



Arizona Criminal Justice Commission (ACJC) Crime Victim Assistance Grant Program Application Instructions Fiscal Year 2020 (July 1, 2019 – June 30, 2020)

Applying Using the ACJC Grant Management System (GMS)

This year's application for funding Tier 2 must be submitted using the ACJC Grant Management System (GMS). The purpose of this instruction document is to provide guidance on application content. A computer based video training series on the GMS for Victim Assistance applicants is also available on the ACJC website under VICTIM SERVICES on the Computer Based Training tab.

Guiding Principles

Any training or training materials developed or delivered with grant funding provided by ACJC must adhere to the following guiding principles.

1. **Trainings must comply with applicable law.** In developing and conducting grant-funded training, grantees shall not violate any state law or any federal law, including any law prohibiting discrimination.
2. **The content of trainings and training materials must be accurate, appropriately tailored, and focused.** The content of training programs must be accurate, useful to those being trained, and well-matched to the training project's stated objectives. Training materials used or distributed at trainings must be accurate, relevant, and consistent with these guiding principles.
3. **Trainers must be well-qualified in the subject area and skilled in presenting it.** Trainers must possess the subject-matter knowledge and the subject-specific training experience necessary to meet the objectives of the training. In selecting or retaining a trainer, grantees should consider such factors as the trainer's resume and written materials, interviews with the trainer, observation of other trainings conducted by the trainer, feedback from other entities with which the trainer has worked, training participant feedback and evaluations, and the general reputation of the trainer.
4. **Trainers must demonstrate the highest standards of professionalism.** Trainers must conduct themselves with professionalism. While trainings will necessarily entail varying teaching styles, techniques, and degrees of formality, as appropriate to the particular training goal, professionalism demands that trainers instruct in the manner that best communicates the subject matter while conveying respect for all.

Restrictions on funds

The following items cannot be funded with ACJC training dollars, nor can they be used as match: entertainment, alcoholic beverages, tips, gifts, trinkets, and memorabilia or commemorative items.

Completing the Application

1. General Information

Please include as much information as possible. Not all fields on the GMS application apply to Tier Two, but fields in the GMS with a red flag next to them must be completed in order for the system to process the application. You will need to enter a "0" in fields required by the GMS that do not apply to Tier Two. Instructions on how to complete the fields can be found below.

Form Field:	Instructions:
ACJC Grant Program:	The GMS will auto fill this field. (Crime Victim Assistance Grant Program)
Period Title:	The GMS will auto fill this field. (FY2020)
Project Title:	Name of the training project or program, not the applicant agency or department. Note: Please complete a separate application for each training project.
Purpose Area:	Tier 2- Funds training projects the agency is developing and/or administering.
Applicant Agency:	This information pulls directly from the user's profile. A different agency or a different department can be selected from the drop down menu. However, new agency or new departments must be added through the "Edit Profile" function. <i>Before starting our application please go to "Edit Profile" and add your Federal Tax ID for your agency. This is a new field in the GMS. There is a place to enter the tax id in the application, but if it is not saved in the agency information it will not save in the application. (See GMS instructions for more information.)</i>
Authorized Official:	This must be a person in the applicant agency who is authorized to sign grant agreements.
Project Official:	This is the person who is responsible for overseeing administration of the project or program.

2. Program Information

Form Field:	Instructions:
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Estimated number of crimes victims to be served by the program during the upcoming fiscal year:	Not applicable to tier two- enter 0.
Approximate percentage of those crime victims to be served only by phone, mail, or e-mail:	Not applicable to tier two- enter 0.
Geographic areas served:	Please list all the geographic areas served including tribal areas.
Agency Mission Statement:	Include the organization/agency mission statement. If the program is part of a larger, diverse service organization, use the mission statement that is most closely related to the program applying for funding.
Does the program charge or intend to charge for services? If yes, describe fee schedule:	Please indicate if your program charges or intends to charge for training. If a fee is charged, please describe what the fees cover.
Type of crime victims to be served:	Please check all the victimization types individuals attending the training might work with.
Types of services to be provided:	Not applicable to tier two- enter 0.
Estimated total number of services to be provided:	Not applicable to tier two- enter 0.
Crime victim compensation claim assistance	Not applicable to tier two- enter 0.
Briefly describe how the program assists victims with submitting or processing compensation claims.	Not applicable to tier two- enter 0.
Number of paid program staff providing direct services to crime victims.	Not applicable to tier two- enter 0.
For the upcoming fiscal year, list the total hours expected to be worked by volunteers.	For the upcoming fiscal year, list the total number of HOURS expected to be worked by volunteers. Count only those hours that will be worked assisting with training.
Briefly describe how agency maintains a community volunteer commitment.	Briefly describe activities related to maintaining community volunteers including, but not limited to: Recruitment of volunteers; Screening of volunteers; Training provided to volunteers; Activities performed by volunteers; Supervision of volunteers; and Recognition activities for volunteers.

