



VOCA One-Time Funding Application Workshop

September 2015

Office for Victims Programs
Division of Criminal Justice

Goal of the Workshop

- Understand how to complete an application for VOCA One-Time funds using the Colorado Grants Management System (COGMS)
- Understand the application process
- Understand VOCA eligibility requirements

Grants Staff at the Office for Victims Programs

- Debbie Kasyon , VOCA Administrator
- Ashley Riley Lopes, VAWA Administrator
- Louise Esquibel, SASP Administrator
- Jill Nore, State VALE Administrator
- Laura Montoya, Financial Manager
- Kathy Holland, Financial Manager
- Lee Hettema, Administrative Assistant
- Betsy Anderson, Monitoring Coordinator

Overview of Crime Victim Services Funds Administered by OVP

- VOCA – Victims of Crime Act
- VAWA – Violence Against Women Act
- SASP – Sexual Assault Services Program
- State VALE – State Victim Assistance and Law Enforcement

For purposes of this webinar, we will only focus on VOCA One-Time Funding

VOCA One-Time Funds

- Why are we running a one-time funding opportunity?
- Who is eligible to apply for one-time funds?
- What can one-time funds pay for?

RESOURCES:

- Eligibility info in instructions
- VOCA guidelines –
www.ojp.usdoj.gov/ovc/voca/vaguide.htm

Acronyms

- DCJ – Division of Criminal Justice
- OVP – Office for Victims Programs
- CVS – Crime Victims Services
- CVSB – Crime Victims Services Advisory Board
- COGMS – Colorado Grant Management System

What is COGMS?

- Online grant management system for many agencies in the State of Colorado
- Housed on a secure, web-based platform
- Standardizes the grant application process
- System is used from application through grant closeout

Where do I find Application Materials?

- Application and Announcement are in COGMS:

<https://g3.state.co.us/grantium/frontOffice.jsf>

- All other documents, instructions, and information is on our website:

<http://dcj.ovp.state.co.us/> under the OVP

Grant Programs Button. Look for the

Application Process for One-Time VOCA Funds

link

Important Information About COGMS

- All applicants **must** have a user account and an applicant profile in order to apply for funds in COGMS.

(All applicants currently receiving CVS funds should already have a user account and an applicant profile in COGMS . If you have ever applied for CVS, JAG or Juvenile Diversion grant funds in COGMS, you already have an applicant profile.)

- If you are a new applicant, you must contact OVP staff to have an applicant profile set up.
- Please contact Kathy Holland at 303-239-4395 or kathryn.holland@state.co.us to set up an applicant profile or if you have any questions about your applicant profile and/or user account.




Important Information About COGMS

- It takes the state 3 to 5 days to validate Applicant Profiles, do not wait until the last minute to request your applicant profile as you will not be able to submit your application until your profile has been validated (*you will be able to work on your application before it is validated*)
- Deadline is 9/18/15 to request an applicant profile

Terms in COGMS

- Project = Application
- E.form = References the step or form you are working on
- Funding Opportunity = Announcement
- Signature Authority = Authorized Official
- Primary Contact = Usually Project Director
- Quality Assurance Plan = Evaluation Plan

Favorite Icons

-  Plus sign icon – used to add items in COGMS (projects, lists, budget items, etc.)
-  Magnifying glass icon – used to view and edit
-  Red “x” icon – used to delete

Helpful Hints

- Acceptable browsers for accessing COGMS are Internet Explorer 8 or 9 (not 10 or 11), Mozilla Firefox or Safari.
- Click the SAVE, SAVE & NEXT OR SAVE & BACK button at the bottom of each COGMS screen no less than every 15 minutes to avoid system timeout and loss of unsaved information. Typing or being active in COGMS does not extend the 15 minute timeout.
- Use the button options at the bottom of each screen or the left menu bar to navigate between sections of the application.

Helpful Hints

- Some fields have a “hover” function where you can get information such as definitions of terms or zip+4 website
- Character limitations for the text sections of the application are most often listed on the screen shots in the application instructions
- Spell check is available for certain narrative sections

Application Steps

1. Contact DCJ to Create user account – Individual
2. Contact DCJ to Create Applicant Profile – Entity/Agency
3. Register the Entity/Agency for the **Funding Opportunity** (Announcement)
4. Create a Project
5. Complete **AND** submit the application

Step 1 - Getting Started

- Go to the COGMS website:

<https://g3.state.co.us/grantium/frontOffice.jsf>

- Remember to use Internet Explorer 8 or 9 (not 10 or 11), Mozilla Firefox or Safari as your browser – NOT GOOGLE CHROME!

Step 2: Log into the system using the username and password provided to you by OVP

Front Office Portal

Username:

Password:

Login

Forgot your password?

Locale:
English (U.S.)

Browse Funding Opportunities

Create Profile

State of Colorado Grant Management System (UAT)

Welcome to the State of Colorado's electronic Grant Management System (COGMS)! Please click [HERE](#) for detailed guidance on the steps required to login, research, apply and manage grant applications through COGMS. The new system standardizes the grant application process and is housed on a secure, web-based platform.

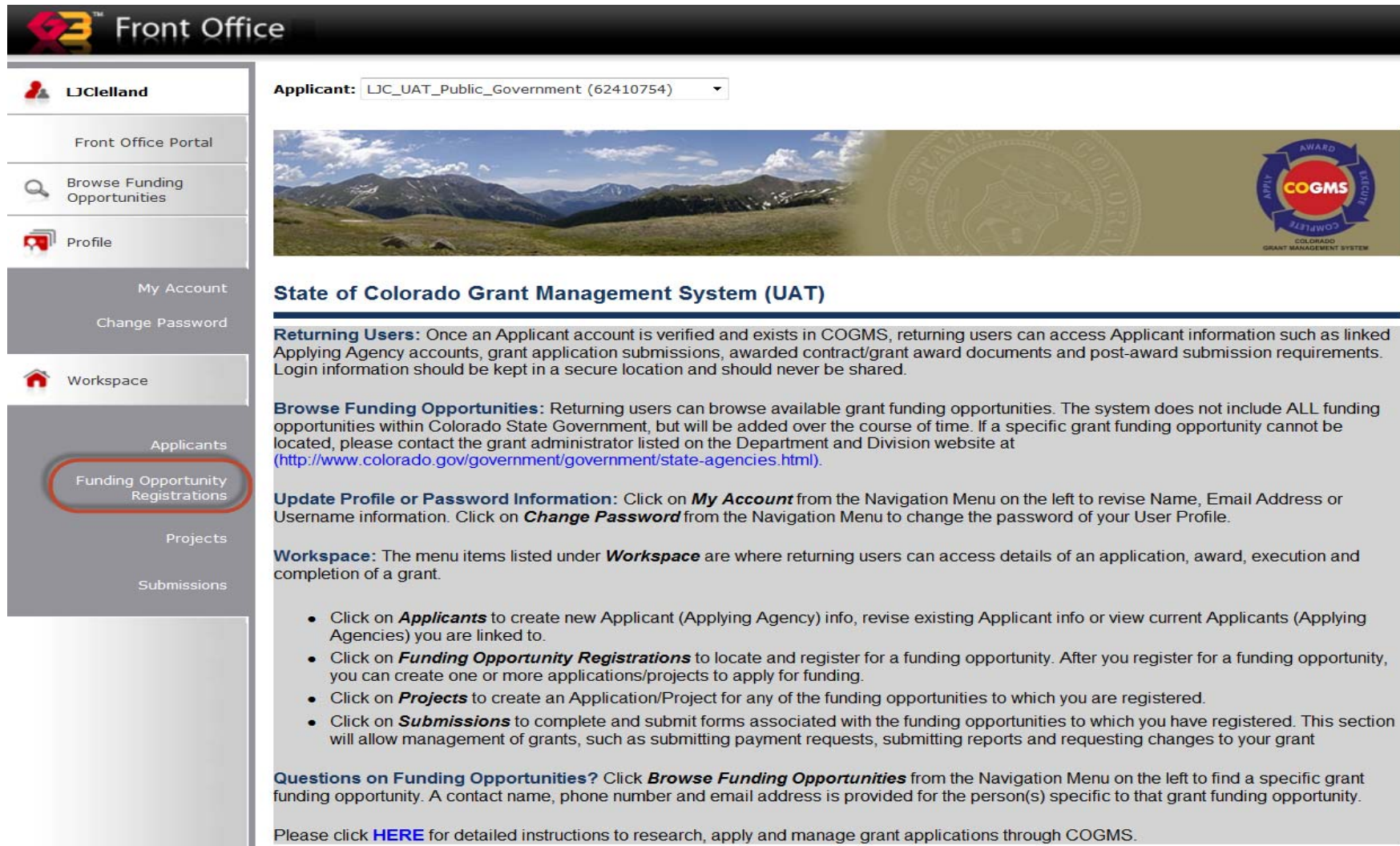
Important Notes:

- The software includes Enterprise embedded instructions for most every screen by clicking on the [\[Show\]](#) and [\[Hide\]](#) expandable options; however, the instructions are not specific to the State of Colorado. Although some information may be useful, please reference the [COGMS Instructions](#), which encompass the necessary information to successfully create a Profile, as well as research, apply and manage grant applications.
- The system does not include ALL funding opportunities within Colorado State Government, but will be added over the course of time. If a specific grant funding opportunity cannot be located, please contact the grant administrator listed on the Department and Division website at (<http://www.colorado.gov/government/government/state-agencies.html>).

Definition of Common Terms:

- **Registrant:** An individual or sole proprietor that creates a Username and Password. Multiple *Registrants* can exist under a single *Applying Agency (Applicant)*.

Step 3 – Click the *Funding Opportunity Registrations* link on the left menu bar



Front Office

LJClelland

Applicant: LJC_UAT_Public_Government (62410754)

Front Office Portal

Browse Funding Opportunities

Profile

My Account

Change Password

Workspace

Applicants

Funding Opportunity Registrations

Projects

Submissions

State of Colorado Grant Management System (UAT)

Returning Users: Once an Applicant account is verified and exists in COGMS, returning users can access Applicant information such as linked Applying Agency accounts, grant application submissions, awarded contract/grant award documents and post-award submission requirements. Login information should be kept in a secure location and should never be shared.

Browse Funding Opportunities: Returning users can browse available grant funding opportunities. The system does not include ALL funding opportunities within Colorado State Government, but will be added over the course of time. If a specific grant funding opportunity cannot be located, please contact the grant administrator listed on the Department and Division website at (<http://www.colorado.gov/government/government/state-agencies.html>).

