="checkbox"/> feeling more hopeful about my life |
| <input type="checkbox"/> other (<i>describe</i>) _____ | |

4. I am most comfortable talking about my issues and concerns related to the abuse I have experienced in the following way (*please check only one*):

- in a support group with other women who have had similar experiences
 in a conversation with only one other person
 I am equally comfortable talking in a group or with just one person

5. *Because of* the counseling services I have received from this program so far, I feel (*please check yes or no*):

| | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------------------|
| Yes | No | | Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | I know more ways to plan for my safety | <input type="checkbox"/> | <input type="checkbox"/> | more hopeful about the future |
| <input type="checkbox"/> | <input type="checkbox"/> | I know more about community resources | <input type="checkbox"/> | <input type="checkbox"/> | more comfortable asking for help |
| <input type="checkbox"/> | <input type="checkbox"/> | like I can do more things on my own | <input type="checkbox"/> | <input type="checkbox"/> | more confident in my decision-making |

6. Please circle the number that best reflects your agreement or disagreement with the following statements.

| | doesn't apply | strongly disagree | disagree | agree | strongly agree |
|--|------------------|----------------------|----------|-------|-------------------|
| Staff treated me with respect. | 0 | 1 | 2 | 3 | 4 |
| Staff were caring and supportive. | 0 | 1 | 2 | 3 | 4 |
| Staff spent enough time talking about my safety. | 0 | 1 | 2 | 3 | 4 |
| Over all, my religious/spiritual beliefs were respected. | 0 | 1 | 2 | 3 | 4 |
| Over all, my sexual orientation was respected. | 0 | 1 | 2 | 3 | 4 |
| Over all, my racial/ethnic background was respected. | 0 | 1 | 2 | 3 | 4 |
| Staff helped address any needs related to my disability. | 0 | 1 | 2 | 3 | 4 |
| Staff helped address any needs related to my youth or advancing age. | 0 | 1 | 2 | 3 | 4 |

7. Over all, thinking about my experience with counseling, I would rate the help I have received so far as:

- very helpful helpful a little helpful not at all helpful

comments _____

8. If a friend of mine told me she was thinking of coming to this program for help, I would: *(please check one)*

- strongly recommend she come recommend she come
 recommend she not come strongly recommend she not come

because: _____

We ask the next questions to see if different groups of people have different experiences here, so we can continue to improve our services for ALL people. But please feel free to leave any item blank if you are concerned it will identify you.

9. I consider myself to be:

- African American/Black Hispanic/Latina Other (what?) _____
 Asian/Pacific Islander Multiracial
 Native American/Alaskan Native White _____

If there is a particular ethnic background that is important to you, please identify: _____

10. My age is: 17 or younger 18 – 24 25 - 34 35 – 49 50 - 64 65 or older

11. I am: female male transgender

12. I have _____ minor children (age 17 or younger)

13. I consider myself to be:

- heterosexual/straight lesbian/gay
 bisexual other (please describe) _____

14. The highest level of education I have so far is:

- 8th grade or less High school graduate or GED College graduate
 9th – 11th grade Some college Advanced degree

Thank you very much

Shelter Resident Survey--#1

Thank you for your help. Although doing this is voluntary, your answers to these questions will help us plan and improve our shelter services. Please answer honestly and on your own—there are no right or wrong answers. Your answers are confidential and very important to us. Please do this as soon as you can. When you have finished, please put this survey in the envelope you were given and seal it; then put it in the confidential place the shelter staff showed you.

1. Where have you heard about this emergency shelter? *(please check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> telephone book | <input type="checkbox"/> domestic violence (DV) advocate, incl. other DV shelter | <input type="checkbox"/> people in court |
| <input type="checkbox"/> family member | <input type="checkbox"/> people from my religious/spiritual community | <input type="checkbox"/> health care provider |
| <input type="checkbox"/> police | <input type="checkbox"/> child protective services staff | <input type="checkbox"/> TANF (welfare) staff |
| <input type="checkbox"/> friend(s) | <input type="checkbox"/> social service agency staff, incl. homeless shelter | <input type="checkbox"/> flyer/brochure/poster |
| <input type="checkbox"/> other (where?) _____ | | |

2. When was the **first** time you heard about this shelter?

- a day or two ago more than a day or two, but less than a month ago
 between a month and a year ago more than a year ago

