

ACJC Grant Program: Crime Victim Assistance Grant Program  
Period Title: FY 2020  
Project Title: The Project  
Purpose Area: Tier 1 VOCA Ineligible or Tier 3 VOCA Eligible

No

Applicant Agency: Agency Name: Hopi County Victim Advocacy Center  
Department Name: Victim Services  
DUNS Number: N/A

Authorized Official: Doe, John (Director)  
Mailing Address: 387 E. Any Street  
Mesa, Arizona 85203  
Email: jdoe@gmail.com  
Phone: 480-555-6987  
Fax: 480-555-6987  
Agency: Hopi County Victim Advocacy Center  
Department: Victim Services

Project Official: Josephson, Joe (Project Coordinator)  
Mailing Address: 687 E. Any St.  
Mesa, Arizona 85203  
Email: Joe.Joe@gmail.com  
Phone: 480-555-6986  
Fax: 480-555-6978  
Agency: Hopi County Victim Advocacy Center  
Department: Victim Services

---

Estimated total number of crime victims to be served by the program during the upcoming fiscal year: 1000

Approximate percentage of those crime victims to be served only by phone, mail, or e-mail: 15

Geographic areas served Hopi County

Agency Mission Statement The Hopi County Victim Advocacy Center (HCVAC) is dedicated to meeting the varied needs of crime victims in Hopi County. Through advocacy, referrals and community education, HCVAC refuses to let any victim of crime struggle alone or in silence.

Does the program charge or intend to charge for services? No

If yes, describe fee schedule:

Type of crime victims to be served (check all that apply)

Adults molested as children

Aggravated assault

Assault

Child sexual abuse

Elder abuse/fraud

Identity theft

Sexual assault

*If "Other non-violent crimes", please specify. If none, enter "None" in the box.*

None

*If "Other violent crimes", please specify. If none, enter "None" in the box.*

None

Type of services provided (check all that apply)

Crisis counseling

Emergency financial assistance

Emergency legal advocacy

Group treatment

Information and referral

*If "Other", please specify. If none, enter "None" in the box.*

None

For the upcoming fiscal year, please provide the estimated **total number of services** to be provided to crime victims in each service area below for the **program** requesting ACJC Victim Assistance funding. *A single victim may receive several different services.*

Crisis intervention services for the urgent emotional or physical needs of a victim which may include a 24-hour hotline for counseling or referrals for a victim.	562
Emergency temporary shelter for a victim who cannot safely remain in current lodging.	3
Petty cash for immediate emergency needs related to transportation, food, shelter, and other necessities.	0
Emergency temporary repairs such as locks and windows damaged as a result of a crime to prevent the immediate reburglarization of a home or apartment.	25
Follow-up counseling dealing with the victimization.	256
Assistance dealing with other social service and criminal justice agencies.	150
Assistance in obtaining the return of property kept as evidence.	15
Assistance in dealing with the victim's landlord or employer.	7
Referrals to other sources of assistance as needed.	625
Court-related direct services or petty cash that help victims participate in criminal justice proceedings including transportation to court, child care, meals, and parking expenses.	114
Court-related advocate services including escorting victims to criminal justice-related interviews, court proceedings, and assistance in accessing temporary protection services.	670
Notification of significant developments in the investigation or adjudication of the case.	884
Notification that a court proceeding for which the victim has been subpoenaed has been canceled or rescheduled.	66
Notification of the final disposition of the case.	84

Total 3,461

Indicate the number of times the program requesting ACJC Victim Assistance funding expects to provide the following services to assist victims with Crime Victim Compensation claims.

Provide verbal or written information about the Compensation Program. 677

Provide referral and/or transportation to Crime Victim Compensation Office.	220
Provide applications.	115
Provide assistance with completing the application.	50
Provide assistance with obtaining police reports, records, bills, etc.	22

Total 1,084

Please describe how the program requesting ACJC Victim Assistance funding increases awareness of available victim compensation benefits and/or assists victims with submitting or processing crime victim compensation claims. *Response is limited to 300 words.* Advocates educate victims either verbally or through written information regarding the Victim Compensation Program. When needed advocates also provide applications and assistance in filling out the applications. In addition advocates will provide transportation to the Maricopa County Attorney's Office to submit claims and/or any follow up information when necessary.