Update Profile or Password Information: Click on **My Account** from the Navigation Menu on the left to revise Name, Email Address or Username information. Click on **Change Password** from the Navigation Menu to change the password of your User Profile.

Workspace: The menu items listed under **Workspace** are where returning users can access details of an application, award, execution and completion of a grant.

- Click on **Applicants** to create new Applicant (Applying Agency) info, revise existing Applicant info or view current Applicants (Applying Agencies) you are linked to.
- Click on **Funding Opportunity Registrations** to locate and register for a funding opportunity. After you register for a funding opportunity, you can create one or more applications/projects to apply for funding.
- Click on **Projects** to create an Application/Project for any of the funding opportunities to which you are registered.
- Click on **Submissions** to complete and submit forms associated with the funding opportunities to which you have registered. This section will allow management of grants, such as submitting payment requests, submitting reports and requesting changes to your grant

Questions on Funding Opportunities? Click **Browse Funding Opportunities** from the Navigation Menu on the left to find a specific grant funding opportunity. A contact name, phone number and email address is provided for the person(s) specific to that grant funding opportunity.

Please click [HERE](#) for detailed instructions to research, apply and manage grant applications through COGMS.

Step 4 – Find the Funding Opportunity titled *VOCA Victims of Crime Act One-Time Funding 2015*

JiLLN Applicant: DCJ_CVS_2014 (86553291) ▾

Front Office Portal

Browse Funding Opportunities

Profile

My Account

Change Password

Workspace

Applicants

Funding Opportunity Registrations

Projects

Funding Opportunity Registrations					
Register	View	Funding Opportunity Name ↑	Applicants Registered	Start Date	End Date
		Crime Victims Services Grant Program 2014 - (CY16) Recontracting	1	Dec 31, 2010	Jan 1, 2021
		Local Law Enforcement Grant 2014	0	Jun 25, 2014	Dec 31, 2020
		National Criminal History Improvement Program 2015	0	Dec 1, 2014	Dec 31, 2025
		Recover Colorado Business Grant and Loan Program	0	Apr 1, 2014	Dec 31, 2019
		VOCA Victims of Crime Act One-Time Funding 2015	0	Aug 11, 2015	Dec 31, 2020

1 2

Step 5 – Read Funding Opportunity, click ***Back to Funding Opportunity Registrations*** on left menu bar

JiIN

Publication Form

Announcement

Export to PDF
Get PDF Viewer

Back To Funding Opportunity Registrations

Announcement

ANNOUNCEMENT OF AVAILABLE FUNDS

**Victims of Crime Act Fund (VOCA)
One-Time Nonrecurring Funding Announcement**

May 1, 2016 – April 30, 2017

OFFERED THROUGH THE COLORADO DIVISION OF CRIMINAL JUSTICE
(OFFICE FOR VICTIMS PROGRAMS - OVP)

APPLICATION DEADLINE: FRIDAY, SEPTEMBER 25, 2015, 11:59 p.m.

About the Funding Agency

The Office for Victims Programs (OVP), a unit of the Colorado Division of Criminal Justice, is committed to the physical and emotional recovery of crime victims and to the restoration of victims' confidence in the criminal justice system. This year marks an exciting and significant milestone in the work of victim services on a national level, as Congress has increased the

Step 6 – Click the  icon to the left of the Funding Opportunity to register

JillN Applicant: DCJ_CVS_2014 (86553291) ▾

Front Office Portal

Browse Funding Opportunities

Profile










My Account

Change Password

Workspace

Applicants

Funding Opportunity Registrations

Funding Opportunity Registrations					
All A B C D E F G H I J K L M N O P Q R S T U V					
Register	View	Funding Opportunity Name ↑	Applicants Registered	Start Date	End Date
		Crime Victims Services Grant Program 2014 - (CY16) Recontracting	1	Dec 31, 2010	Jan 1, 2021
		Local Law Enforcement Grant 2014	0	Jun 25, 2014	Dec 31, 2020
		National Criminal History Improvement Program 2015	0	Dec 1, 2014	Dec 31, 2025
		Recover Colorado Business Grant and Loan Program	0	Apr 1, 2014	Dec 31, 2019
		VOCA Victims of Crime Act One-Time Funding 2015	0	Aug 11, 2015	Dec 31, 2020

1 2

Step 7 – Click YES when asked if you are sure you want to register your agency for the Funding Opportunity

The screenshot displays a web application interface with a sidebar on the left and a main content area on the right. The sidebar contains the following menu items: Front Office Portal, Browse Funding Opportunities, Profile, My Account, Change Password, Workspace, Applicants, and Funding Opportunity Registrations. The main content area is divided into two sections. The top section, titled "Funding Opportunity Details", contains the following information: "Funding Opportunity Name: VOCA Victims of Crime Act One-Time Funding 2015", "Start Date: Aug 11, 2015", and "End Date: Jan 1, 2021". The bottom section, titled "Funding Opportunity Registration", contains a confirmation question: "Are you sure you wish to register DCJ_CVS_2014 (86553291)?". Below the question are two buttons: "Yes" and "Cancel". The "Yes" button is circled in red, indicating the correct action to take.

Front Office Portal

Browse Funding Opportunities

Profile

My Account

Change Password

Workspace

Applicants

Funding Opportunity Registrations

Funding Opportunity Details

Funding Opportunity Name: VOCA Victims of Crime Act One-Time Funding 2015

Start Date: Aug 11, 2015

End Date: Jan 1, 2021

Funding Opportunity Registration

Are you sure you wish to register DCJ_CVS_2014 (86553291)?

Yes Cancel

Step 8 – Click the *Back* button at the bottom of the screen

The screenshot displays a web application interface with a vertical sidebar on the left and a main content area on the right. The sidebar contains the following menu items: **JiLN**, Front Office Portal, Browse Funding Opportunities, Profile, My Account, Change Password, Workspace, Applicants, and Funding Opportunity Registrations. The main content area is divided into two sections. The top section, titled "Funding Opportunity Details", shows the following information: Applicant: DCJ_CVS_2014 (86553291), Funding Opportunity Name: VOCA Victims of Crime Act One-Time Funding 2015, Start Date: Aug 11, 2015, and End Date: Jan 1, 2021. The bottom section, titled "Funding Opportunity Registration", displays the message "DCJ_CVS_2014 (86553291) has been registered." Below this message is a "Back" button, which is highlighted with a red oval.

Step 9 – Click the *Projects* link on the left menu bar

JILIN

Front Office Portal

Browse Funding Opportunities

Profile

My Account

Change Password

Workspace

Applicants

Funding Opportunity Registrations

Projects

Submissions

Applicant: DCJ_CVS_2014 (86553291) ▾

Funding Opportunity Registrations

Register	View	Funding Opportunity Name ↑	Applicants Registered	Start Date	End Date
		Crime Victims Services Grant Program 2014 - (CY16) Recontracting	1	Dec 31, 2010	Jan 1, 2021
		Local Law Enforcement Grant 2014	0	Jun 25, 2014	Dec 31, 2020
		National Criminal History Improvement Program 2015	0	Dec 1, 2014	Dec 31, 2025
		Recover Colorado Business Grant and Loan Program	0	Apr 1, 2014	Dec 31, 2019
		VOCA Victims of Crime Act One-Time Funding 2015	1	Aug 11, 2015	Dec 31, 2020

1 2

Step 10 – Choose *VOCA Victims of Crime Act One-Time Funding 2015* from the drop down menu

The screenshot shows a web application interface. On the left is a vertical sidebar with the following items: 'JillN' (with a small icon), 'Front Office Portal', 'Browse Funding Opportunities' (with a magnifying glass icon), 'Profile' (with a person icon), 'My Account' (with a sub-item 'Change Password'), 'Workspace' (with a document icon), and 'Applicants'. The main content area has a header with 'Applicant: DCJ_CVS_2014 (86553291)' and 'Project Status: Open Projects'. Below these is a filter for 'Funding Opportunity Name' with a dropdown menu showing 'VOCA Victims of Crime Act One-Time Funding 2015' highlighted in yellow. Underneath is a section titled 'Projects' with a grid of letters from 'All' to 'U'. Below the grid is a table header with columns: 'Project Name', 'Project Number', 'Funding Opportunity Name', 'Applicant Name', and 'Applicant Number'. The table body is empty, displaying the message 'This list contains no items'.

Applicant: DCJ_CVS_2014 (86553291) ▾

Project Status: Open Projects ▾

Funding Opportunity Name: VOCA Victims of Crime Act One-Time Funding 2015 ▾

Projects

All | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U

Project Name	Project Number	Funding Opportunity Name	Applicant Name	Applicant Number
This list contains no items				

Step 11 – Add icon  is now available, click the icon to add a project (start an application)

JillN

Applicant: DCJ_CVS_2014 (86553291) ▼

Front Office Portal

Browse Funding Opportunities

Profile

My Account

Change Password


Workspace

Applicants

Funding Opportunity

Project Status: Open Projects ▼

Funding Opportunity Name: VOCA Victims of Crime Act One-Time Funding 2015 ▼

 Projects

All | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U

Project Name ↑	Project Number	Funding Opportunity Name	Applicant Name	Applicant Number
This list contains no items				

Step 12 – Enter a name for your project in the *Applicant Project Name* box. Click *Save & Back* once you have entered a project name.