3. Have you ever stayed at this shelter before? no yes *(If yes):* How long ago did you stay here?
 in the past 6 months 6 months to a year ago more than a year ago

4. When you decided to come here, what did you think this shelter would do for you?

5. Did you have any concerns about contacting this shelter? no yes *(Please describe your concerns):*

6. Have you ever tried to stay at this shelter in the past and not been able to do so? no yes

If yes: What was the reason you couldn't stay here? _____

7. Please check all of the following that were true for you when you **first arrived** here this time:

- | | |
|---|---|
| <input type="checkbox"/> the staff made me feel welcome | <input type="checkbox"/> the staff treated me with respect |
| <input type="checkbox"/> the space felt comfortable | <input type="checkbox"/> it seemed like a place for women like me |
| <input type="checkbox"/> the other women made me feel welcome | <input type="checkbox"/> none of these choices were true for me |

8. What do you think you would have done if this shelter didn't exist? _____

—over, please—

ATTACHMENT 7

9. While I'm here I hope I can get help with (*check all that apply to you; there are no "right" answers*):
- | | |
|---|---|
| <input type="checkbox"/> safety for myself | <input type="checkbox"/> transportation |
| <input type="checkbox"/> safety for my children | <input type="checkbox"/> support from other women |
| <input type="checkbox"/> learning about my options and choices | <input type="checkbox"/> a job or job training |
| <input type="checkbox"/> paying attention to my own wants and needs | <input type="checkbox"/> counseling for myself |
| <input type="checkbox"/> paying attention to my children's wants and needs | <input type="checkbox"/> counseling for my children |
| <input type="checkbox"/> understanding about domestic violence | <input type="checkbox"/> emotional support for myself |
| <input type="checkbox"/> safety planning | <input type="checkbox"/> health issues for myself |
| <input type="checkbox"/> education/school for myself | <input type="checkbox"/> health issues for my children |
| <input type="checkbox"/> education/school for my children | <input type="checkbox"/> my abuse-related injuries |
| <input type="checkbox"/> reconnecting with my community | <input type="checkbox"/> leaving my relationship |
| <input type="checkbox"/> budgeting & handling my money | <input type="checkbox"/> TANF (welfare) benefits |
| <input type="checkbox"/> child protection system issues | <input type="checkbox"/> other government benefits |
| <input type="checkbox"/> child welfare system issues | <input type="checkbox"/> issues related to my disability |
| <input type="checkbox"/> ideas for handling the stress in my life | <input type="checkbox"/> legal system/legal issues (which?) |
| <input type="checkbox"/> connections to other people who can help me | <input type="checkbox"/> protective/restraining order |
| <input type="checkbox"/> finding housing I can afford | <input type="checkbox"/> my abuser's arrest |
| <input type="checkbox"/> responding to my children when they are upset or causing trouble | <input type="checkbox"/> my own arrest |
| <input type="checkbox"/> child care | <input type="checkbox"/> custody or visitation questions |
| <input type="checkbox"/> other (<i>what?</i>) _____ | <input type="checkbox"/> divorce-related issues |
| | <input type="checkbox"/> immigration issues |

We ask the next questions to see if different people have different experiences here, so we can continue to improve our services for everyone. But please leave any item blank if you are concerned it will identify you.

10. I consider myself to be:
- | | | |
|---|--|---|
| <input type="checkbox"/> African American/Black | <input type="checkbox"/> Hispanic/Latina | <input type="checkbox"/> Other (<i>what?</i>) _____ |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiracial | |
| <input type="checkbox"/> Native American/Alaskan Native | <input type="checkbox"/> White | _____ |
- If there is a particular ethnic background that is important to you, please identify:* _____
11. My age is: 17 or younger 18 – 24 25 - 34 35 – 49 50 - 64 65 or older
12. I have _____ minor children--age 17 or younger [*write in number of children you have under age 18*].
Please write in # of children with you in shelter in each age group: _____ under 1 year old _____ 1 – 5 yrs.
_____ 6 – 12 yrs _____ over age 12
13. I consider myself to be:
- | | |
|--|---|
| <input type="checkbox"/> heterosexual/straight | <input type="checkbox"/> lesbian/gay |
| <input type="checkbox"/> bisexual | <input type="checkbox"/> other (<i>please describe</i>) _____ |
14. The highest level of education I have so far is:
- | | | |
|---|--|--|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> High school grad or GED | <input type="checkbox"/> College grad |
| <input type="checkbox"/> 9 th – 11 th grade | <input type="checkbox"/> Some college | <input type="checkbox"/> Advanced degree |
15. My gender is: female male transgender

Thank you very much!!