Number of paid program staff providing **direct** services to crime victims. *Do not include administrative staff.*  
 Full time: 2 Part time: 1

For the upcoming fiscal year, list the total **hours** expected to be worked by volunteers. *Must be in direct support of the program.*  
 1588 / 2,080 = 0.76

Describe your agency's practices in maintaining a community volunteer commitment. At a minimum include:

- Recruitment: how are volunteers recruited?
- Screening: what type of screening and interviews are conducted?
- Training: what type of training do volunteers receive (topics and frequency)?
- Activities: what type of duties are performed by volunteers?
- Supervision: how are volunteers supervised?
- Recognition Activities: how are volunteers recognized?

*Response is limited to 300 words.*

The Hopi County Victim Advocacy Center (HCVAC) utilizes volunteers primarily through our crisis response team, which is run solely through volunteers. The crisis response team assists law enforcement in 911 calls throughout Anytown. Volunteers provide immediate crisis intervention, referrals, and support to victims of crime. Volunteers working on our crisis response team receive 50 hours of skill-based, field tested training provided by the HCVAC. The Volunteer Coordinator (VC) is responsible for recruitment of all volunteers. Volunteers are recruited through our website and the VC conducts presentations monthly to civic organizations to recruit volunteers. After applying volunteers must pass a background check and get a fingerprint clearance card. We also ask that volunteers commit to 12 hours per month. Volunteers are supervised by the VC and always work on the crisis response team in pairs. Volunteers are an integral part of our organization and are formally appreciated at an annual Volunteer Appreciation luncheon.

**Problem Statement**

Identify the problem in your community that the grant funded program will address. Be very specific and include statistical data (with citations) to define the severity of the identified problems. *Response is limited to 700 words.*

Enter narrative below:

According to the Arizona Department of Public Safety's Annual Report, in 2015, Hopi County residents suffered 11,254 violent and property victimizations. During that year, one in ten county residents was a victim of crime. For each of these victims and many others like them, the trauma of the crime itself was only the beginning of what will often be a lifelong struggle. Victims of crime can find their world in chaos for years to come and feel firsthand the crime's impact on their physical, financial, and psychological wellbeing.

Beyond any physical injuries resulting from victimization, victims may also suffer from other physical symptoms such as insomnia,

headaches, muscle tension and nausea. In addition, victims may find themselves faced with unforeseen financial expenditures related to the crime including costs to repair damaged property, health care expenses, or costs related to funeral and burial.

The psychological impact of victimization is often the longest lasting and most difficult to overcome. Crime victims run an increased risk of suffering any number of mental illnesses like clinical depression and Post-Traumatic Stress Disorder (PTSD). The estimated chances of developing PTSD after the following victimizations are: rape, 49 percent; severe beating or physical assault, 31.9 percent; other sexual assault, 23.7 percent; shooting or stabbing, 15.4 percent; and witness to a murder or assault, 7.3 percent (Sidran Foundation, "Post-traumatic Stress Disorder Fact Sheet). In Hopi County during 2013 there were 36 rapes and 490 aggravated assaults (Crime in Arizona 2013, Arizona Department of Public Safety).

Unfortunately, victims also risk secondary victimization from a criminal justice system that often puts the needs of the State and the rights of the offender before those of the victim. Lacking knowledge of the criminal justice system, victims often retreat to the background and their voices go unheard during investigation, prosecution and sentencing. According to the Hopi county Victim Advocacy Center (HCVAC) intake survey results for October-December 2016, 84 percent of victims responding felt they lacked adequate knowledge of the criminal justice system to make an informed decision regarding their rights.

These problems are only compounded when the victim is from a rural community with limited resources, covering a large geographic area. Over the last three years, 91 percent of Hopi County residents indicated the lack of local victim service resources as their number one concern (Hopi County Community Needs Surveys 2013-2015).

The problems faced by victims of crime are varied and numerous. And one victim's experience will differ greatly from another who suffered the same crime. Regardless of their situation, no victim should ever feel like they are facing these challenges alone.

