



Delaware Criminal Justice Council

**Concept Paper Form – Application Package
FFY2016 Victims of Crime Act- Assistance Program ("VOCA-Assistance") – New
Programs for Direct Victims Services**

APPLICANT AGENCY NAME: _____

(Legal Applicant)

Type of Agency: Non-Profit Organization Local Government State

PRIMARY CONTACT PERSON: _____

Email: _____

TITLE OF CONCEPT: _____

Federal Funds Requested: \$ _____

Federal Funding Area to be addressed (must total 100% in one or more categories).
These are the primary victimization this project will serve.

Victimization Type	Percentage of funding
Domestic Violence	
Sexual Assault	
Child Abuse (<i>physical and/or sexual</i>)	
Underserved Victimization(s):	
Survivors of Homicide	
Victims or Survivors of DUI/DWI	
Victims of Federal Crimes	
Victims of Hate Crimes (<i>racial; religious; gender; sexual orientation; other</i>)	
Victims of Elder Abuse or Neglect	
Victims of Human Trafficking (<i>sex and/or labor</i>)	
Assault	
Other Underserved Crimes (<i>specify below</i>)	
TOTAL:	

If Other Victimization used, provide detail on crime/victimization: _____

Federal Grant ID: #FFY2016 VOCA-VA

- | | | |
|--|--|---|
| 1. <u>Type of Applicant</u>
<input type="checkbox"/> State
<input type="checkbox"/> County
<input type="checkbox"/> City

<input type="checkbox"/> Private Nonprofit | 2. <u>Type of Application</u>
<input type="checkbox"/> New
<input type="checkbox"/> Revision
<input type="checkbox"/> Augmentation

<input type="checkbox"/> Continuation Subgrant # | 3. <u>Project Duration</u>
Start Date: July 1, 2017
End Date: June 30, 2019

Total Mos: 24 |
|--|--|---|
- 4. Title of Applicant's Project (25 characters or less)**
- 5. Legal Applicant/Recipient** Federal I.D. #
DUNS #:
- a. Applicant name
 - b. Address
 - c. City, State, Zip
 - d. County
 - e. Telephone
 - f. FAX
- | | |
|--|---|
| 6. <u>Project Director</u>

a. Name
b. Address

c. Telephone
d. FAX | 7. <u>Financial Officer</u>

a. Name
b. Address

c. Telephone
d. FAX |
|--|---|
- 8. Proposed Funding**
- | | |
|---------------------|----|
| a. Federal (CJC) | \$ |
| b. Subgrantee Match | \$ |
| c. Total | \$ |

A. Statement of problem(s) for which assistance is sought. Please provide any statistical information that may be available. Problem statements should include specific data pertaining to the proposed program. (Up to 3 pages. Total 20 points.)

- a. Clearly describe the problem to be addressed. (0-10 points)
- b. Utilize research-based literature and relevant information. (0-10 points)

B. Program Description - Summarize what the program intends to accomplish and how it will be accomplished. Please provide specific plans on how your program will be implemented. State the goal(s) of the project and how achieving the goal(s) will have a positive impact on the problem(s) (described above). (Up to 5 pages. Total 50 points.)

- a. Describe the agency's capabilities and established history of providing direct services to crime victims. (0-10 points)
- b. Describe how the applicant meets the requirements including program parameters and allowable use of funds. (0-15 points)
- c. Clearly describe the nature of the service: What, How, and When it will be delivered. List objectives of the program in measurable terms and number of individuals to be served. Include referral process for receiving clients and definition of successful program completion. (0-25 points)

C. Please describe how the evaluation strategy assesses all program requirements, the impact of the project and the sustainability plan beyond funding? (Up to 2 pages. Total 10 points.)

D. Please provide detailed Budget Breakdown and budget narrative associated with this program.
(Total 10 pts)

Budget Summary: Project budget line totals derived from Detailed Budget Breakdown (pages 4 to 8) should be totaled and entered on page 1, number 8. Applicants other than state agencies must complete line (J).

The total costs proposed for this project are to be shared according to the proposed ratio of obligated funds displayed below.