Copyright NRCDV

Support Group Feedback Form

Thank you for your help! Although doing this is voluntary, your answers to these questions will help our program understand and improve the services we provide. We do not ask for your name. Your answers are confidential and very important to us. Please respond honestly. When you have finished, put this form in the envelope you were given, seal it, and put it in the place the staff member showed you.

1. About how many times have you been to this support group in the last year?
 ___ 0 ___ 1 ___ 2 – 5 ___ 6 – 10 ___ more than 10

2. Have you filled out one of these forms about your experience with support groups in the past?
 ___ no ___ yes *If yes:* About how long ago? _____ months

3. People attend support groups for different reasons. The following list describes different reasons why you may have come to our program for a support group. Every woman wants and needs different things, so there are no “right” answers. Please *use one of the numbers* in the box below to rate *each* of the items on the list according to the help you received *from our program’s support group*:

3 = I got all of the help of this kind that I wanted
 2 = I got some of the help of this kind that I wanted
 1 = I wanted this kind of help, but I didn’t get any
 0 = it doesn’t apply to me—I didn’t want or need this

- | | |
|--|--|
| ___ talking to others who understand my situation | ___ information about counseling options |
| ___ learning more about why/how domestic violence happens | ___ support to make some changes in my life |
| ___ help figuring out how I can be safer | ___ understanding myself better |
| ___ hearing about what other women have done in my situation | ___ feeling better about myself |
| ___ learning to be more comfortable doing things for myself | ___ help ending my relationship safely |
| ___ finding out who to call or where to get help | ___ help staying in my relationship safely |
| ___ help figuring out what to do with my life | ___ help with budgeting |
| ___ help keeping access to my faith community | ___ feeling more comfortable asking for help |
| ___ help staying in my community safely | ___ feeling more hopeful about my life |
| ___ help with issues related to my children | |
| ___ other (<i>describe</i>) _____ | |

4. I am most comfortable talking about my issues and concerns related to the abuse I have experienced in the following way (*please check only one*):

___ in a support group with other women who have had similar experiences

___ in a conversation with only one other person

___ I am equally comfortable talking in a group or with just one person

5. *Because of* attending this support group I feel (*please check yes or no*):

| | | | | | |
|-----|-----|--|-----|-----|--------------------------------------|
| Yes | No | | Yes | No | |
| ___ | ___ | I know more ways to plan for my safety | ___ | ___ | more hopeful about the future |
| ___ | ___ | I know more about community resources | ___ | ___ | more comfortable asking for help |
| ___ | ___ | like I can do more things on my own | ___ | ___ | more confident in my decision-making |

6. Please circle the number that best reflects your agreement or disagreement with the following statements.

| | doesn't apply | strongly disagree | disagree | agree | strongly agree |
|--|------------------|----------------------|----------|-------|-------------------|
| The group leader treated me with respect. | 0 | 1 | 2 | 3 | 4 |
| The group leader was caring and supportive. | 0 | 1 | 2 | 3 | 4 |
| The group leader spent enough time talking about safety. | 0 | 1 | 2 | 3 | 4 |
| Over all, my religious/spiritual beliefs were respected. | 0 | 1 | 2 | 3 | 4 |
| Over all, my sexual orientation was respected. | 0 | 1 | 2 | 3 | 4 |
| Over all, my racial/ethnic background was respected. | 0 | 1 | 2 | 3 | 4 |
| Any needs related to my disability were addressed. | 0 | 1 | 2 | 3 | 4 |
| Any needs related to my youth or age were addressed. | 0 | 1 | 2 | 3 | 4 |

7. Over all, thinking about my experience with support groups, I would rate the help I have received so far as:
 very helpful helpful a little helpful not at all helpful

comments _____

8. If a friend of mine told me she was thinking of coming to this type of group for help, I would:
(please check one)

strongly recommend she come recommend she come
 recommend she not come strongly recommend she not come

because: _____

We ask the next questions to see if different groups of people have different experiences here, so we can continue to improve our services for ALL people. But please feel free to leave any item blank if you are concerned it will identify you.