Applicant: DCJ_CVS_2014 (86553291) ▾

ortal

Create a Project

Funding Opportunity Name: VOCA Victims of Crime Act One-Time Funding 2015

* Applicant: DCJ_CVS_2014 (86553291)

* Applicant Project Name: ←

count

word

Save Save & Add Another

Save & Back Cancel

cants

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Step 13 – Click the *Submissions* link on the left menu bar

JiLLN

Front Office Portal

Browse Funding Opportunities

Profile

My Account

Change Password

Workspace

Applicants

Funding Opportunity Registrations

Projects

Submissions

Applicant: DCJ_CVS_2014 (86553291)


Register	View	Funding Opportunity Name ↑	Applicant:
		Crime Victims Services Grant Program 2014 - (CY16) Recontracting	1
		Local Law Enforcement Grant 2014	0
		National Criminal History Improvement Program 2015	0
		Recover Colorado Business Grant and Loan Program	0
		VOCA Victims of Crime Act One-Time Funding 2015	1

Step 14– Click the File Folder icon to the left of the project name you created to open & complete your application


JiJIN Applicant: DCJ_CVS_2014 (86553291) ▾

[Hide Filters] [Clear Filters]

Submissions Filters

Applicant Project Name: Victim Advocacy Technology Improvement ▾
Date Submitted: On ▾ 
Project Status: Open Projects ▾
Submission Version: Latest Version ▾
Associate Type: All ▾

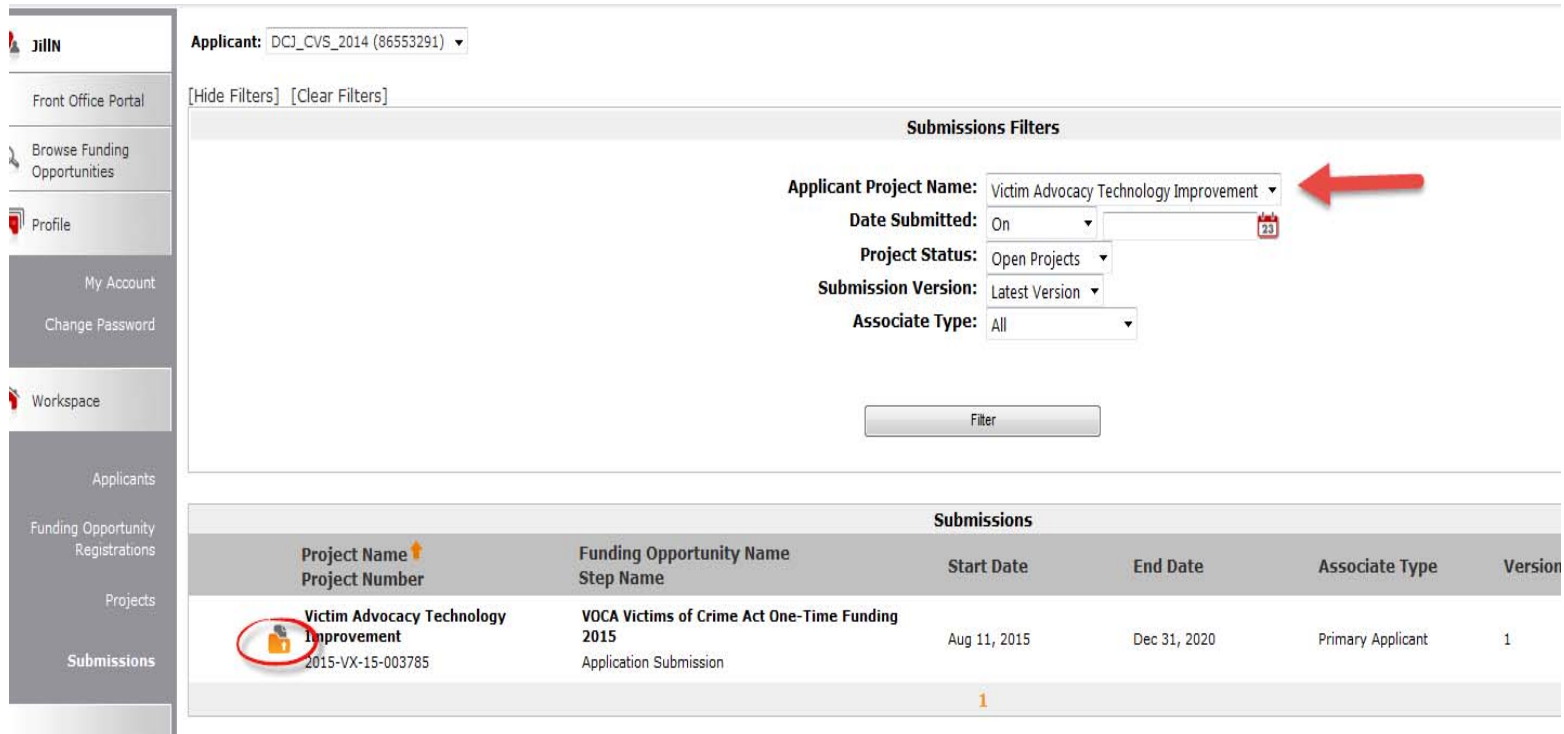
Submissions

Project Name ↑ Project Number	Funding Opportunity Name Step Name	Start Date	End Date	Associate Type	Vers
 Victim Advocacy Technology Improvement 2015-VX-15-003785	VOCA Victims of Crime Act One-Time Funding 2015 Application Submission	Aug 11, 2015	Dec 31, 2020	Primary Applicant	1

1

If you need to return to an application that is in progress

Sign into COGMS and click on **Submissions** in the left menu bar. Your project(s) should appear. Click on the  icon next to the project.



The screenshot shows the COGMS interface. On the left is a vertical menu with options: JilIN, Front Office Portal, Browse Funding Opportunities, Profile, My Account, Change Password, Workspace, Applicants, Funding Opportunity Registrations, Projects, and Submissions. The main content area is titled 'Submissions Filters' and includes a dropdown for 'Applicant' (DCJ_CVS_2014 (86553291)), links for '[Hide Filters]' and '[Clear Filters]', and several filter dropdowns: 'Applicant Project Name' (Victim Advocacy Technology Improvement), 'Date Submitted' (On), 'Project Status' (Open Projects), 'Submission Version' (Latest Version), and 'Associate Type' (All). A red arrow points to the 'Applicant Project Name' dropdown. Below the filters is a 'Filter' button. At the bottom is a table titled 'Submissions' with columns: Project Name, Project Number, Funding Opportunity Name, Step Name, Start Date, End Date, Associate Type, and Version. The table contains one row for 'Victim Advocacy Technology Improvement' with project number '2015-VX-15-003785', funding opportunity name 'VOCA Victims of Crime Act One-Time Funding 2015', step name 'Application Submission', start date 'Aug 11, 2015', end date 'Dec 31, 2020', associate type 'Primary Applicant', and version '1'. A red circle highlights the document with arrow icon next to the project name in the table.

Project Name	Project Number	Funding Opportunity Name	Step Name	Start Date	End Date	Associate Type	Version
Victim Advocacy Technology Improvement	2015-VX-15-003785	VOCA Victims of Crime Act One-Time Funding 2015	Application Submission	Aug 11, 2015	Dec 31, 2020	Primary Applicant	1



VOCA One-Time Project Application

- You are now ready to complete your VOCA One-Time Application
- There are several main content sections in the Application:
 - *Applicant Information
 - *Contact Information
 - *Capacity & Project Factors (previously Project Overview)
 - *Statement of Work
 - *Budget Information
 - *Financial Management
 - *Certification

Applicant Information

DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt
Applicant Number:
59110046
Project Name:
VRA One Time
Improvements
Project Number:
2015-VX-15-003786

VOCA Victims of
Crime Act One-Time
Funding 2015

Application Form

Applicant Information

- Contact Information
- Capacity/Factors
- Service Area
- Underserved
- Collaboration
- Statement of Work
 - Project Summary
 - Victims Services
 - Goals & Objectives
- Budget Information
 - Personnel
 - Personnel Match
 - Supplies/Operating
 - S/O Match
 - Travel
 - Travel Match
 - Equipment
 - Equipment Match
 - Professional Services
 - PI/S Match
 - Indirect Costs
 - Indirect Costs Match
 - Total Request

Applicant Information

VOCA Victims of Crime Act One-Time Funding 2015

Project Information

Project Title: VRA One Time Improvements

Project Number: 2015-VX-15-003786-01

*** Project Director:** Debbie Kasyon ?

Executive Director: ?

*** Type of Funding for this Project:** New

*** Requested Amount(\$):** \$0 ?

Project Duration:

*** From:** 05/01/2016

*** To:** 04/30/2017

Only change these
dates if your project
duration will be for
less than one year
(5/1/16 to 12/31/16)

Applicant Details

Applicant Agency Name: DCJ_CVS_UAT_PublicGovt

Applicant Legal Name: DCJ_CVS_UAT_PublicGovt

DUNS(+4) Number: 4646506540

*** SAM Expiration Date:** 10/25/2015 ?

Tax Identification #: 54106546540

Entity Type: Public / Government

Entity Sub-Type: State

Save

Save & Back

Save & Next

Back

Next

Check Spelling

Applicant Information

- Most of the fields in this section will be pre-populated based on the information in your Applicant Profile
- Some of the fields, such as Executive Director and Requested Amount will populate once you complete the appropriate sections of the application
- Only the Project Duration field is editable

Applicant Information

- **PROJECT TITLE:** This field is pre-populated.
- **PROJECT NUMBER:** The COGMS will automatically generate this number.
- **PROJECT DIRECTOR:** This field is pre-populated. This is who will be responsible for the implementation of the project and/or the day to day management of the project, if funded, and is the person we will contact if we have questions about your grant application.
- **EXECUTIVE DIRECTOR:** This field will populate once the information is entered in the contacts section of the application. **This field applies to nonprofit agencies only.**
- **TYPE OF FUNDING FOR THIS PROJECT:** This field will default to **NEW** for this application process.
- **REQUESTED AMOUNT (\$):** This field is populated from the budget total request page and does not include match. It will populate after your budget information has been entered.
- **PROJECT DURATION:** The project period for the VOCA One-Time Funds is May 1, 2016 to April 30, 2017. If you anticipate a shorter project period because you are requesting personnel funds or for some other reason, you can adjust the end date accordingly.

Applicant Information

- **APPLICANT AGENCY NAME:** This field is pre-populated.
- **APPLICANT LEGAL NAME:** This field is pre-populated.
- **DUNS NUMBER:** This field is pre-populated.
A DUNS (Data Universal Numbering System) number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving Federal funds. All potential grant applicants must obtain a DUNS number. The identifier is used for tracking purposes and to validate address and point of contact information for federal assistance applicants, recipients, and subrecipients (grantee). You should check to see if your agency already has a DUNS number. If not, your agency may obtain a DUNS number by calling 1-866-705-5711 or by applying online at www.dnb.com/us/. Obtaining a DUNS number is a free, simple, one-time process.
- **SAM EXPIRATION DATE:** This field is pre-populated.
In addition to the DUNS number requirement, all applicants applying for these funds must have a current System for Award Management (SAM) registration (formerly CCR). SAM combines the federal procurement systems and the Catalog of Federal Domestic Assistance and serves as the federal repository for information required under the Transparency Act. More information may be found at <http://www.sam.gov>.

Applicant Information

- **TAX IDENTIFICATION NUMBER:** This field is pre-populated
- **ENTITY TYPE:** This field is pre-populated
- **ENTITY SUB-TYPE:** This field is pre-populated

Contact Information

DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt

Applicant Number:
59110046

Project Name:
Furniture for Victims Room

Project Number:
2015-VX-15-003812

VOCA Victims of Crime Act One-Time Funding 2015

Application Form

Applicant Information
Contact Information
Capacity/Factors
Service Area
Underserved
Collaboration
Statement of Work
Project Summary
Victims Services
Goals & Objectives
Budget Information
Personnel
Personnel Match
Supplies/Operating
S/O Match

Contact Information

Project Contact Information has been pre-populated with the Contact Information from your **Applicant Profile**.