Budget Categories	YEAR 1 07/01/2017- 6/30/2018	YEAR 2 07/01/2018- 06/30/2019	Total Cost
A. Personnel			\$.00
B. Fringes			\$.00
C. Contractual			\$.00
D. Travel			\$.00
E. Supplies			\$.00
F. Operating			\$.00
G. Equipment			\$.00
H. Other			\$.00
I. Indirect			\$.00
TOTAL			\$.00

**** PROPOSED SOURCES OF FUNDING ****

Match must equal 20% of the TOTAL BUDGET (\$ federal funds / 0.80 x 0.20 = \$Required Match)

		Federal Funds	State Funds	Local	Other	In-Kind
TOTAL BUDGET	\$	\$	\$	\$	\$	\$
SHARE RATIO	100%	80%	%	%	%	%

J. If applicant is not a state agency, identify the specific source of applicant's matching funds to be provided.

Detailed Budget Breakdown: The purpose of this section is to list each anticipated expenditure of project funds. The "reasonableness" of figures requested will be scrutinized and additional justification required where necessary.

A. Personnel

For employees: List each position by title (and name of employee, if available) and show the annual salary rate for the employee. For employee benefits: Indicate each type of benefit included and the total cost allowable to employees assigned to the project (FICA, pensions, Blue Cross, Workmen's Compensation, personnel costs).

Indicate with each position listed, whether applicant's governing personnel system has approved each position by stating "approved" or "not approved".

Budget Categories	Annual Salary	Federal	Match	Total Proj. Cost
A. <u>Personnel</u> (employees & salaries). List each by position				
Year One (07/01/17-6/30/18)				
Year Two (07/01/18-6/30/19)				
TOTAL PERSONNEL - SALARIES Enter totals on page 9, line a				

B. <u>Fringe Benefits</u> (each type/cost must be identified with calculation)	Annual Costs	Federal	Match	Total Proj. Cost
Year One (07/01/17-6/30/18)				
Year Two (07/01/18-6/30/19)				
TOTAL FRINGE BENEFITS Enter totals on page 9, line B				

- C. **Professional Services:** For consultants or individuals to be reimbursed for personal services on a fee basis: List each type of consultant or service (with numbers in each category and names of major consultants where available), the proposed fee rates (by day, week or hour), and the amount of time to be devoted to such services.

Budget Categories	Annual Cost	Federal	Match	Total Project Cost
C. <u>Professional Services</u> (consultants and contractors) List individually with rate of pay				
Year One (07/01/17-6/30/18)				
Year Two (07/01/18-6/30/19)				
TOTAL PROFESSIONAL SERVICES Enter totals on page 3, line C				

- D. **Travel:** Itemize in-state and out-of-state travel expenses of project personnel by purpose (e.g. faculty to training site, field interviews, advisory group meetings, etc.) and show basis for computation (e.g. "5 trips for 'x' purpose at \$80 average costs - \$50 transportation and 2 days per diem at \$15" or "6 people to 3-day meeting at \$70 transportation and \$45 subsistence"). In training projects, where travel and subsistence of trainees is included, this should be separately listed indicating the number of trainees and unit cost involved. Must have agency travel policy per item and mileage rates. Otherwise, CJC travel policy enforced.

Budget Categories	Annual Cost	Federal	Match	Total Project Cost
D. <u>Travel</u> (transportation and subsistence - itemize)				
Year One (07/01/17-6/30/18)				
Year Two (07/01/18-6/30/19)				
TOTAL TRAVEL Enter totals on page 3, line D				

- E. **Supplies:** List items within the category by major type (e.g. office supplies, training materials, research forms) and show basis for computation ('x' dollars per month for office supplies, 'y' dollars per person for training materials). Large items should be separately listed and identified.

Budget Categories	Annual Cost	Federal	Match	Total Project Cost
E. Supplies (itemize)				
Year One (07/01/17-6/30/18)				
Year Two (07/01/18-6/30/19)				
TOTAL SUPPLIES Enter totals on page 3, line E				

- F. **Operating Expenses:** List items by type of expense (e.g. office rent, telephone, printing, janitors, equipment rental, repairs, service contracts, etc.).

Budget Categories	Annual Cost	Federal	Match	Total Project Cost
F. Operating Expenses (itemize)				
Year One (07/01/17-6/30/18)				
Year Two (07/01/18-6/30/19)				
TOTAL OPERATING EXPENSES Enter totals on page 3, line F				

G. **Equipment:** (Office furniture, communications equipment) Each type of item to be purchased should be listed separately with estimated unit costs.

