

Housing for Crime Victims Special Project **APPLICATION**

Released:
January 16, 2017

Grant Period:
May 1, 2017 to December 31, 2018

**Applications and attachments must be sent via e-mail to ashley.lopes@state.co.us,
no later than 3:00 pm on February 21, 2017**

Late Applications will not be accepted.

Please read the *Announcement of Available Funds* and *Instructions* prior to completing the application.

****Only organizations who submitted a Letter of Intent (LOI) by the November 7, 2016 deadline are eligible to apply. If you did not complete this pre-requisite, please do not complete the application for funding.***



Colorado Department of Public Safety
Division of Criminal Justice
Office for Victims Programs

For more information contact:

Ashley Riley Lopes
Grants Administrator
Office: 303.239.4529
Fax: 303.239.5743

Email: ashley.lopes@state.co.us
Toll Free: 1.888.282.1080

Website: <https://sites.google.com/a/state.co.us/dcj-victim-program/home/grant-programs/statewide-special-projects>

1) APPLICANT INFORMATION:

Legal Agency Name:	
Doing Business As (dba):	
Project Title:	
Mailing Address:	
Street Address:	
City / Town:	Zip Code:
County:	Judicial District:
Phone #:	Fax #:
Federal Employer Identification # (FEIN):	
Data Universal Numbering System # (DUNS):	
SAM Expiration Date:	

DCJ USE ONLY	
App #	
Grant #	
Award \$	
SOURCE	

2) PROJECT DIRECTOR:

Project Director Name:	
Position / Title:	
Phone #:	Fax #:
E-Mail:	

3) TOTAL OVP FUNDS REQUESTED:

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4A) TYPE OF AGENCY:

Non-Profit Agency
 Government Agency – *Check if applicable:*
 Law Enforcement Agency
 DA's Office
 Courts / Probation
 Other (please specify):

4B) TYPE OF PROJECT(S):

Victims Services

4) AGENCY DESCRIPTION AND HISTORY:

6) DESCRIPTION OF PROJECT FOR WHICH FUNDS ARE BEING REQUESTED:

[Empty text area for project description]

6) DESCRIPTION OF PROJECT FOR WHICH FUNDS ARE BEING REQUESTED- CONTINUED:

[Empty text area for project description]

7) PROVIDE A STATEMENT OF NEED FOR THE PROPOSED ACTIVITIES IN YOUR AGENCY:

Empty text area for providing a statement of need for proposed activities in your agency.

8) ANNUAL PROJECT DATA:

VICTIM SERVICES PROJECT DATA: Complete this section (**Tables A & C**). Provide only the number of victims who will receive services from personnel proposed to be funded by this project.

Table 8A:

Est. # Victims	Type of Crime	Est. # Victims	Type of Crime (Continued)
	Adult Physical Assault (includes Aggravated and Simple Assault)		Human Trafficking: Labor
	Adult Sexual Assault		Human Trafficking: Sex
	Adults Sexually Abused/Assaulted as Children		Identity Theft/Fraud/Financial Crime
	Arson		Kidnapping (noncustodial)
	Bullying (Verbal, Cyber or Physical)		Kidnapping (custodial)
	Burglary		Mass Violence (domestic/international)
	Child Physical Abuse or Neglect		Other Vehicular Victimization (e.g., Hit and Run)
	Child Pornography		Robbery
	Child Sexual Abuse/Assault		Stalking/Harassment
	Domestic and/or Family Violence		Survivors of Homicide Victims
	DUI/DWI Incidents		Teen Dating Victimization
	Elder Abuse or Neglect		Terrorism (domestic/international)
	Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other		Violation of a Court (Protective) Order
			Other (if other, please explain:)

8B) TOTAL UNDUPLICATED VICTIMS ESTIMATED TO BE SERVED DURING THE GRANT PERIOD =

Table 8C)

NOTE: No Type of Service can exceed the TOTAL NUMBER OF VICTIMS in 8B; but all estimated contacts should be counted under each subset.