Please review and update as necessary the information below to reflect the Project Officials that will be responsible for this **Project**. Only include one of each of the following: Project Director, Financial Officer, Signature Authority, and Executive Director (if applicable).

Note: COGMS auto-generated email notifications are not linked to this contact list. Auto-generated email notifications are only sent to Registrants linked to the Applicant Profile. Please see instructions for additional information.




All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z					
View	Contact Type	First Name	Last Name	Phone	Email
		Debbie	Kasyon	303-239-1234	Debbie@UAT.com
		Nancy	Feldman	303-239-5719	nancyf@uat.com
		Robert	Gallup	303-239-5719	robertgallup@uat.com
		Jill	Nore	303-239-5719	jill@UAT.com
		Marcia	Brady	303-239-5719	marcia@UAT.com

1


Back Next

Contact Information

At this step you enter or correct contact information for the Project Director, Financial Officer, the Signature Authority (Authorized Official) and the Executive Director (if applicable)

- Click on the  icon to add the required contacts.
- Click on the  icon to view and/or edit the contact information.
- Click on the  icon to delete a contact.

Contact Information

 **DebbieKa**

Applicant Name:
DCJ_CVS_UAT_PublicGovt

Applicant Number:
59110046

Project Name:
Furniture for Victims
Room

Project Number:
2015-VX-15-003812

VOCA Victims of
Crime Act One-Time
Funding 2015

Application Form

Applicant Information

Contact Information

Capacity/Factors

Service Area

Underserved

Collaboration

Statement of Work

Project Summary

Victims Services

Goals & Objectives

Budget Information

Personnel

Personnel Match

Contact Details

* **Contact Type:** Project Director

* **Salutation:** Ms.

* **First Name:** Jill

* **Last Name:** Nore

* **Title:** Project Director

* **Agency Name:** OVP

* **Address Line 1:** 700 Kipling St, Suite 1000

Address Line 2:

* **City/Town:** Denver

* **State:** Colorado

* **Zip Code + 4:** 80215-1234

* **Phone Number:** 303-239-5719

Fax: 303-239-5704

* **Contact Email Address:** jill@UAT.com

Save Save & Add Another

Save & Back to List Back to List

Check Spelling

Contact Information

- Enter all of the required contact information.
- You must enter the zip code + 4 for each contact
- After entering or correcting your contact, click on *Save & Add Another* at the bottom of the page to add additional contacts
- When you are done entering all of your contacts, click on *Save & Back to List* at the bottom of the page and then *Next* to move on to the next section of the application

Contact Information

PROJECT DIRECTOR: This must be an individual other than the authorized official or financial officer and must be from the applicant agency. Enter the name, title, agency, mailing address, telephone number, Fax number, and e-mail address, if applicable, of the Project Director. The project director is the individual who will be directly in charge of the project.

Contact Information

- **FINANCIAL OFFICER:** This must be an individual other than the project director or authorized official. Enter the name, title, agency, mailing address, telephone number, Fax number, and e-mail address, if applicable, of the Financial Officer. The financial officer is the person who will be responsible for fiscal matters relating to the project and in charge of accounting, management of funds, verification of expenditures, and grant financial reports.

Contact Information

- **SIGNATURE AUTHORITY (Authorized Official):**
This must be an individual other than the project director or financial officer. Enter the name, title, agency, mailing address, and telephone number of the Authorized Official. This is the individual authorized to enter into contracts on behalf of the applicant agency. For local units of government, this will normally be a city manager, mayor, district attorney, and/or the chair of the county commissioners. At the state level, this individual will be a department or division head.

Capacity and Project Factors

DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt

Applicant Number:
59110046

Project Name:
Furniture for Victims Room

Project Number:
2015-VX-15-003812

VOCA Victims of Crime Act One-Time Funding 2015

Application Form

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Equipment Match
Professional Services
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Indirect Costs Match
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View Applicant Profile

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Capacity and Project Factors

*** Type of Project:**

Available Items:

- Sexual Assault Nurse Examiner (SANE)
- Domestic Violence
- Victim Services
- Sexual Assault Project
- Other
- Victim / Witness Project

Buttons: Add All, Add, Remove, Remove All

Selected Items:

*** Agency Description:**
Briefly describe the purpose of your agency. See instructions for further information. (maximum length = 1,000 characters)

*** Agency Qualification:**
Describe your agency's experience with providing direct crime victim services and in managing federal/state funds. See instructions for further information. (maximum length = 1,000 characters)

*** Prior CVS Funding:** Yes

Year	Amount Awarded	Grant Number	Project Title

*** Problem Statement:**
Describe the problem the proposed project intends to address. Local and/or state data should be used to describe the nature of the problem in your community. See instructions for further information. (maximum length = 5,000 characters)

Buttons: Save, Save & Back, Save & Next, Back, Next, Check Spelling

Note: This formlet contains mandatory fields for which no value has been saved.

These additional fields will become visible if YES is selected for Prior CVS funding

Capacity and Project Factors

Capacity and Project Factors

* Type of Project:

Available Items:

Sexual Assault Nurse Examiner (SANE)
Domestic Violence
Victim Services
Sexual Assault Project
Other
Victim / Witness Project

Choose all
that apply

Add All

Add

Remove

Remove All

Selected Items:

* Agency Description:

Briefly describe the purpose of your agency. See instructions for further information. (maximum length = 1,000 characters)

* Agency Qualification:

Describe your agency's experience with providing direct crime victim services and in managing federal/state funds. See instructions for further information. (maximum length = 1,000 characters)

Capacity and Project Factors

- Equipment
- Equipment Match
- Professional Services
- P/S Match
- Indirect Costs
- Indirect Costs Match
- Total Request
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View Applicant Profile

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Get PDF Viewer

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* Prior CVS Funding:

Year	Amount Awarded	Grant Number	Project Title
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*** Problem Statement:**

Describe the problem the proposed project intends to address. Local and/or state data should be used to describe the nature of the problem in your community. See instructions for further information.
(maximum length = 5,000 characters)

Note: This formlet contains mandatory fields for which no value has been saved.

Capacity and Project Factors

Type of Project

- Choose all that apply from the list provided.

Agency Description

- Briefly describe the purpose of your agency, the mission statement (if you have one), the year of establishment, the types of clients currently being served, and the total number of clients your agency served in 2014.
- Limit of 1000 characters.

Capacity and Project Factors

Agency Qualification

- Limit of 1000 characters
- Describe your agency's experience with providing direct crime victim services and in managing federal/state funds, your agency's area of expertise in regard to the proposed activities, and your agency's organizational capability to manage the grant

Capacity and Project Factors

Prior CVS Funding

- Select YES or NO from the drop down window. If your agency has received funds from CVS for calendar year 2013, 2014 and/or 2015, select YES and complete the table that appears listing each grant year you received funds, the amount awarded, the grant number, and the project title

Capacity and Project Factors

Problem Statement

- Limit of 5000 characters
- Provide a statement of need for the proposed activities in your community.
- Focus on your **unique community** and why this project is needed.
- Include **local information** such as crime problems, crime statistics, underserved populations, estimated number of victims in need of the services proposed, the number of clients accessing current services, community culture, and barriers to compliance with the Victims Rights Act.
- Describe the extent of your service area if your project is in more than one community.

Service Area for Project

DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt
Applicant Number:
59110046
Project Name:
Furniture for Victims
Room
Project Number:
2015-VX-15-003812

VOCA Victims of
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Target Service Area

Service Area for Project

* **Statewide:** No

* **U.S. Congressional District:**

Available Items:		Selected Items:
01	>>	
02	>	
03	<	
04	<<	
05		
06		

* **Judicial District:**

Available Items:		Selected Items:
01	>>	
02	>	
03	<	
04	<<	
05		
06		

* **State Senate District:**

Available Items:		Selected Items:
01	>>	
02	>	
03	<	
04	<<	
05		
06		

* **State House District:**

Available Items:		Selected Items:
01	>>	
02	>	
03	<	
04	<<	
05		
06		

* **Counties:**

Available Items:		Selected Items:
1-Adams	>>	
2-Alamosa	>	
3-Arapahoe	<	
4-Archuleta	<<	
5-Baca		
6-Bent		

* **Cities:**

Available Items:		Selected Items:
Agate	>>	
Aguilar	>	
Akron	<	
Alamosa	<<	
Allenspark		
Alma		

Save Save & Back Save & Next

Back Next

Note: This formlet contains mandatory fields for which no value has been saved.

Service Area For Project

Service Area for Project

- STATEWIDE: Choose YES if your project is a statewide project or NO if your project is not a statewide project
- If you choose NO, a new screen will appear and you will need to complete the following fields: US Congressional Districts, Colorado Judicial Districts, State Senate District, State House District, Counties and Cities where services will be delivered
- Info can be found at <http://votesmart.org>

Underserved Populations

Applicant Name:
DCJ_CVS_UAT_PublicGovt
Applicant Number:
59110046
Project Name:
Furniture for Victims
Room
Project Number:
2015-VX-15-003812

VOCA Victims of
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*** A. Describe the underserved population(s) in the community you serve (e.g. race/ethnicity of victims served, LGBTQ, deaf, etc.).**

(maximum length = 4,000 characters)

*** B. How did you determine the underserved population(s)? Cite your source(s).**

(maximum length = 4,000 characters)

Save

Save & Back

Save & Next

Back



Next

Check Spelling



Collaboration

Collaboration

List the three agencies with which your agency coordinates with most frequently. If you have active MOU's relevant to this request, list the agency and a brief description of the terms of the MOU.

All | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

View	Agency Name	MOU	Contact	Phone
 	Jan Brady Agency	Yes	John Smith	303-239-1234

1

Back Next

DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt

Applicant Number:
59110046

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Furniture for Victims Room


Project Number:
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VOCA Victims of Crime Act One-Time Funding 2015

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Applicant Information

Collaboration

- All applicants must complete this section
- List the three agencies with which your project staff will be coordinating most often
- Click on the  icon to add agencies to the list
- This takes you to the Collaboration Details screen
- Select YES or NO from the drop down window in response to MOU question, if YES is selected, an additional question will appear asking you to provide a brief description of the MOU
- Complete the contact information
- Click SAVE & BACK TO LIST after adding all of the contacts; click NEXT to proceed

Statement of Work Project Summary

DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt
Applicant Number:
59110046
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- Travel
- Travel Match
- Equipment
- Equipment Match

Statement of Work: Project Summary

* Project Summary:

Include a brief description of your project. See instructions for further information. (maximum length = 1,000 characters)

* Project Description:

Describe how these nonrecurring one-time expenditures will support the expansion or enhancement of the delivery of services to crime victims. (maximum length = 6,500 characters)

* Purpose Area:

* Does your agency assist victims with applying for Victim's Compensation?