9. I consider myself to be:

- African American/Black Hispanic/Latina Other (what?) _____
 Asian/Pacific Islander Multiracial
 Native American/Alaskan Native White _____

If there is a particular ethnic background that is important to you, please identify: _____

10. My age is: 17 or younger 18 – 24 25 - 34 35 – 49 50 - 64 65 or older

11. I am: female male transgender

12. I have _____ minor children (age 17 or younger)

13. I consider myself to be:

- heterosexual/straight lesbian/gay bisexual other (*please describe*) _____

14. The highest level of education I have so far is:

- 8th grade or less High school graduate or GED College graduate
 9th – 11th grade Some college Advanced degree

Thank you very much!

Copyright NRC/DV

Support Services & Advocacy Feedback Form

Thank you for your help. Your answers to these questions will help us improve our services. Please answer honestly—there are no right or wrong answers. Your answers are confidential and very important to us. Please do this right away. When you have finished, please put this survey in the envelope you were given, seal it, then put it in the confidential place the advocate showed you.

1. People come to our program for different types of help. The following list describes different types of services you may have wanted, and may have received from someone in this program. Every person wants and needs different things, so there are no “right” answers. Please rate *each* of the items on the list according to the help you received with the number from the box that describes your experience:

3 = I got all of the help of this kind that I wanted
 2 = I got some of the help of this kind that I wanted
 1 = I wanted this kind of help, but I didn't get any
 0 = it doesn't apply to me—I didn't want or need this

- | | |
|--|--|
| <input type="checkbox"/> talking to someone who understands my situation <input type="checkbox"/> help figuring out how I can be safer <input type="checkbox"/> help keeping custody of my children <input type="checkbox"/> help with safe visitation for my children <input type="checkbox"/> help getting child support <input type="checkbox"/> help getting access to child care <input type="checkbox"/> help with child protection hearings or requirements <input type="checkbox"/> help with my children's school (e.g. records, changing schools, etc.) <input type="checkbox"/> help with health insurance for my children <input type="checkbox"/> help getting access to health care <input type="checkbox"/> help getting medical benefits (e.g. Medicaid) <input type="checkbox"/> help getting access to mental health services <input type="checkbox"/> help getting access to substance abuse services <input type="checkbox"/> help with government benefits (e.g. welfare/ TANF, food stamps, others) <input type="checkbox"/> learning more about why/how domestic violence happens <input type="checkbox"/> help meeting my child's disability-related needs <input type="checkbox"/> help meeting my needs related to my disability <input type="checkbox"/> help with budgeting <input type="checkbox"/> help getting safe & adequate housing <input type="checkbox"/> help getting job-related training <input type="checkbox"/> help getting a job <input type="checkbox"/> other (<i>describe</i>) _____ | <input type="checkbox"/> information about counseling options <input type="checkbox"/> support to make some changes in my life <input type="checkbox"/> help with a protective order <input type="checkbox"/> information about the legal system process <input type="checkbox"/> someone to go with me to court <input type="checkbox"/> information about my legal rights and options <input type="checkbox"/> help supporting the court case against the person who abused me <input type="checkbox"/> help stopping the court case against the person who abused me <input type="checkbox"/> help with probation issues <input type="checkbox"/> help getting access to an attorney <input type="checkbox"/> help with police issues <input type="checkbox"/> help preparing to testify in court <input type="checkbox"/> help dealing with my arrest <input type="checkbox"/> help dealing with sexual abuse services for me or my children <input type="checkbox"/> help understanding my rights & options related to my residency status <input type="checkbox"/> help getting benefits as an immigrant <input type="checkbox"/> help getting residency status <input type="checkbox"/> help getting support from my faith community <input type="checkbox"/> help arranging transportation to meet my needs <input type="checkbox"/> help ending my relationship <input type="checkbox"/> help staying in my relationship safely |
|--|--|

9. If a friend of mine told me she was thinking of coming here for help, I would: (please check one)

- strongly recommend she come recommend she come
 recommend she not come strongly recommend she not come

because:

We ask the next questions to see if different groups of people have different experiences here, so we can continue to improve our services for ALL people. But please feel free to leave any item blank if you are concerned it will identify you.