Est. # Victims	Type of Services	Est. # Victims	Type of Services (Continued)
	Information & Referral (Type of Service)		On-scene crisis response (contacts)
	Information about the criminal justice process (contacts)		Therapy (including alternative healing, art, play, etc.) (contacts)
	Information about victim rights, how to obtain notifications, etc. (contacts)		Support groups (facilitated or peer) (contacts)
	Referral to other victim service programs (contacts)		Emergency financial assistance (includes petty cash, payment for food/clothing, taxis, meds, durable medical equipment) (contacts)
	Referral to other services, supports & resources (legal, medical, faith-based, address confidentiality, etc.) (contacts)		Shelter/Housing Services (Type of Service)
	Personal Advocacy/Accompaniment (Type of Service)		Emergency shelter or safe house (contacts)
	Victim advocacy/accompaniment to emergency medical care (contacts)		Transitional housing (contacts)
	Victim advocacy/accompaniment to medical forensic exam (contacts)		Relocation assistance (contacts)
	Law enforcement interview advocacy/accompaniment (contacts)		Criminal/Civil Justice System Assistance (Type of Service)
	Individual advocacy (assistance in applying for public benefits, return of personal property) (contacts)		Notification of criminal justice events (contacts)
	Performance of medical forensic exam or interview, or medical evidence collection (contacts)		Victim impact statement assistance (contacts)
	Immigration assistance (contacts)		Restitution assistance (contacts)
	Intervention with employer, creditor, landlord, or academic institution (contacts)		Emergency justice-related assistance (contacts)
	Child or dependent care assistance (provided by your agency) (contacts)		Civil legal assistance in obtaining protection order (contacts)
	Transportation assistance (provided by your agency) (contacts)		Civil legal attorney assistance with family law issues (custody, visitation or support) (contacts)
	Interpreter services (contacts)		Other civil legal attorney assistance (e.g. landlord/tenant, employment) (contacts)
	Emotional Support or Safety Services (Type of Service)		Immigration assistance (contacts)
	Crisis intervention (in-person, includes safety planning) (contacts)		Prosecution interview/advocacy/accompaniment (includes victim/witness) (contacts)
	Hotline/crisis line counseling (contacts)		Criminal advocacy/accompaniment (contacts)
	Individual counseling (contacts)		Civil advocacy/accompaniment (includes victim advocate assisting with protection orders) (contacts)

9) VOCA REQUIRED QUESTIONS:

9A.) Does your agency assist victims with applying for victim compensation? Yes No

9B.) Does your agency use volunteers? Yes No

10) UNDERSERVED POPULATIONS:

Use the box below to describe the underserved populations in your community and how your project will address their needs.

11) GOALS AND OBJECTIVES – PROJECT SPECIFIC IMPACT:

Goals should be limited to three, with no more than three objectives for each goal. **Your objectives must be measurable and related to the personnel position(s)/professional services or consultant(s) requested in your Total 20-Month Budget and any personnel you are using as match.**

Enter agency name:

Section 11A:

GOAL 1: Our program will assist crime victims in meeting their long-term housing needs.

Objective 1:

Position Title(s):

Position #(s):

Objective 2:

Position Title(s):

Position #(s):

Objective 3:

Position Title(s):

Position #(s):

11) GOALS AND OBJECTIVES – PROJECT SPECIFIC IMPACT – CONTINUED:

GOAL 2:

Objective 1:

Position Title(s):

Position #(s):

Objective 2:

Position Title(s):

Position #(s):

Objective 3:

Position Title(s):

Position #(s):

11) GOALS AND OBJECTIVES – PROJECT SPECIFIC IMPACT – CONTINUED:

GOAL 3:

Objective 1:

Position Title(s):

Position #(s):

Objective 2:

Position Title(s):

Position #(s):

Objective 3:

Position Title(s):

Position #(s):

11) GOALS AND OBJECTIVES – PROJECT SPECIFIC IMPACT – CONTINUED:**Section 11B:**

1) Please state the intended impact of the project goals and objectives.

2) Please provide the impact data collection methods to be used.

12) TOTAL 20-MONTH BUDGET – May 1, 2017 to December 31, 2018

Enter agency name:

12A: Personnel Request:

Position 1:	Title: Name: Total # hours per week this position works for the agency (max = 40 hrs):			
	20-month Budget	Amount requested from OVP	Percentage of Total Salary Requested	Amount from all other sources for this position
	Salary	\$	\$	List Sources:
	Fringe/Benefits	\$	\$	
	Totals:	\$	\$	
Position 2:	Title: Name: Total # hours per week this position works for the agency (max = 40 hrs):			
	20-month Budget	Amount requested from OVP	Percentage of Total Salary Requested	Amount from all other sources for this position
	Salary	\$	\$	List Sources:
	Fringe/Benefits	\$	\$	
	Totals:	\$	\$	
Position 3:	Title: Name: Total # hours per week this position works for the agency (max = 40 hrs):			
	20-month Budget	Amount requested from OVP	Percentage of Total Salary Requested	Amount from all other sources for this position
	Salary	\$	\$	List Sources:
	Fringe/Benefits	\$	\$	
	Totals:	\$	\$	
Position 4:	Title: Name: Total # hours per week this position works for the agency (max = 40 hrs):			
	20-month Budget	Amount requested from OVP	Percentage of Total Salary Requested	Amount from all other sources for this position
	Salary	\$	\$	List Sources:
	Fringe/Benefits	\$	\$	
	Totals:	\$	\$	

Total Personnel Requested: \$

12) TOTAL 20-MONTH BUDGET – May 1, 2017 to December 31, 2018– CONTINUED:**12A: Personnel Request – Continued:**

If you are requesting funding for PERSONNEL, you must fully explain and justify the need for the request. Provide calculations and details regarding both salary and fringe.