* Does your agency utilize volunteers?

Your agency must assist victims with applying for compensation and must use volunteers to be eligible for these funds

Statement of Work - Project Summary

Project Summary

- 1000 Character Limit
- Provide a brief description of your proposed project. We use this information to notify the Governor of grant awards and for federal report reporting purposes. Include target population, estimated number of clients to be served annually and services to be provided.

Statement of Work - Project Summary

Project Description

- 6500 Character Limit
- Explain in a clear and succinct way the project, staff and the specific services you are planning on providing with these funds.
- Goals and objectives and the budget request should support the activities that are described in this section.
- Describe only that part of your program for which you are requesting funding.

Statement of Work - Project Summary


Purpose Area:

- Will be prepopulated with Victim Services as this is the only eligible purpose area for VOCA funds.

Victim Comp & Volunteers:

- In order to be eligible for these grant funds, agencies must provide assistance with victim compensation and use volunteers.

Statement of Work Victims Services Project Data



Applicant Name:
DCJ_CVS_2014
Applicant Number:
86553291
Project Name:
Victim Advocacy
Technology Improvement
Project Number:
2015-VX-15-003785

VOCA Victims of
Crime Act One-Time
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Travel

Statement of Work: Victims Services

*** Victims Services Type of Crime:**
Provide only the number of victims who will benefit from this nonrecurring one-time project during the 12-month period. See instructions for further information.

Type of Crimes	Est. # of Victims
Child Physical Abuse	<input type="text"/>
Child Sexual Abuse	<input type="text"/>
Children Who Witness Domestic Violence	<input type="text"/>
Domestic Violence	<input type="text"/>
Dating Violence	<input type="text"/>
Stalking	<input type="text"/>
Adult Sexual Assault	<input type="text"/>
Adults Molested as Children	<input type="text"/>
Survivors of Homicide Victims	<input type="text"/>
Robbery	<input type="text"/>
Vehicular Assault or Homicide, DUI/DWI Crashes, or Careless Driving Resulting in Death	<input type="text"/>
Assault	<input type="text"/>
Elder Abuse	<input type="text"/>
Other Violent Crimes (See instructions)	<input type="text"/>
UNDUPLICATED TOTAL	<input type="text" value="0"/>

Statement of Work

Victims Services Project Data

- All data should be provided for an 8 month period (if requesting personnel) and should be proportionate to the percentage of FTE that will be supported with grant funds
- Include primary and secondary victims to be served during the grant period
- These tables are mandatory for this funding opportunity

Statement of Work

Victims Services Project Data

- Other violent crimes can include: kidnapping, harassment, intimidation, arson, hate crime, etc.
- Adult sexual assault victims include victims age 13 and above
- Count victims only once using the predominant crime type
- Click Recalculate to get a revised total
- Click Save & Next to proceed to next section

Statement of Work

Victims Services Project Data

Travel	* Victims Services Type of Services:	
Travel Match	List the number of victims receiving the following services as a result of this project. No single entry/category in this table can exceed the TOTAL NUMBER OF VICTIMS in the table above.	
Equipment	Type of Services	Est. # of Victims
Equipment Match	Crisis Counseling/Crisis Intervention (in person)	<input type="text"/>
Professional Services	Follow-up (Includes crisis intervention by phone)	<input type="text"/>
PI/S Match	Therapy	<input type="text"/>
Indirect Costs	Group Treatment/Support	<input type="text"/>
Indirect Costs Match	Shelter/Safehouse	<input type="text"/>
Federal Indirect	Information/Referral (in person)	<input type="text"/>
Total Request	Criminal Justice Support/Advocacy	<input type="text"/>
Financial Management	Emergency Financial Assistance	<input type="text"/>
Certification	Emergency Legal Advocacy (attorney assistance)	<input type="text"/>
Summary	Victim Compensation Assistance (Required)	<input type="text"/>
	Personal Advocacy	<input type="text"/>
View Applicant Profile	Telephone Contact	<input type="text"/>
Export to PDF	Civil Legal Advocacy (advocate assistance)	<input type="text"/>
Print PDF Viewer	Forensic Exam	<input type="text"/>
Click to Submissions List	Hospital/Clinic/Medical Response	<input type="text"/>
	Language Services	<input type="text"/>
	Transportation	<input type="text"/>
	Transitional Housing	<input type="text"/>
	Other	<input type="text"/>
	<input type="button" value="Recalculate"/>	
	<input type="button" value="Save"/>	<input type="button" value="Save & Back"/>
	<input type="button" value="Back"/>	<input type="button" value="Save & Next"/>
		<input type="button" value="Next"/>

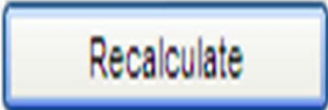

Statement of Work

Victims Services Project Data

- As in other sections, all data should be provided for a 12 month period
- A victim can receive the same type of service more than once (e.g. counseling), but the type of service can be counted only once during the 12 month period
- A victim can receive multiple types of services
- An individual service category cannot exceed the total number of victims listed in the previous section

Statement of Work

Victims Services Project Data

- Definitions of service types are listed in the instructions
- Click *Recalculate* button  to get a revised total
- Click  *Save & Next* to proceed to next section

Statement of Work Goals and Objectives



DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt
Applicant Number:
59110046
Project Name:
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Project Number:
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VOCA Victims of
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View Applicant Profile

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Statement of Work: Goals & Objectives

Applicants are limited to three goals with no more than three objectives for each goal. Objectives must be measurable and related to the budgeted items in the grant and any personnel used as match.

* Goal 1:

	Objective/Position Title Responsible	Intended Outcome/Impact	Data Collection	
1.1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1.3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Goal 2 (If needed):

	Objective/Position Title Responsible	Intended Outcome/Impact	Data Collection	
2.1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Goal 3 (If needed):

	Objective/Position Title Responsible	Intended Outcome/Impact	Data Collection	
3.1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Quality Assurance Plan:

Describe the approach for evaluating the project in response to the stated objectives, intended outcomes/impact and data collection. See instructions for further information. (maximum length = 5,000 characters)

Save

Save & Back

Save & Next

Back

Next

Check Spelling



Statement of Work Goals and Objectives

- Limited to three goals with no more than three objectives for each goal
- Goals – broad statements describing what you intend to accomplish
- Objectives – specific and measurable
- Should be related to the personnel/consultants/etc. requested in the grant and any match staff

Statement of Work Goals and Objectives

- Remember to:
 - Add the position title(s) responsible for the objective IN the objective
 - Include information regarding: intended outcome/impact, data collection, and timeframe
- 1000 character limit in each category (objective, intended outcome/impact, etc.)
- Example goals and objectives, intended outcome/impact, data collection and timeframe are in the instructions

Statement of Work Goals and Objectives

- Quality Assurance Plan = Evaluation Plan
- 5000 character limit
- Address how you will evaluate your project and use the data you collect to change/improve your project or services to crime victims
- Click *Save & Next* to proceed



Budget

- In most instances, the budget items should be for a 12 month period, one exception is grants for personnel which should be an 8 month grant period (May 2016 – December 2016)
- Review allowable expenses in the appendix of the instructions; VOCA funds can only support the prorated share of an item that is not used exclusively for victim-related activities
- 6 budget categories: personnel, supplies & operating, travel, equipment and professional services/consultants, and **indirect costs** (new budget item)
- All figures should be reported in whole dollar amounts; round up if .50 or more
- In the budget detail screens, you must enter the amount requested for each item; the total amount requested will populate on the summary screen of each budget category

Budget

Match

- All applicants must demonstrate the ability to provide 20% match for the purposes of the application
- New applicants without a demonstrated record of providing direct victim services will be required to provide 25% match at the time of contracting
- Match can be cash (non-federal dollars) or in kind
- The amount of required match will be calculated for you in the Match Calculation section of the Budget Total Request section
- Partial match waiver requests may be available

Budget

Match

- Easiest to have cash OR in kind match, not both
- You don't need match in every budget category for which you are requesting funds – it is suggested you limit match to 1 or 2 categories
- Match has to be tracked in your accounting system
- You will be able to request a partial match waiver after your application is recommended for funding

Budget - Personnel

 DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt
Applicant Number:
59110046
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VOCA Victims of
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- Budget Information

Budget: Personnel

Each position must be listed separately and be accompanied by a description that provides justification for the amount requested and details the basis for determining the cost of each position. For each position, explain how the salary and fringe benefit rates were determined. See instructions for further information.

These gray areas
will calculate as
you add each
position

PERSONNEL (TOTALS SUMMARY)

	Annual Amount (\$)	Total To Be Paid By Grant Funds (\$)
Totals	\$60,000	\$30,000



View	Position Title	Annual Amount (\$)	Total To Be Paid By Grant Funds (\$)
 	Victim Advocate, Cindy Brady	\$60,000	\$30,000
1			



Budget – Personnel Details

 **DebbieKa**

Applicant Name:
DCJ_CVS_UAT_PublicGovt

Applicant Number:
59110046

Project Name:
Furniture for Victims Room

Project Number:
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Personnel Match
Supplies/Operating
S/O Match

Personnel Details

* **Position Title and Name:**

	Annual Amount (\$)	% To Be Paid By Grant Funds	Total To Be Paid By Grant Funds (\$)
Salary	<input type="text" value="\$75,000"/>	<input type="text" value="33.33%"/>	<input type="text" value="\$25,000"/>
Fringe	<input type="text" value="\$15,000"/>	<input type="text" value="33.33%"/>	<input type="text" value="\$5,000"/>
TOTALS	<input type="text" value="\$90,000"/>		<input type="text" value="\$30,000"/>


* **Hours per week position works for agency:**

* **Budget Narrative and Justification:**
(maximum length = 1,000 characters)

Note: This formlet contains mandatory fields for which no value has been saved.