Budget Categories	Annual Cost	Federal	Match	Total Project Cost
G. <u>Equipment</u> (itemize)				
Year One (07/01/17-6/30/18)				
Year Two (07/01/18-6/30/19)				
TOTAL EQUIPMENT Enter totals on page 3, line g				

H. **Other:** A specific itemization of each type of expense with basis of computation should be provided (i.e: Registration Fees for identified Conference)

Budget Categories	Annual Cost	Federal	Match	Total Project Cost
H. <u>Other</u> : Identify specific costs				
Year One (07/01/17-6/30/18)				
Year Two (07/01/18-6/30/19)				
TOTAL OTHER Enter totals on page 3, line h				

BUDGET NARRATIVE: For each Budget category which funds are requested, describe:

- (1) why the proposed cost element is needed to achieve project objectives, and
- (2) How the proposed resource will be obtained.

FEDERAL GRANT REQUEST: \$ _____

PROJECT DURATION: _____

Requirements Checklist:

- Completion of the Criminal Justice Council's FY2016 VOCA-Assistance PRE-Egrants Subgrant Application Form

- Applicants/program must have a demonstrated a record of effective direct services and support from sources other than the Crime Victims Fund when, for example, it demonstrates the support and approval of its direct services by the community, its history of providing direct services in a cost-effective manner, and the breadth or depth of its financial support from sources other than the Crime Victims Fund

- Applicants must demonstrate substantial financial support from sources other than the Crime Victims Fund when at least 25% of the program's funding in the year of, or the year preceding the sub award, comes from such sources, which may include other federal funding programs.
 - If the funding is non-federal then a program may count the used funding to demonstrate non-VOCA substantial financial support toward its project match requirement.

- Ability to provide the required 20% match of the **TOTAL** cost of program. In-kind match may be utilized to satisfy this requirement. To determine match amount, please use the calculation: \$ federal request / 80% x 20% = required match.

- Demonstrated ability to establish a client base (referral procedures) or documented current client base.

- Impose no income eligibility standards on individuals receiving assistance or services.

- Provide direct services to crime victims at no cost to the individual seeking services.

- Clearly** identify the primary crime victimization(s) they will be serving.

- Utilize at least one volunteer to accomplish program objectives.

- Promote, within the community served, coordinated public and private efforts to aid crime victims.

- Applicant has the ability to protect the confidentiality and privacy of persons receiving services under this program and prohibits the release of personally identifying information or client information except in certain circumstances. Applicant has procedures in place to allow and safely share certain non-identifying data and court-generated information, law-enforcement generated

information, and law enforcement- and prosecution- generated information in certain circumstances.

- Nothing in this section prohibits compliance with legally mandated reporting of abuse or neglect.

- Applicants must provide services to victims of federal crimes on the same basis as to victims of crimes under State or local law.

- Applicants may provide direct services regardless of a victim's participation in the criminal justice process.

- Applicant will certify victims' eligibility under this program for direct services is not dependent on the victim's immigration status.

- Response to the CJC's "*Declaration of Leading Practices to Protect Civil Rights and Promote Racial and Ethnic Fairness in the Criminal Justice System.*" An updated survey must be on file with the CJC. For more information, please visit: <http://cjc.delaware.gov/ref-survey/>

- A copy of applicant's the most recent "Victims Bill of Rights Report (VBR)" is on file with the CJC, if required to do so under Chapter 94 of Title 11 § 9417 of the Delaware State Code. (Please contact Chuck Pugh at Charles.pugh@state.de.us with questions). This would apply only to those agencies required to submit the VBR.

- Assist victims in seeking available crime victim compensation benefits (VCAP). This assistance may include, but are not limited to, referring potential recipients to an organization that can so assist, identifying crime victims and advising them of the availability of such benefits, assisting such potential recipients with application forms and procedures, obtaining necessary documentation, monitoring claim status, and intervening on behalf of such potential recipients with the crime victims' compensation program.

- DUNS # Provided

- SAM Registry Status Provided

- Certification of the organization's Non-Profit Status (when appropriate)

- Comply with all Federal, State and CJC reporting requirements and grant administration guidelines.