### **Project Summary**

Provide a summary of the program the ACJC grant funds will support. Include how the program addresses the problem in the community, what services are provided, the population served, why it is important and how it is unique. Also, include at least two specific, measurable program objectives. These objectives should outline specific program activity during the grant period. Refer to the sample application for examples. *Response is limited to 700 words.*

Enter narrative below:

In October 2016 the Hopi County Victim Advocacy Center (HCVAC), a private non-profit organization, began serving victims of crime across Hopi County. Before HCVAC opened its county headquarters in Anytown, Arizona, the residents of Hopi County were without a county-wide victim services solution. Since opening HCVAC has served over 100 victims of crime. During December 2016, HCVAC provided services to 40 victims from the following demographic categories: 90 percent white, 6 percent Native American, 3 percent Hispanic, 1 percent African American.).

Through its county headquarters in Anytown and a satellite office in Anyville, HCVAC provides victims with court accompaniment, victim compensation claims assistance, forensic interviews and examinations, as well as medical and mental health referrals. HCVAC also administers a volunteer crisis response team serving the residents of Anytown, Hopi County's largest city.

During the upcoming fiscal year, in order to increase the ability of Hopi County crime victims to access all services offered by HCVAC, an additional full time victim advocate and one part time administrative support staff. It is estimated that by adding these staff 500 additional victims will be served over the course of the year.

An additional office will also increase HCVAC's ability to reach out and educate county residents on crime prevention and victim's issues. Since our official opening in October HCVAC has hosted two training sessions in the county. Training subjects included victim rights, victim compensation, child abuse and neglect, sexual assault and domestic violence prevention. For 2018 HCVAC hopes to add an additional four training sessions throughout the county for a total of 6 training sessions..

In the last 3 months HCVAC is already making an impact on the community. Of the 40 victims served, 87 percent reported an increased sense of safety; 96 percent reported an increased understanding of the criminal justice system; and 92.4 percent reported being very satisfied with HCVAC overall (HCVAC Quarterly Report 4<sup>th</sup> quarter 2016).

### **Project Collaboration**

Programs must demonstrate a strong collaborative effort in *each* of these areas: law enforcement, prosecution, service providers,

community organizations and other social service agencies. List the public and private organizations your agency collaborates with .  
*Response is limited to 300 words.*

Enter narrative below:

Anytown Police Department  
Hopi County Attorney's Office  
Stop Abuse (Domestic Violence Shelter)  
Anyville Police Department  
Hopi County Sheriff's Office  
Anytown City Prosecutor's Office  
Boys and Girls Club of Anyville  
Hopi County Domestic Violence Council

Describe in detail a recent collaboration, other than a service referral, involving one or several of the agencies listed above. Discuss the purpose of the collaboration, your agency's contribution to process and the outcomes. *Response is limited to 300 words.*

Enter narrative below:

During Victim Rights Week, April 13-19, 2017, HCVAC planning and development committee members have partnered with the Hopi County Sheriff's Office, Stop Abuse, and the Hopi Community College School of Media Production to produce a victim rights awareness video. The resulting video will covered victim rights, how to recognize the signs of abuse and simple crime prevention tips. With the help of a private donor, 100 copies of this video will be distributed to schools, police departments and community centers across the county. .

### **Performance Tracking**

Briefly describe how the program tracks statistical data for number of crime victims served, number of services provided, referrals, etc.  
*Response is limited to 300 words.*

Enter narrative below:

Program activity is tracked in our Victim Services Database. Each statistical data type is entered on a daily basis and then various reports are generated to meet the specific requirements of each program grant.

### **Evaluation Plan**

How will you evaluate the effectiveness of the program activities? Please indicate how the results of program evaluation activities have made, or will make an impact on the way the program provides services to crime victims. *Response is limited to 700 words.*

Enter narrative below:

Each victim served by HCVAC is asked to fill out an intake survey after making the initial contact and then asked to complete an exit survey at the conclusion of services. The intake survey measures the victims understanding in the following areas: safety, availability of services, and the criminal justice system. These areas are covered again in the exit survey along with questions dealing with overall satisfaction with HCVAC services provided. The results of these surveys are compiled on a monthly basis compared to determine the effectiveness of program activities.