The percentage calculates automatically after you enter annual amount and amount to be paid by grant funds



Budget - Personnel

- Click on the  icon to add each personnel position
- This opens the Personnel Details screen (see next screen shot)
- The Personnel Details screen is completed for each position being requested
- Complete the requested fields
- The Budget Narrative and Justification field has increased from a 500 character limit to a 1000 character limit

Budget - Personnel

- To add additional positions, click *Save & Add Another*
- When all positions are entered, click *Save & Back to List* and then *Save & Next* to proceed to the Personnel Match section
- When requesting funds for a position, you have the option to request fringe benefits, but it is not required
- If you do request fringe benefits, the percentage of benefits cannot exceed the percentage of salary being requested


Budget – Personnel

- Once all positions are entered, the Personnel Totals will populate on the Personnel (Totals Summary) screen
- To view and edit personnel details information, click on the  icon.
- To delete an entry, click on the  icon.

Budget – Match

- A match screen will open for EACH budget category (personnel, supplies & operating, etc.)

Budget – Match Summary Screen

 **DebbieKa**

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DCJ_CVS_UAT_PublicGovt

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Budget: Personnel (Match)



	Amount Requested (\$)	Match (\$)
Total	\$60,000	\$10,000

[Show Filters] [Clear Filters]

	View	Item	Type of Match	Budget Narrative and Justification	Total (\$)
	 	Mary Smith Salary	Cash	Total match requirement is \$10,000. County funds contributed to Mary Smith's salary will be used...	\$10,000
1					



Budget – Match Details Screen

 DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt
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Personnel Details (Match)

* **Item:**

* **Type of Match:** Cash
 In-kind

* **Budget Narrative and Justification:**


Please include in your description the source of match funds (i.e. local VALE, etc.) (maximum length = 1,000 characters)

Total match requirement is \$10,000. County funds contributed to Mary Smith's salary will be used as cash match. This represents 25% of her salary.

* **Total(\$):**

<input type="button" value="Save"/>	<input type="button" value="Save & Add Another"/>
<input type="button" value="Save & Back to List"/>	<input type="button" value="Back to List"/>
<input type="button" value="Check Spelling"/>	



Budget - Match

- Click on the  icon on the match summary screen to add a match item
- This opens the Match Details screen
- In the Item field – indicate what the match is, e.g. volunteer hours, salary, etc. 50 character limit for Item field
- Indicate the type of match – cash or in kind


Budget - Match

- In Budget Narrative and Justification field, provide an explanation and calculation of the match item listed – 1,000 character limit
- Click *Save & Add Another* to enter additional match items; click *Save & Back to List* when done entering match items
- Click *Save & Next* to proceed to the next screen

Budget – Match

- Use this same process for every budget category in which you have match
- As with the other sections, click the  icon to view and edit the information and click the  icon to delete the entry

Budget – Supplies and Operating

 **DebbieKa**

Applicant Name:
DCJ_CVS_UAT_PublicGovt

Applicant Number:
59110046

Project Name:
Furniture for Victims Room

Project Number:
2015-VX-15-003812

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- Applicant Information
- Contact Information
- Capacity/Factors
- Service Area
- Underserved
- Collaboration
- Statement of Work
 - Project Summary
 - Victims Services
 - Goals & Objectives
- Backup Information



Budget: Supplies & Operating

Each individual item listed must be **UNDER \$5,000** and be accompanied by a description that provides justification for the budget items and details the basis for determining the cost of each item. See instructions for further information.



These gray areas will calculate as you enter each item

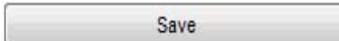


Totals Summary

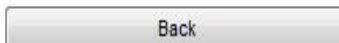
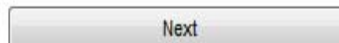
Amount Requested (\$)	
Total	\$1,500


All | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

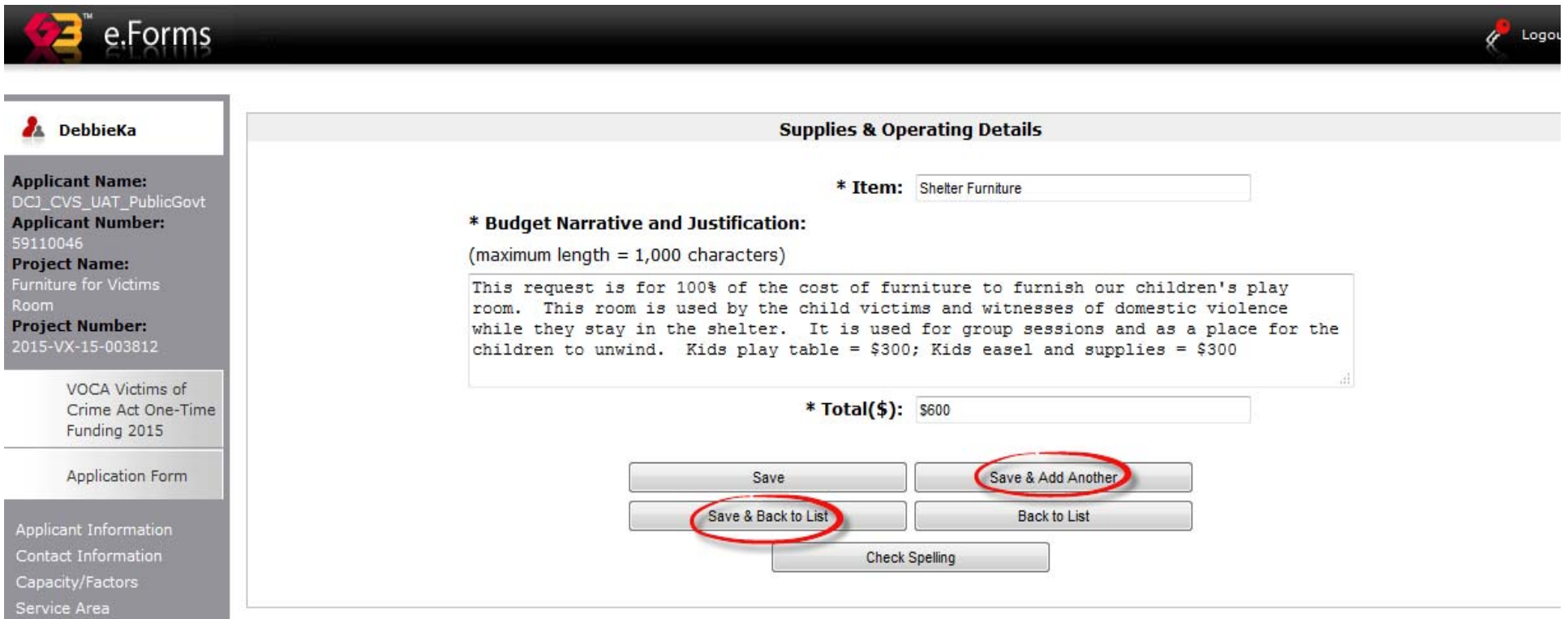
View	Item	Budget Narrative and Justification	Total (\$)
 	New computer for victim advocate	This request is for 100% of the cost of 1 computer fr the bilingual victim advocate. 100% of her...	\$1,500
1			

Budget – Supplies and Operating Details

- Enter each supplies and operating item separately using the  icon
- Complete the Supplies and Operating details screen for each item



eForms Logout

DebbieKa

Applicant Name: DCJ_CVS_UAT_PublicGovt
Applicant Number: 59110046
Project Name: Furniture for Victims Room
Project Number: 2015-VX-15-003812

VOCA Victims of Crime Act One-Time Funding 2015

Application Form

Applicant Information
Contact Information
Capacity/Factors
Service Area

Supplies & Operating Details

* **Item:** Shelter Furniture

* **Budget Narrative and Justification:**
(maximum length = 1,000 characters)

This request is for 100% of the cost of furniture to furnish our children's play room. This room is used by the child victims and witnesses of domestic violence while they stay in the shelter. It is used for group sessions and as a place for the children to unwind. Kids play table = \$300; Kids easel and supplies = \$300

* **Total(\$):** \$600

Save **Save & Add Another**


Save & Back to List Back to List

Check Spelling

Budget – Supplies and Operating

- Complete the Item field for each item requested; 50 character limit
- Complete the Budget Narrative and Justification field for each item requested; 1000 character limit
- Fully explain and justify the need for each item and show the basis for the computations
- S & O requests should correlate with the percentage of personnel requested; if applicable

Budget – Travel

 **DebbieKa**

Applicant Name:
DCJ_CVS_UAT_PublicGovt

Applicant Number:
59110046

Project Name:
Furniture for Victims
Room

Project Number:
2015-VX-15-003812

VOCA Victims of
Crime Act One-Time
Funding 2015

Application Form

Applicant Information
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Goals & Objectives



Budget: Travel

Each travel request must be listed and accompanied by a description that provides justification for the items and details the basis for determining the cost of each item. For each item requested, explain the relationship of each travel related item to the project. See instructions for further information.



Totals Summary

	Amount Requested (\$)
Total	\$1,600

This gray area will calculate as you add each item

All | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

View	Item	Budget Narrative and Justification	Total (\$)
 	Lodging at Advocate training for four advocates	This training is for 4 nights, 5 days in Colorado Springs, CO. The focus of the conference is on...	\$1,600

1



Save Save & Back Save & Next

Back Next

Budget - Travel

- Complete the Item field for each item requested; 50 character limit
- Complete the Budget Narrative and Justification field for each item requested; 1000 character limit
- Fully explain and justify the need for each item and show the basis for the computations
- List all travel expenses of project personnel by category (mileage, meals, lodging, etc.)

Budget – Travel

- Use your agency's written travel policy for per diem and mileage rates
- Use the state rates if your agency does not have a written travel policy
- The state rates are listed in the instructions
- As with the other budget sections, use the  icon to view and edit information and the  icon to delete an entry

Budget - Equipment

- Equipment is defined as a durable, single item costing \$5,000 or more with a useful life of over one year
- Funds may only be used for equipment deemed essential in the proposed project/services as allowable
- You will be required to submit additional forms prior to purchasing the equipment if approved

Budget - Equipment

- Each piece of equipment must be listed and accompanied by a description that provides justification for the budget items and details the basis for determining the cost of each item
- For each item listed, explain why the proposed equipment is essential to implementing the project

Budget – Professional Services/Consultants

DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt

Applicant Number:
59110046

Project Name:
Furniture for Victims Room

Project Number:
2015-VX-15-003812


VOCA Victims of Crime Act One-Time Funding 2015

Application Form

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Budget: Professional Services / Consultants



Each vendor must be listed separately and be accompanied by a description that provides justification for the budget items and details the basis for determining the cost of each item. For each consulting organization or individual added, explain how the hourly rate or flat rate was determined. See instructions for further information.



