

ACJC Grant Program: Crime Victim Assistance Grant Program

Period Title: FY2020 Tier 2 Training

Project Title: The training

Purpose Area: Tier 2 Training

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

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

Estimated total number of crime victims to be served by the program during the upcoming fiscal year: 0

Approximate percentage of those crime victims to be served only by phone, mail, or e-mail: 0

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? Yes

If yes, describe fee schedule: \$10 registration fee, will pay for meal

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.

Type of services provided (check all that apply)

NONE

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.	0
Emergency temporary shelter for a victim who cannot safely remain in current lodging.	0
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.	0
Follow-up counseling dealing with the victimization.	0
Assistance dealing with other social service and criminal justice agencies.	0
Assistance in obtaining the return of property kept as evidence.	0
Assistance in dealing with the victim's landlord or employer.	0
Referrals to other sources of assistance as needed.	0
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.	0
Court-related advocate services including escorting victims to criminal justice-related interviews, court proceedings, and assistance in accessing temporary protection services.	0
Notification of significant developments in the investigation or adjudication of the case.	0
Notification that a court proceeding for which the victim has been subpoenaed has been canceled or rescheduled.	0
Notification of the final disposition of the case.	0
Total	0

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.	0
Provide referral and/or transportation to Crime Victim Compensation Office.	0
Provide applications.	0
Provide assistance with completing the application.	0

Provide assistance with obtaining police reports, records, bills, etc.

0

Total 0

Please describe how the program requesting ACJC Victim Assistance funding assists victims with submitting or processing crime victim compensation claims. *Response is limited to 300 words.*

0

Number of paid program staff providing **direct** services to crime victims. *Do not include administrative staff.*

Full time: 0 Part time: 0

For the upcoming fiscal year, list the total **hours** expected to be worked by volunteers. *Must be in direct support of the program.*

1000 / 2,080 = 0.48

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, the agency proposes developing and providing advocacy training to our advocates, volunteers and staff and volunteers working with our collaborating agencies.

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 FY 2020 HCVAC hopes to add an additional six training sessions throughout the county for a total of 8 training sessions.. Training will be offered over a two day timeframe for each session. We are estimating 30 participants at each training. Currently training will be provided by HCVAC training staff with guest appearances by individuals representing law enforcement, the courts, the county attorney, and presentations by local and state victim's agencies.

T

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:

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:

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:

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:

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:

Goal: Outcomes

Outcomes (please select at least 2):

Description	%
Number and percentage of training participants that will show an increased knowledge of training subject matter	%
Number and percentage of participants reporting they will apply the knowledge gained through the training to better meet the needs of victims	%
You may optionally provide any additional training outcome measure of your own choosing	%

Goal: Quality Measures

Outcomes (please select at least 2):

Description	%
Percentage of participants reporting the training met or exceeded their expectations.	%
Percentage of community collaborators reporting positive satisfaction with services provided	%
Percentage of instructors reporting that staff, facilities, equipment, etc. met or exceeded their expectations.	%
You may optionally provide any additional quality measure of your own choosing.	%

Personnel

Enter narrative below:

Full Time/Part Time

Match	Position Title	# Pos (FTE)	Annual Salary	Subtotal Salary	ERE Amount	Total
						Salary Subtotal: \$0.00
						ERE Subtotal: \$0.00
						Total: \$0.00 Match Total: \$0.00
						Nonmatch Total: \$0.00

Overtime

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

ERE Breakdown

Enter narrative below:

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:

Match	Expense Type	Type	Quantity	Each	Total
					Supplies Subtotal: \$0.00
					Registration/Training Subtotal: \$0.00
					Other Subtotal: \$0.00
					Total: \$0.00
					Match Total: \$0.00
					Nonmatch Total: \$0.00

Equipment Purchases

Enter narrative below:

Match	Expense Type	Type	Quantity	Each	Total
					Capital Subtotal: \$0.00
					Non-Capital Subtotal: \$0.00
					Total: \$0.00
					Match Total: \$0.00
					Nonmatch Total: \$0.00

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

Total Project Cost

Required Match: \$0.00

Match Total: \$0.00

Requested Total: \$0.00

Please confirm that Match Total = Required Match (rounded up). Staff will reduce the Match Total to the appropriate 20% during review.

Financial Capacity

Will ACJC funds be used as matching funds for other grant program(s)?

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).

1/30/2019

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

Policies & Procedures

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

Does the organization maintain written codes of conduct for employees?

Does the organization maintain written procurement policies and procedures?

Accounting System

Is there a separate account maintained for grant funds?

How frequently does posting to the General Ledger occur?

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

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

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?

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

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

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

Are all accounting entries and payments supported by source documentation?

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

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

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:

1. A letter from a prosecutor's office or law enforcement agency endorsing the application.
2. 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.



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.