10. I consider myself to be:

- African American/Black Hispanic/Latina Other (what?) _____
 Asian/Pacific Islander Multiracial
 Native American/Alaskan Native White _____

If there is a particular ethnic background that is important to you, please identify: _____

11. My age is: 17 or younger 18 – 24 25 - 34 35 – 49 50 - 64 65 or older

12. I have _____ minor children (age 17 or younger)

13. I consider myself to be:

- heterosexual/straight lesbian/gay
 bisexual other (*please describe*) _____

14. The highest level of education I have so far is:

- 8th grade or less High school graduate or GED College graduate
 9th – 11th grade Some college Advanced degree

15 I am:

- female male transgender

Thank you very much!

Support/Advocacy Services Page 3

ATTACHMENT 9

2. Our advocacy and support services are meant to help you to get what you need and to have your voice heard. About how many advocacy/support-related contacts with program staff have you had in the last year (your best guess)?

one two three – ten more than ten none

3. Have you been a shelter resident during any part of this time? ___ yes ___ no

4. Have you completed this form before, during the past year? ___ yes ___ no ___ I don't remember

5. **Because of** the advocacy/support services I have received from this program so far, I feel (*please check either yes or no*):

| | | | | |
|-----|-----|--|--------------------------------------|-----|
| Yes | No | | Yes | No |
| ___ | ___ | I know more ways to plan for my safety | ___ | ___ |
| ___ | ___ | I know more about community resources | ___ | ___ |
| ___ | ___ | I know more about my rights and options | ___ | ___ |
| ___ | ___ | that I will achieve the goals I set for myself | ___ | ___ |
| | | | ___ | ___ |
| | | | more hopeful about the future | |
| | | | more comfortable asking for help | |
| | | | more confident in my decision-making | |
| | | | like I can do more things on my own | |

6. Please circle the number that best reflects your agreement or disagreement with the following statements.

| | doesn't apply | strongly disagree | disagree | agree | strongly agree |
|--|------------------|----------------------|----------|-------|-------------------|
| Program staff treated me with respect. | 0 | 1 | 2 | 3 | 4 |
| Program staff were caring and supportive. | 0 | 1 | 2 | 3 | 4 |
| Program staff spent enough time talking about my safety. | 0 | 1 | 2 | 3 | 4 |
| Over all, my religious/spiritual beliefs were respected. | 0 | 1 | 2 | 3 | 4 |
| Over all, my sexual orientation was respected. | 0 | 1 | 2 | 3 | 4 |
| Over all, my racial/ethnic background was respected. | 0 | 1 | 2 | 3 | 4 |
| Program staff helped address any needs related to my disability. | 0 | 1 | 2 | 3 | 4 |
| Program staff helped address any needs related to my youth or advancing age. | 0 | 1 | 2 | 3 | 4 |

7. Is there anything the program could do to improve our advocacy/support services? yes no

If yes: Please describe: _____

8. Over all, thinking about my experience with this program so far, I would rate the help I have received as:

very helpful helpful a little helpful not at all helpful

comments _____

~next page, please~



FVPSA APPLICATION COVER SHEET

DUE APRIL 8, 2016

GRANT PERIOD: JULY 1, 2016 - JUNE 30, 2017

| | | | |
|--------------------------------|-------------------|-----------------|---------------|
| Organization Name: | | | |
| Mailing Address: | Street: | City: | ZIP: |
| Area Code/Phone Number: | Area Code: | Phone #: | |
| Area Fax/Phone Number: | Area Code: | Phone #: | |
| Web Address: | | | |
| | | | |
| Authorizing Official: | | | Title: |
| Mailing Address: | Street: | City: | ZIP: |
| Area Code/Phone Number: | Area Code: | Phone #: | |
| Email Address: | | | |
| | | | |
| Project Director: | | | Title: |
| Mailing Address: | Street: | City: | ZIP: |
| Area Code/Phone Number: | Area Code: | Phone #: | |
| Area Fax/Phone Number: | Area Code: | Phone #: | |
| | | | |
| D-U-N-S Number: | | | |
| Federal Employer I.D.# | | | |

Please Indicate From The Below List The Underserved Domestic Violence Population For Your Application.