This will calculate after each item is added

Totals Summary

	Amount Requested (\$)
Total	\$13,175

All	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
	View	Item	Budget Narrative and Justification	Total (\$)																						
		Ramp for ADA Compliance	We are requesting funds to add ramp access to our domestic violence shelter for ADA compliance. ...	\$13,175																						
1																										

Save
Save & Back
Save & Next

Back
Next

Budget – Professional Services/Consultants

 DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt
Applicant Number:
59110046
Project Name:
Furniture for Victims
Room
Project Number:
2015-VX-15-003812

VOCA Victims of
Crime Act One-Time
Funding 2015

Application Form

Applicant Information
Contact Information
Capacity/Factors
Service Area

Professional Services / Consultants Details

* **Item:** Ramp for ADA Compliance

* **Budget Narrative and Justification:**
(maximum length = 5,000 characters)

We are requesting funds to add ramp access to our domestic violence shelter for ADA compliance. We have solicited 3 bids for this project and if funded, will select ABC Contractor to complete the installation of this ramp. The total cost will be \$15,500. This total includes labor and materials. We are requesting VOCA funds to pay 85% of the total cost of this project since 85% our are clients are victims of

* **Total(\$):** \$13,175

Save	Save & Add Another
Save & Back to List	Back to List
Check Spelling	



Budget – Professional Services/Consultants

- List each vendor separately
- In the budget narrative and justification, provide a description and justification for the item and the basis for determining the cost of the item
- Explain how the rate was determined; rates should not exceed \$81.25 per hour or \$650 per eight-hour day (higher rates will require approval by DCJ and/or the federal granting agency)
- Explain why agency employees cannot provide the proposed professional services

Budget – Professional Services/Consultants

- You will be required to submit a DCJ Form 16, along with a contract, between your agency and the consultant
- Professional services should be procured competitively; sole source contracts must be justified and are subject to prior approval (**you will be required to submit your written procurement policy to DCJ before contracting for professional services/consultants**)

Budget – Professional Services/Consultants

- A consultant is generally an independent contractor who:
 - Offers his/her contracted services to the public at large
 - Controls his/her own work
 - Does not require training
 - Pays his/her own taxes
 - Has his/her own liability and workers compensation insurance
- Consult the IRS at www.irs.gov or www.irs.gov/taxtopics/tc762.html for information on independent contractors

Budget – Indirect Costs

DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt
Applicant Number:
59110046
Project Name:
Furniture for Victims
Room
Project Number:
2015-VX-15-003812

VOCA Victims of
Crime Act One-Time
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Budget: Indirect Costs

Federal Financial Guidelines allow applicants to request indirect costs as a part of their grant budget. Agencies that have an Approved Federal Indirect Cost Rate can use this rate; if your agency does not have an approved rate you may request a percentage of your request. See the instructions for further information.


Totals Summary


	Amount Requested (\$)
Total	\$5,000

		All	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
View	Item	Budget Narrative and Justification																										Total (\$)
	 Indirect Costs	We are a nonprofit agency without a federally negotiated indirect rate, therefore we will be requesting the 10% de minimus rate. Our total grant r...																										\$5,000

Save Save & Back Save & Next
Back Next

Budget – Indirect Costs Details

Logout

 **DebbieKa**

Applicant Name:
DCJ_CVS_UAT_PublicGovt
Applicant Number:
59110046
Project Name:
Furniture for Victims
Room
Project Number:
2015-VX-15-003812

VOCA Victims of
Crime Act One-Time
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Application Form

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Item Description

*** Item:**

*** Budget Narrative and Justification:**
(maximum length = 1,000 characters)

We are a nonprofit agency without a federally negotiated indirect rate, therefore we will be requesting the 10% de minimus rate. Our total grant request, without the indirect costs = \$84,875. The amount we are requesting in professional services is under \$25,000, therefore we are able to request 10% of our total request, or \$8,487. We are requesting just \$5,000 and will use the unclaimed indirect costs as match.

*** Total(\$):**

Budget – Indirect Costs

- Federal Financial Guidelines allow applicants to request indirect costs as part of their grant budget
- Agencies with a federal negotiated rate can use this rate; agencies without a negotiated rate can use the 10% de minimus rate
- The 10% de minimus rate is calculated on Modified Total Direct Costs (MTDC) – see instructions
- **If you request indirect costs on this VOCA grant you will have to certify that you will apply this rate to all future federal grants (not just CVS/OVP grants)**
- Refer to 2 CFR 200: Uniform Administrative Requirements, Cost Principles and Audit Requirements (Uniform Guidance) for more info

Budget Total Request

Applicant Name:
 DCJ_CVS_UAT_PublicGovt
Applicant Number:
 9110046
Project Name:
 Furniture for Victims
 Room
Project Number:
 2015-VX-15-003812

VOCA Victims of
 Crime Act One-Time
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- Supplies/Operating
- S/O Match
- Travel
- Travel Match
- Equipment
- Equipment Match

PERSONNEL
 SUPPLIES & OPERATING
 TRAVEL
 EQUIPMENT
 PROFESSIONAL SERVICES/CONTRACT CONSULTANTS
 INDIRECT/ADMIN COSTS
 GRAND TOTAL



	Amount Requested (\$)	Match (\$)	Total Budget (\$)
PERSONNEL	\$60,000	\$10,000	\$70,000
SUPPLIES & OPERATING	\$2,100	\$0	\$2,100
TRAVEL	\$1,600	\$0	\$1,600
EQUIPMENT	\$8,000	\$0	\$8,000
PROFESSIONAL SERVICES/CONTRACT CONSULTANTS	\$13,175	\$0	\$13,175
INDIRECT/ADMIN COSTS	\$5,000	\$0	\$5,000
GRAND TOTAL	\$89,875	\$10,000	\$99,875

Match Calculation:

Grantee Match Requirement	Match Amount Required	Current Calculated Match Percentage
20%	\$22,469	8.90%

This warning message will appear if the matching funds you've entered are too low. The amount of match needed is listed under Match Amount Required

A 20% match is required for initial Application Submission. During funding recommendations your match contribution requirement may be reduced. Until this time, please note that failing to meet the initial 20% match requirement may result in a denial of project funding.

Recalculate and Save

Will you be requesting a match waiver because your agency is unable to provide match?
If yes, you must read the instructions to apply for a match waiver.

No ▾

Budget Total Request

Professional Services
P/S Match
Indirect Costs
Indirect Costs Match
Total Request
Financial Management
Certification
Summary

View Applicant Profile

Export to PDF
PDF Viewer

Link to Submissions List

Current Funding

* Current Funding:

If not currently receiving Crime Victim Services grant funds (VOCA, VAWA, SASP and/or State VALE) through the Office for Victims Programs (OVP), you must describe how the requested budget items are currently being funded. (maximum length = 2,000 characters)

Type N/A in this box
if the project is not
currently funded

Additional Project Funding

* Will this project be funded using
ADDITIONAL FUNDS other than those
provided from this grant?

Yes ▾

The boxes below will appear only
when YES is selected for
Additional Project Funding

If "Yes", list the type and approximate amount of other funding that will be used to support this project. Do not include in-kind match.

	Description	Amount (\$)
Federal	<input type="text"/>	<input type="text"/>
State	<input type="text"/>	<input type="text"/>
County Government	<input type="text"/>	<input type="text"/>
Municipal Government	<input type="text"/>	<input type="text"/>
Local VALE	<input type="text"/>	<input type="text"/>
Private	<input type="text"/>	<input type="text"/>
Other (Specify)	<input type="text"/>	<input type="text"/>

If you are providing cash match for the project, the amount listed here should, at a minimum, equal the amount of match being provided

ADDITIONAL PROJECT FUNDING TOTAL:

Recalculate

Budget Total Request

- The budget grid automatically populates VOCA funds requested and matching funds provided from each budget category
- If the Calculated Match Percentage is less than 20%, a warning message will appear and you should correct your match


Budget Total Request

Current Funding - Describe how the requested budget items are currently being funded, if applicable. If the requested budget items are not currently being funded, type N/A in the box. 2,000 character limit

Additional Project Funding - Select YES or NO from the drop down menu. If YES is selected, complete the table that appears listing the other funding that will be used to support the project; you should include funds that you have already applied for and funds that you intend to apply for and the dollar amount requested; do not include in kind match. 200 character limit per line

Note: If you are providing cash match, you should indicate at least that amount in the additional project funding table.

Financial Management Questions

 **DebbieKa**

Applicant Name:
DCJ_CVS_UAT_PublicGovt

Applicant Number:
59110046

Project Name:
Furniture for Victims Room

Project Number:
2015-VX-15-003812

VOCA Victims of Crime Act One-Time Funding 2015

Application Form

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Goals & Objectives
Budget Information
Personnel
Personnel Match
Supplies/Operating

Financial Management Questions

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

*** 1. What accounting system does your organization use?**

List the name and a brief description of the system. (maximum length = 1,000 characters)

*** 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?**

(maximum length = 1,000 characters)


*** 3. Which of the following applies to your agency:**


- Agency has expended over \$500,000 in federal funding in the last calendar year from all combined sources.
- Agency has over \$200,000 in revenue from all combined sources.
- Agency has less than \$200,000 in revenue from all combined sources.