### **Survey Response Rate**

If the program uses a survey to measure program performance, please indicate the number of surveys administered and the number of survey responses received during the most recently completed fiscal year. Please describe efforts the program has made to increase or

maintain a representative survey response rate. If the program does not use a survey then please indicate NONE in the box below.  
*Response is limited to 700 words.*

Enter narrative below:

HCVAC has been able to achieve a high survey response rate (85% to 90%), by training our advocates the importance of administering these tools to all victims served, and making the survey part of the case management process. We keep all of our responses anonymously, provide the survey in both English and Spanish, and offer to read the survey questions or help respondents in completing the survey in any way possible.

---

**Goal: Economic Stability**

Outcomes (please select at least 1):

Description	%
Percentage of crime victims reporting an increased knowledge of the victim compensation progra, restitution, and other financial assistance services	90%
In this space you may optionally provide an additional quality measure of your own choice.	%

**Goal: Safety**

Outcomes (please select at least 1):

Description	%
Percentage of victims who report understanding and initiating safety plans for meeting their immediate and ongoing safety needs	82%
Percentage of victims who report being able to better assess their safety needs.	%
In this space you may optionally provide an additional quality measure of your own choice.	%

**Goal: Justice**

Outcomes (please select at least 2):

Description	%
Percentage of victims reporting the information and assistance provided had a positive impact on their participation in the criminal justice system.	92%
Percentage of victims reporting an increased understanding of their legal rights.	%
Percentage of victims reporting increased knowledge of the legal system.	92%
In this space you may optionally provide an additional quality measure of your own choice.	%

**Goal: Quality Measures**

Outcomes (please select at least 3):

Description	%
Percentage of victims reporting overall satisfaction with services	88%
Percentage of community collaborators reporting positive satisfaction with services provided.	85%
Percentage of victims who report they would recommend program services to other victims.	%
Percentage of victims who reported that advocacy services that were provided were helpful.	86%
In this space you may optionally provide any additional quality measure of your own choice.	%

**Goal:** Healing

Outcomes (please select at least 3):

Description	%
Percentage of victims reporting an increased knowledge of services available.	82%
Percentage of victims who report having increased feelings of well being.	%
Percentage of victims who report they know how to access short and long term resources available to meet their needs.	88%
Percentage of victims reporting the provider's services increased their ability to cope.	%
Percentage of victims completing treatment plan objectives.	89%
In this space you may optionally provide any additional quality measure of your own choice.	%

**Personnel**

Enter narrative below:

Full time Masters Level Victim Advocate working out of the HCVAC branch office.

Full Time/Part Time

Match	Position Title	# Pos (FTE)	Annual Salary	Subtotal Salary	ERE Amount	Total
<input type="checkbox"/>	Advocate	.5	\$30,000.00	\$15,000.00	\$4,500.00	\$19,500.00
<input checked="" type="checkbox"/>	Lead Advocate	1	\$21,000.00	\$21,000.00	\$0.00	\$21,000.00
					<b>Salary Subtotal: \$36,000.00</b>	
					<b>ERE Subtotal: \$4,500.00</b>	
					<b>Total: \$40,500.00</b>	<b>Match Total: \$21,000.00</b>
					<b>Nonmatch Total: \$19,500.00</b>	

Overtime

Match	Position Title	Hours	Hourly Wage	Subtotal Wages	ERE Amount	Total
					<b>Wages Subtotal: \$0.00</b>	
					<b>ERE Subtotal: \$0.00</b>	
					<b>Total: \$0.00</b>	<b>Match Total: \$0.00</b>
					<b>Nonmatch Total: \$0.00</b>	

ERE Breakdown

Enter narrative below:

ERE Breakdown:

Health/Dental/Life 8.19%

FICA/Medicare 7.33%

Retirement 9.10%

Workers Comp 0.31%

Unemployment Ins 0.19%

Pro Rata Attorney Gen 0.63%

Accum Sick Leave 0.40%

Pro Rata Personnel 1.04%

IT Charge 0.15%

TOTAL 27.35%

**Consultant/Contractual Services**

Enter narrative below:

Match	Expense Type	Hours	Rate	Total
				Match Total: \$0.00
				Nonmatch Total: \$0.00

**Travel (In State)**

Enter narrative below:

Match	Expense Type	Units	Amount	Total
				Match Total: \$0.00
				Nonmatch Total: \$0.00

**Travel (Out of State)**

Enter narrative below:

Match	Expense Type	Units	Amount	Total
				Match Total: \$0.00
				Nonmatch Total: \$0.00

**Confidential Funds**

Enter narrative below:

Match	Expense Type	Amount	Total
			Match Total: \$0.00

**Nonmatch Total: \$0.00**

**Other Operating Expenses**

Enter narrative below:

Tuition for funded advocate to attend the Arizona Victim Assistance Academy in June of 2016.

Match	Expense Type	Type	Quantity	Each	Total
<input type="checkbox"/>	AVAA Training	Registration/Training	1	\$1,500.00	\$1,500.00
					<b>Supplies Subtotal: \$0.00</b>
					<b>Registration/Training Subtotal: \$1,500.00</b>
					<b>Other Subtotal: \$0.00</b>
					<b>Total: \$1,500.00 Match Total: \$0.00</b>
					<b>Nonmatch Total: \$1,500.00</b>

**Equipment Purchases**

Enter narrative below:

Match	Expense Type	Type	Quantity	Each	Total
					<b>Capital Subtotal: \$0.00</b>
					<b>Non-Capital Subtotal: \$0.00</b>
					<b>Total: \$0.00 Match Total: \$0.00</b>
					<b>Nonmatch Total: \$0.00</b>

If matching funds are required for this grant program, provide a description of what funds will be used as the required match.  
HCVAC general funds

**Total Project Cost**

Required Match: \$10,500.00

Match Total: \$21,000.00

Requested Total: \$21,000.00

**Financial Capacity**

Will ACJC funds be used as matching funds for other grant program(s)? No

*If yes, please list the name(s) of the grant program and funding agency.*

**Audit Requirements**

Provide the date of your last financial audit (A-133 or independent audit).

Not yet completed

Did the audit result in finding listed in the Schedule of Findings and Questioned Costs?

No

**Policies & Procedures**

Does the organization maintain policies which include procedures for assuring compliance with the terms of the grant award?

Yes

Does the organization maintain written codes of conduct for employees?

Yes

Does the organization maintain written procurement policies and procedures?

Yes

**Accounting System**

Is there a separate account maintained for grant funds?

Yes

How frequently does posting to the General Ledger occur?

Daily

Does the accounting system completely and accurately track the receipt and disbursements of funds by each grant or funding source?

Yes

Does the accounting system provide for the recording of actual costs compared to budgeted costs for each budget line item?

Yes

**Internal Controls**

Are time and effort distribution reports maintained for employees working fully or partially on grant programs and account for 100% of each employee's time?

Yes

Are employee time sheets supported by appropriately approved/signed documents?

Yes

Are duties of the bookkeeper/accountant segregated from the duties of cash receipt or cash disbursement?

Yes

Are checks signed by individuals whose duties exclude recording cash received, approving vouchers for payment, and the preparation of payroll?

Yes

Are all accounting entries and payments supported by source documentation?

Yes

Does the organization have adequate staff to comply with the terms of the grant agreement?

Yes

Are the officials of the agency bonded or covered by a liability policy?

Yes

---

—

Please upload the following documents:

All Applicants:

Total Program Budget

Most Recent Financial Audit (include management letter and schedule of findings if applicable)

Job descriptions for personnel to be funded by ACJC Victim Assistance Grant

Sample survey used to measure participant satisfaction with the services provided by the applicant program

Non-profit organizations please attach:

A Current board list that includes affiliations identifies current officers and provides the Chairman's contact information.