| | | |
|---|--|--|
| <input type="checkbox"/> Non English Speaking/Limited proficiency | <input type="checkbox"/> People with disabilities | <input type="checkbox"/> Senior Citizens |
| <input type="checkbox"/> Living in Rural areas | <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender | |
| <input type="checkbox"/> Ethnic or racial minorities | <input type="checkbox"/> Other: | |

| | | |
|-----------------------|---------------|------------------------------|
| FVPSA Request: | Match: | Total Project Budget: |
|-----------------------|---------------|------------------------------|

| APPLICANT NAME: | | BUDGET |
|--|---------------|--------|
| Grant Period July 1, 2016 to June 30, 2017 | | |
| ITEMIZED BUDGET- EXPENSES | | |
| BUDGET CATEGORY | TOTAL REQUEST | |
| Screening and Assessment | | \$ |
| Advocacy | | \$ |
| Court Advocacy | | \$ |
| Crisis Intervention Face-to-Face | | \$ |
| Crisis Intervention Telephone | | \$ |
| Individual Supportive Services | | \$ |
| Group/Educational Services | | \$ |
| Counseling Evaluation & Assessment (Licensed Behavioral Health Professional) | | \$ |
| Individual Counseling (Licensed Behavioral Health Professional) | | \$ |
| Group Counseling (Licensed Behavioral Health Professional) | | \$ |
| Case Management | | \$ |
| Safety Planning | | \$ |
| Counseling Treatment Planning (Licensed Behavioral Health Professional) | | \$ |
| Counseling Treatment Plan Review (Licensed Behavioral Health Professional) | | \$ |
| Intervention Team Meeting | | \$ |
| Community Education | | \$ |
| Training/Delivered/Received | | \$ |
| Consultation | | \$ |
| Language Interpretation | | \$ |
| Outreach | | \$ |
| Outreach Community Events | | \$ |
| Residential Shelter Adult Victim (Day) | | \$ |
| Residential Shelter Dependents (Day) | | \$ |
| Short Term Emergency Shelter | | \$ |
| Transitional Living | | \$ |
| Safe Home | | \$ |
| | | |
| | | |

SUGGESTED CONTRACT WAIVER PROVISIONS

By entering into this Contract the _____ Tribe (or Nation) hereby expressly, totally waives its immunity from suit, liability, judgement and collection with respect to its obligations and duties under this Contract and any torts arising out of its actions and omissions in providing services under this contract. This waiver of immunity is evidenced by Attachment A, which is a copy of a (resolution, statute, or motion) passed by the tribal, _____ the tribal entity authorized to waive immunity on behalf of the Tribe (or Nation). The (resolution, statute or motion) is accompanied by Attachment B, a letter to the Oklahoma Attorney General from the Tribes legal counsel evidencing counsel's written legal opinion that the tribal entity(s) or officer(s) entering into this contract and waiving the Tribes (or Nation's) sovereign immunity is/are authorized under tribal law to do so and have the ability to bind the Tribe (or Nation) and that all procedures required by tribal law and federal law were followed and that the actions in entering into the contract and waiving sovereign immunity are binding and enforceable under tribal, federal and state law.

The parties further agree that (1) Oklahoma state law shall be used to interpret and enforce this contract and resolve all contract disputes, and (2) all litigation related to this contract shall be in Oklahoma state courts.

| | |
|---------------------|--|
| APPENDIX A. | CONFIDENTIALTY |
| APPENDIX A-1 | VAWA SEC. 605. AMENDMENT TO THE MCKINNEY-VENTO HOMELESS ASSISTANCE ACT. |
| APPENDIX B. | EQUAL EMPLOYMENT OPPORTUNITY ASSURANCE OF COMPLIANCE CLAUSE |
| APPENDIX C | CERTIFICATION REGARDING LOBBYING |
| APPENDIX D | CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS |
| APPENDIX E | CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE |
| APPENDIX F | LGBTQ ACCESSIBILITY POLICY |

CONFIDENTIALTY

A) IN GENERAL.—In order to ensure the safety of adult, youth, and child victims of domestic violence, dating violence, sexual assault, or stalking, and their families, grantees and subgrantees under this title shall protect the confidentiality and privacy of persons receiving services.

“(B) NONDISCLOSURE.—Subject to subparagraphs (C) and (D), grantees and subgrantees shall not
“(i) disclose any personally identifying information or individual information collected in connection with services requested, utilized, or denied through grantees’ and subgrantees’ programs; or
“(ii) reveal individual client information without the informed, written, reasonably time-limited consent of the person (or in the case of an unemancipated minor, the minor and the parent or guardian or in the case of persons with disabilities, the guardian) about whom information is sought, whether for this program or any other Federal, State, tribal, or territorial grant program, except that consent for release may not be given by the abuser of the minor, person with disabilities, or the abuser of the other parent of the minor.