Financial Management Questions

- These questions indicate an agency's ability to comply with state and federal financial requirements
- Answer all questions regarding your accounting and financial management system
- These questions cover areas that will be monitored by DCJ staff
- Provide an explanation of NO answers where indicated
- Click *Save & Next* to proceed to the next screen

Certification



 **DebbieKa**

Applicant Name:
DCJ_CVS_UAT_PublicGovt

Applicant Number:
59110046

Project Name:
Furniture for Victims
Room

Project Number:
2015-VX-15-003812

VOCA Victims of
Crime Act One-Time
Funding 2015

Application Form

Applicant Information

Certification

*** 1. I certify that I am authorized to submit this application on behalf of the agency.**

*** 2. I certify all information contained in the application is accurate.**

*** 3. I acknowledge that any resulting contract and grant award will include significant state and federal requirements that will have to be adhered to during the grant period. A sample of these requirements is included on the OVP website at <http://dcj.ovp.state.co.us/>.**


Save Save & Back Save & Next

Back Next

Certification

- Read the statements and click the box next to each statement to certify that you have read and understand the application requirements
- You will not be able to submit the application until the certifications have been completed
- Review the sample model grant agreement on our website to learn more about the contract requirements
- Click *Save & Next* to proceed to the final screen

Summary

 DebbieKa

Applicant Name:
DCJ_CVS_UAT_PublicGovt
Applicant Number:
59110046
Project Name:
Furniture for Victims
Room
Project Number:
2015-VX-15-003812

VOCA Victims of
Crime Act One-Time
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 - Travel
 - Travel Match
 - Equipment
 - Equipment Match
 - Professional Services
 - PI/S Match
 - Indirect Costs
 - Indirect Costs Match
 - Total Request
- Financial Management
- Certification
- Summary**

View Applicant Profile

Export to PDF
Get PDF Viewer

Back to Submissions List

Submission Summary

Page	Last Updated
Applicant Information	09/03/2015
Contact Information	09/03/2015
Capacity/Factors	Please Complete
Underserved	Please Complete
Collaboration	09/03/2015
Statement of Work	No Input Required
Project Summary	Please Complete
Victims Services	09/03/2015
Goals & Objectives	Please Complete
Budget Information	No Input Required
Personnel	Please Complete
Personnel Match	09/03/2015
Supplies/Operating	09/03/2015
S/O Match	No Input Required
Travel	09/03/2015
Travel Match	No Input Required
Equipment	09/03/2015
Equipment Match	No Input Required
Professional Services	09/03/2015
PI/S Match	No Input Required
Indirect Costs	09/03/2015
Indirect Costs Match	No Input Required
Total Request	Please Complete
Financial Management	Please Complete
Certification	Please Complete

Notes:

- At least the first row of Prior Funding table must be entered.
 - Complete the table with the required information.
 - Personnel list contains 2 incomplete items. [1 2]

If you have updated your Applicant Profile during this session, please close and re-open this Application Form before clicking on the "Submit" button.

Back Next

Export to PDF

Get PDF Viewer

Submit

You must click the SUBMIT button in order to "send" us your application. This button will remain gray (and you won't be able to submit your application) until you have completed all sections of the application

Summary

- COGMS will check for completeness before submission of your application
- If areas of the application are not complete you will see *Please Complete* to the right of the section name that needs correction
- You will see *No Input Required* or a *Date* for sections that have been completed correctly
- Error messages are also listed under the *Notes* section on this screen

Summary

- Click on the Application Section Name for items that need to be completed/corrected
- It may not always be clear what needs to be done for the *Please Complete* message; make sure all required fields are completed, make sure the Amount Requested under the Applicant Information Screen matches the total project amount in the Budget Total Request section

Summary

- You must click the *Submit* button to *send* us your application
- The *Submit* button will be grayed out until all sections of the application are completed correctly. Once all items are complete you will be able to click the *Submit* button
- You will receive an email confirmation that your application was received

How to Make a Copy of your Application

e.Forms Logout

DebbieKa

Applicant Name: DCJ_CVS_UAT_PublicGovt
Applicant Number: 59110046
Project Name: Dog Advocates
Project Number: 2014-VU-14-002487

Crime Victims Services Grant Program 2014

Application Form

Applicant Information
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Underserved Populations
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Collaboration
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Supplies & Operating Match
Travel
Travel Match
Equipment
Equipment Match
Professional Services & Consultants
Professional Services & Consultants Match
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View Applicant Profile
Export to PDF
Get PDF Viewer
Back to Submissions List

Configure PDF Export

Select the formlets to be exported to PDF

- Applicant Information
- Contact Information
- Contact Information --> Contact Details
- Project Summary
- Underserved Populations
- Goals & Objectives
- Collaboration
- Collaboration --> Collaboration Details
- Personnel
- Personnel --> Personnel Details
- Personnel Match
- Personnel Match --> Personnel Details (Match)
- Supplies & Operating
- Supplies & Operating --> Supplies & Operating Details
- Supplies & Operating Match
- Supplies & Operating Match --> Supplies & Operating Details (Match)
- Travel
- Travel --> Travel Details
- Travel Match
- Travel Match --> Travel Details (Match)
- Equipment
- Equipment --> Equipment Details
- Equipment Match
- Equipment Match --> Equipment Details (Match)
- Professional Services & Consultants
- Professional Services & Consultants --> Professional Services / Consultants Details
- Professional Services & Consultants Match
- Professional Services & Consultants Match --> Professional Services / Consultants Details (Match)
- Budget Total Request
- Financial Management Questions
- Certification
- Summary

Select All Formlets Unselect All Formlets

Export to PDF Back

Get PDF Viewer

How to Make a Copy of your Application

- To make a copy of your application
 - ❖ Click *Export to PDF* in left menu bar
 - ❖ Click *Select all Formlets* at the bottom of the screen
 - ❖ Click *Export to PDF* at the bottom of the screen
 - ❖ Save or print the application that opens in a different window
 - ❖ X out of the application in PDF to return to the application in COGMS and click *Summary* in the left menu bar

Additional Items to Include

REQUIRED ATTACHMENTS CHECKLIST

Agency Name: _____

Project Number: _____

This document is on our
website at
dcj.ovp.state.co.us

Submit this coversheet with a copy of the required materials to: Office for Victims Programs, 700 Kipling St., Suite 1000, Denver, CO 80215.

Item	Submitted
1. 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 (2014) 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 link if it is available on line.	
2. Organizational Chart – with requested personnel highlighted. (Include personnel that would be paid with matching funds)	
3. Job Descriptions for: <ul style="list-style-type: none"> • staff that would be paid for with CVS funds, • volunteer staff <i>(if volunteers are used as match)</i>, • match staff <i>(if paid staff is used as match)</i> 	
4. Board Members list <i>(nonprofit agencies only)</i>	
5. Proof of nonprofit status <i>(new nonprofit applicants only)</i>	
6. Sample timesheet currently used by: <ul style="list-style-type: none"> • the position(s) for which you are requesting CVS funding • volunteer staff <i>(if volunteers are used as match)</i> 	
7. Indirect Rate Cost Certification for de minimum rate (submit only if your agency is requesting to use the 10% de minimum rate for indirect costs); certification form is available on our website.	
8. Procurement Policy If you are requesting professional services/consultants in your grant budget, submit a copy of your agency's procurement policy. If your agency does not have a procurement policy, you will be required to submit one before contracting.	

Additional Items to Include

- In addition to your electronically submitted application you must submit, via mail, the following:
 - ❖ *Required Attachments Checklist (on our website)*
 - ❖ *Items on the Required Attachments Checklist*
 - Most recent Audit or Financial Review
 - Organizational Chart
 - Job Descriptions
 - Board Members List
 - Proof of Nonprofit Status (if new)
 - Sample timesheets
 - Indirect Rate Cost Certification, if applicable
 - Procurement Policy, if applicable

Applying for More than One Project

- It is unlikely you will need to submit multiple projects for this one-time VOCA funding
- Call us at 303-239-5719 to speak with a grant manager about your proposed project(s) before submitting multiple grant applications

Applying for More than One Project

DebbieKa

Front Office Portal

Browse Funding Opportunities

Profile

My Account

Change Password

Workspace

Applicants

Funding Opportunity Registrations

Projects

Applicant: DCJ_CVS_UAT_PublicGovt (59110046) ▼

Project Status: Open Projects ▼

Funding Opportunity Name: VOCA Victims of Crime Act One-Time Funding 2015 ▼


Projects

All | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O | P | Q | R | S | T | U | V | W | X | Y | Z

Project Name ↑	Project Number	Funding Opportunity Name	Applicant Name	Applicant Number	Step Status
Furniture for Victims Room	2015-VX-15-003812	VOCA Victims of Crime Act One-Time Funding 2015	DCJ_CVS_UAT_PublicGovt	59110046	In Progress
VRA One Time Improvements	2015-VX-15-003786	VOCA Victims of Crime Act One-Time Funding 2015	DCJ_CVS_UAT_PublicGovt	59110046	In Progress

1

Applying for More than One Project

 **DebbieKa**

Applicant:

Create a Project

Funding Opportunity Name: VOCA Victims of Crime Act One-Time Funding 2015


*** Applicant:** DCJ_CVS_UAT_PublicGovt (59110046)

*** Applicant Project Name:**

Left Sidebar:

- Front Office Portal
- Browse Funding Opportunities
- Profile
- My Account
 - Change Password
- Workspace

Applying for More than One Project

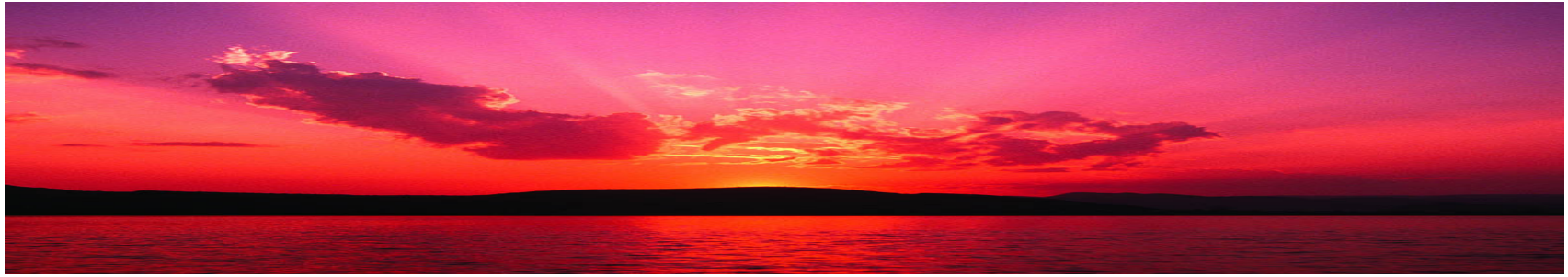
- Select *Projects* on the left menu bar after logging into COGMS
- Select the *VOCA Victims of Crime Act One-Time Funding 2015* funding opportunity from the drop down menu
- Click the  icon to add a new project application

Applying for More than One Project

- You will be prompted to name the new project, the new project name must be different than your first project name
- Once named, click the *Save or Save & Back* button (system warning will appear – click *Yes* if you intend to create a separate project)
- Return to beginning of instructions to complete the new application

Getting Back into COGMS after Application Submission

- You can view your application in COGMS by:
 - ❖ Logging into COGMS
 - ❖ Entering your username & password
 - ❖ Clicking *Submissions* in the left menu bar
 - ❖ The other items in the left menu bar (Applicants, Funding Opportunity Registrations and Projects) are only used on occasion, you will primarily use the *Submissions* item in managing your grant



Questions?

- Please call OVP if you have any problems or questions about how to use COGMS or about the application
- Our phone number is (303) 239-5719
- Our toll-free number is 1-888-282-1080
- You can also email questions to:
ashley.lopes@state.co.us