AND ONE OF THE FOLLOWING:

1. A copy of the organization's 501(c)(3) designation letter from the IRS.
2. Submission of a statement from the state taxing authority or state Secretary of State, or other similar official certifying that the organization is a non-profit operating within the state, and that no part of its net earnings may lawfully benefit any private shareholder or individual.
3. Submission of a certified copy of the applicant's certificate of incorporation or similar document.
4. Submission of any item above (1-3), if that item applies to a state or national parent organization, together with a statement by the state or parent organization that the applicant is a local nonprofit affiliate.

*Max size per upload 10MB.*

---

## Special Conditions

1. ACJC grant funds shall be used to **provide direct services to victims of crime.**
2. ACJC grant funds shall not be used to supplant federal, state, county, or local funds that would otherwise be made available for such purposes.
3. The applicant shall operate in a manner consistent with, and in compliance with, the provisions and stipulations of the approved grant application and agreement.
4. The applicant agrees that it will incorporate the use of volunteers in its program to the extent that such volunteers contribute to the effective and efficient provision of services to crime victims.
5. The applicant agrees to promote coordinated public and private efforts to assist crime victims within the community served.
6. The applicant agrees that ACJC grant funds are not to be expended for any indirect costs that may be incurred in administering the funds.
7. The applicant agrees to expend funds only in the approved budget categories for the amount approved.
8. The applicant agrees that payment obligation is conditioned upon the availability of funds appropriated or allocated for the payment of such obligation.
9. The applicant agrees to retain all books, account reports, files, and other records for a period of five years after the completion of the expiration of the project. All such documents shall be subject to inspection and audit at reasonable times.
10. The applicant agrees to provide accounting, auditing, and monitoring procedures to safeguard grant funds and keep

such records to assure proper fiscal controls, management, and the efficient disbursement of grant funds.

11. The applicant agrees to remit all unexpended ACJC grant funds to the Commission within 30 days of receipt of a written request from the Commission.

12. The applicant agrees to submit Monthly Financial Reports to the Commission through the Grants Management System (GMS). Financial reports are due on the 25th of each month. An Annual Performance Report is required to be submitted to the Commission on the forms provided. It is due August 15, 2015. In the event that reports are not received on or before the required date(s), the Commission may require more frequent reports. Funding will be suspended until such time as the delinquent report(s) are received.

13. The applicant agrees to comply with all applicable requirements of A.R.S. § 41-1463, all applicable state and federal civil rights laws, and Executive Order 1999-4 and 2000-4. In the event that a federal or state court or federal or state administrative agency makes a finding of discrimination after a due process hearing on the basis of race, color, religion, national origin, sex, age, or disability against the applicant, the applicant will forward a copy of the findings to the Commission.

14. The applicant will assign to the Commission any claim for overcharges resulting from antitrust violations to the extent that such violations concern materials or services supplied by third parties to the applicant in exchange for grant funds provided.

15. The applicant agrees to use arbitration in the event of disputes in accordance with the provisions of A.R.S. §12-1501 et. seq.

16. The applicant agrees that it is acting as an independent contractor and agrees to hold the Commission harmless for the actions of the grantee's employees.

17. The applicant agrees to obtain and maintain subrogation agreements from victims as a condition of receipt of assistance exceeding one hundred dollars (\$100) in direct financial aid.

18. The applicant agrees to comply with the applicable laws and provisions of the Arizona Crime Victim Assistance Program Rules A.A.C. R10-4-201 through R10-4-204.

19. The applicant agrees to submit, upon request, a copy of its financial audit for the most recently completed 12-month period.

20. The applicant assures that it will collect and maintain information on victim services provided by ethnicity, sex, age, and disability.

21. The applicant assures that it will comply with all applicable state and federal drug-free workplace requirements.

22. The applicant assures that it will comply with all state and federal laws regarding privacy during the course of the program. All information relating to clients should be treated with confidentiality. Information shall be disclosed to the Commission, when requested, in compliance with the Crime Victim Assistance Program Rules, state and federal laws, and the grant agreement.



On behalf of the applicant agency I certify that: I have read and understand the conditions listed above; all the information presented in this application is correct; there has been appropriate coordination with affected agencies; and the applicant agency will comply with the provisions of all applicable laws and conditions if awarded funds.