12B: Supplies & Operating Expenses:

List Requested Supplies & Operating Expenses	20-month Amount	Amount Requested from OVP	Amount Available/ Anticipated from Other Sources
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Supplies & Operating Funds Requested:	\$	\$	\$

If you are requesting funding for SUPPLIES & OPERATING, you must fully explain and justify the need for the current request.

12C: Travel:

Itemize Request (Transportation, Per Diem, etc.)	20-month Amount	Amount Requested from OVP	Amount Available/ Anticipated from Other Sources
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Travel Funds Requested:	\$	\$	\$

If you are requesting funding for TRAVEL, you must fully explain and justify the need for the request.

12D: Equipment (durable, single item \$5,000 & over):

List Requested Equipment Expenses	20-month Amount	Amount Requested from OVP	Amount Available/Anticipated from Other Sources
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Equipment Funds Requested:	\$	\$	\$

If you are requesting funding for EQUIPMENT, you must fully explain and justify the need for the request.

12E: Professional Services / Consultants:

Professional Services / Consultants	Total Hourly Rate of Pay	# of Hours to be Worked on This Project	Amount Requested from OVP
	\$	Hrs.	\$
	\$	Hrs	\$
	\$	Hrs	\$
	\$	Hrs	\$
Total OVP Professional Services / Consultants Funds Requested:			\$

If you filled out any of the boxes for PROFESSIONAL SERVICES / CONSULTANTS, you must fully explain and justify, both the need and the rate of pay, for the request.

12F: Indirect Costs:

	Amount Requested from OVP	Amount Available/Anticipated from Other Sources (if applicable)
	\$	\$
Total Indirect Costs Requested:	\$	\$

Please provide your calculations.

12G: Grant Request Summary (This chart summarizes all dollars by category):

Budget Categories	OVP Grant Request
Personnel	\$
Supplies & Operating	\$
Travel	\$
Equipment	\$
Professional Services / Consultants	\$
Indirect Costs	\$
Total Funds Requested:	\$

13) MATCH:

For purposes of this application, demonstrate the ability to provide match to be used for project related activities. To calculate match, divide your total OVP fund requested by 4. Remember, federal funds cannot be used for match and please remember to round up.

PERSONNEL MATCH (Employees / volunteers of the applicant agency) Employee / Volunteer / Job Position (Full Time Equivalent)	Cash	In-Kind
	\$	\$
	\$	\$
	\$	\$
Subtotal	\$	\$

Source of Match:

SUPPLIES AND OPERATING MATCH (Copying, rent, phone, tuition, registration fees, and other items under \$5,000)	Cash	In-Kind
	\$	\$
	\$	\$
Subtotal	\$	\$

Source of Match:

OTHER	Cash	In-Kind
Travel Match	\$	\$
Equipment Match	\$	\$
Professional Services/Consultants Match	\$	\$
Indirect Costs	\$	\$
Subtotal	\$	\$

Source of Match:

Total Match:

Cash:

In-Kind:

14) OVP GRANT BUDGET SUMMARY:

Budget Categories	Funding Request	Cash Match	In-Kind Match	Totals
Personnel	\$	\$	\$	\$
Supplies & Operating	\$	\$	\$	\$
Travel	\$	\$	\$	\$
Equipment	\$	\$	\$	\$
Professional Services/ Consultants	\$	\$	\$	\$
Indirect Costs	\$	\$	\$	\$
TOTALS	\$	\$	\$	\$

15) FINANCIAL MANAGEMENT:

This section must be completed in cooperation with the designated Financial Officer who will be assigned to this grant/project.