“(C) RELEASE.—If release of information is compelled by statutory or court mandate—
“(i) grantees and subgrantees shall make reasonable attempts to provide notice to victims affected by the disclosure of information; &
“(ii) grantees and subgrantees shall take steps necessary to protect the privacy and safety of the persons affected by the release of the information.

“(D) INFORMATION SHARING.—Grantees and subgrantees may share—
“(i) non personally identifying data in the aggregate regarding services to their clients and non personally identifying demographic information in order to comply with Federal, State, tribal, or territorial reporting, evaluation, or data collection requirements;
“(ii) court-generated information and law-enforcement generated information contained in secure, governmental registries for protection order enforcement purposes; and “(iii) law enforcement- and prosecution-generated information necessary for law enforcement and prosecution purposes.

Where the contractor is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application/certification.

| | |
|--------------------|-----------------------|
| _____ Signature | _____ Date |
| _____ Title | _____ Organization |

VAWA SEC. 605. AMENDMENT TO THE MCKINNEY-VENTO HOMELESS ASSISTANCE ACT.

Section 423 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11383) is amended—
(1) by adding at the end of subsection (a) the following:“(8) CONFIDENTIALITY.—

(A) VICTIM SERVICE PROVIDERS.—In the course of awarding grants or implementing programs under this subsection, the Secretary shall instruct any victim service provider that is a recipient or subgrantee not to disclose for purposes of a Homeless Management Information System personally identifying information about any client. The Secretary may, after public notice and comment, require or ask such recipients and subgrantees to disclose for purposes of a Homeless Management Information System non-personally identifying data that has been de-identified, encrypted, or otherwise encoded. Nothing in this section shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this paragraph for victims of domestic violence, dating violence, sexual assault, or stalking.

Where the contractor is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application/certification.

Signature

Date

Title

Organization

CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that:

(a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(b) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(c) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Date

DEBARMENT AND SUSPENSION

As required by Executive Order 12549, Debarment and Suspension (*See* 45 CFR 92.35):

- 1) The sub-grantee certifies that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; and
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property; and
 - (c) Are not presently indicted of or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application/agreement had one or more public transactions (Federal, State, or local) terminated for cause or default; and

Where the sub-grantee is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application/certification.

| | |
|-----------|--------------|
| Signature | Date |
| Title | Organization |

CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The sub-grantee certifies that it will continue to provide a drug-free workplace by:

(a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

(b) Establishing an ongoing drug-free awareness program to inform employees about

- (1) The dangers of drug abuse in the workplace;
- (2) The grantee's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;

(c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a);

(d) Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:

- (1) Abide by the terms of the statement; and
- (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing, within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted –

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e) and (f).

(B) The grantee may insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Signature

Date

Title

Organization

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity. By signing and submitting this application the applicant/grantee certifies that it will comply with the requirements of the Act.

The applicant/grantee further agrees that it will require the language of this certification be included in any sub-awards which contain provisions for the children's services and that all sub-grantees shall certify accordingly.

Signature

Date

Title

Organization

LGBTQ ACCESSIBILITY POLICY

I hereby attest and certify that:

The needs of lesbian, gay, bisexual, transgender, and questioning program participants are taken into consideration in program design. Applicant considered how its program will be inclusive of and non-stigmatizing toward such participants. If not already in place, awardee and, if applicable, sub-awardees must establish and publicize policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin.

The submission of an application for this funding opportunity constitutes an assurance that applicants have or will put such policies in place within 12 months of the award. Awardees should ensure that all staff members are trained to prevent and respond to harassment or bullying in all forms during the award period. Programs should be prepared to monitor claims, address them seriously, and document their corrective action(s) so all participants are assured that programs are safe, inclusive, and non-stigmatizing by design and in operation. In addition, any sub-awardees or subcontractors:

- Have in place or will put into place within 12 months of the award policies prohibiting harassment based on race, sexual orientation, gender, gender identity (or expression), religion, and national origin;
- Will enforce these policies;
- Will ensure that all staff will be trained during the award period on how to prevent and respond to harassment or bullying in all forms, and;
- Have or will have within 12 months of the award, a plan to monitor claims, address them seriously, and document their corrective action(s).

Signature

Date

Title

Organization