- 1. What accounting system does your organization use?
List the name and brief description of the system.**

- 2. This grant will be on a cost reimbursement basis. What will be your organization's source of cash and how will your organization manage its cash flow between the time costs are incurred and reimbursed?
(Reimbursements are made on a quarterly basis, e.g. expenses incurred for January, February, March, will be reimbursed in April.)**

- 3. Does your organization have unrestricted dollars that can be used to help crime victims address financial barriers to safety and stabilization that cannot be paid by VOCA funds? (i.e. mortgage assistance, car repairs, etc.).**

- 4. What criteria or process do you use to determine which crime victims receive these and other financial assistance funds, how much they receive, and how do you track the use of these funds?**

			<p>A. What is the fiscal year covered by your most recent audit or financial review? Enter start and end dates _____ to _____</p> <p>B. Date sent to DCJ: _____</p>
Yes	No	N/A	<p>C. Were there any findings, questioned costs or unallocated costs?</p>
Yes	No	N/A	<p>D. If your agency expends \$750,000 or more from combined federal sources during the fiscal year of your most recent audit, did your agency include the A-133 Single Audit Report with your financial audit?</p>
			<p>E. Please respond to the following questions about whether your accounting system meets the criteria for managing federal/state grant funds. (These questions cover areas that will be monitored by DCJ staff. They are not intended to be all inclusive and do not substitute for the agency's responsibility to meet all federal and state requirements for these grant funds.)</p>
Yes	No		<p>E1. Does your accounting system separate ALL revenues and expenditures by funding source?</p>
Yes	No		<p>E2. Does your accounting system track revenues and expenditures for each grant award separately through a sub-ledger system?</p>
Yes	No		<p>E3. Does your accounting system allow expenditures to be classified by the broad budget categories listed in the approved budget in your grant? i.e. Personnel, Supplies and Operating, Travel, Equipment, Professional Services, and Indirect?</p>
Yes	No		<p>E4. Does your organization have written financial policies and procedures (specific to grants) in place that describe items such as: meeting all grant requirements, the preparation of grant financial reports and statements, the disclosure of financial documents, the ability for staff to prevent and detect misstatements in financial reporting, a method to trace funds, and a process to maintain and safeguard all cash, real and personal property, and other assets?</p>
Yes	No		<p>E5. Is this grant request for less than \$100,000?</p>
Yes	No		<p>E6. Is this grant request for a new project?</p>
Yes	No		<p>E7. Has your organization been in existence for three (3) years or more?</p>
Yes	No		<p>E8. Does the staff assigned to this project have two (2) or more year's prior experience with projects with the same or similar requirements?</p>

Yes	No		E9. Does your organization have internal controls in place, such as: a review of process to determine reasonableness, allowability and allocability of costs, separation of duties, dual signatures on certain checks, reconciliations, or other fiduciary oversight?
Yes	No		E10. Does your organization reconcile sub-ledgers to your general ledger at least monthly or quarterly if the applicant is a government entity??
Yes	No		E11. Are accounting records supported by source documentation such as invoices, receipts, timesheets, etc.?
Yes	No		E12. Does your organization routinely record the grant number or other unique identifiers on all source documents such as invoices, receipts, time records, deposit records, etc.?
Yes	No		E13. Does your organization maintain time sheets approved by the employee, supervisor and project director for each employee paid by these grant funds (including organizations that use volunteer hours to meet match requirements)?
Yes	No		E14. Will this grant funded project generate income from grant funded activities?
Yes	No	N/A	E15. If your agency is a non-profit, do the Board bylaws and policies describe the involvement of the Board in the financial oversight and direction of your agency?
Yes	No		E16. Does your accounting system have the ability to track in-kind and/or cash match funds?
Yes	No		E17. Are you able to ensure that you will not be using these grant funds to provide services that will be paid by Victim Compensation?

F. If you answered **NO** to any of the questions above, please provide an explanation.

16) COMMUNITY COORDINATION:

List three agencies with which your project staff will be coordinating most frequently. The OVP reserves the right to contact the agencies listed. Please describe homeless planning efforts, if any, that your program participates in with the agencies listed (e.g., 10 year plan to end homelessness, CDBG Consolidated Plan, McKinney Continuum of Care).

Agency Name	Agency Contact & Phone Number	Describe Coordination of Activities (Briefly describe your collaborative relationship, including if your organizations have an MOU.)

17) ATTACHMENTS:

The items listed here must be included with your application packet. Your application will be considered incomplete unless all of the items are included:

Attach the following items to the application:

Overall Agency Budget for 2017

Job Descriptions for staff that would be paid with requested funds

Job Descriptions for volunteer staff – *if volunteers are used as match*

Job Descriptions for match staff – *if paid staff is used as match*

Secretary of State Certificate of Good Standing – *non-profit agencies only* (www.sos.state.co.us)

Proof of non-profit status – *non-profit applicants only*

Sample timesheet currently used by the position(s) for which you are requesting OVP funding

Sample timesheet currently used by the volunteer staff – *if volunteers are used as match*

Audit or Financial Review – *The Division of Criminal Justice requires all grantees to submit a current formal financial review or audit report every year. Applicants should submit a copy of their most current audit or financial review with their application unless one was submitted to DCJ within the last year. The audit or financial review may be provided via printed copy, CD, or the website address if available online.*