3. Project Narrative

Please follow the instructions within the GMS application for this section. Read all questions and answer them completely.

Form Field:	Instructions:
<i>Problem Statement</i>	<p>Provide a brief description of training need including:</p> <ul style="list-style-type: none"> • The issue or problem about which the training will raise awareness or educate the target audience about and why it is important (include information on the victim populations served by individuals completing the training) • How the need for the training was determined
<i>Project Summary</i>	<p>Briefly describe the training including:</p> <ul style="list-style-type: none"> • A brief summary of course content • Indicate the number of training events to be offered, dates and length of training, location of training, and geographic areas to be served by the training • Indicate whether number of events, dates, locations are proposed, or secured and reserved for the training • Estimate the number of training participants • Method utilized to announce availability of the training to potential participants • How the course content is the best way to address the identified need in the victim services community • Target audience (include professional affiliations or career disciplines) • Victim service areas targeted by this training project • Expected outcomes affecting victims of crime • Method of training delivery (in person, webinar, computer based training) • The number of full-time and part-time paid program staff for this project. Attach a detailed position description for each unique position. • A summary description of the presenters/instructors for the training. Including the following: <ul style="list-style-type: none"> ○ Criteria to be considered when selecting the instructors/presenters ○ Indicate whether presenters are proposed, or secured and reserved for the training • Indicate whether the training qualifies for continuing education credits

Form Field:	Instructions:
<i>Project Collaboration</i>	List the public and private organizations your training project collaborates with to provide the training Briefly describe the role of each collaborative partner in completing the training project
<i>Performance Tracking</i>	Briefly describe your enrollment and attendance process and requirements. Describe how the training project will track enrollment, attendance, and referral tracking.
<i>Evaluation Plan</i>	Describe how the effectiveness of the training program activities will be evaluated. Attach any surveys used for evaluation.
<i>Survey Response Rate</i>	Indicate the number of surveys administered and the number of survey responses received during the most recently completed fiscal year. Describe efforts to increase or maintain a representative survey response rate.

4. Goals and Objectives

Program Goals and Outcomes Tables

The minimum number of outcomes must be selected for all goals

The *percentages* associated with goals and outcomes do not directly reflect the program's survey response rate. Survey responses represent a statistical sample, reflecting the satisfaction of the entire population of victims served.

Example: Hopi County Victims Advocacy Center (HCVAC) plans on training 37 advocates and volunteers FY20. Historically the agency's survey response rate has been very low while victim satisfaction with services provided has been very high. In FY20 the program only anticipates receiving a survey response from 12 advocates and volunteers. The responses provided by these 12 advocates and volunteers will represent the satisfaction rate for the entire population of 37 victims served by the program.

5. Budget

In order to simplify completing the application budget, please follow the following

process steps:

Step 1: Complete Budget Detail for Requested ACJC Funds

First go through the all budget categories and provide budget detail and narrative for the ACJC funds requested. The system will round all total amounts to the nearest dollar automatically.

A. Salary and ERE

In the budget table provide the position title, what portion of the position will be funded (i.e. 1.0 or .5), the total annual salary for the position, and what portion of the ERE dollar amount is being requested. If requesting funding for more than one position please prioritize the positions from top to bottom.

Use the "Personnel" text box above the table to provide a very brief description of each position (detailed job descriptions will be included as an attachment). Please explain why this position is critical to the program. If requesting funding for multiple positions, please explain prioritization.

In the "ERE Breakdown" text box below the Overtime table list all the expenses included in fringe benefits, i.e. health insurance, workers' compensation, FICA, etc. Include a percentage for each category and a total ERE percentage for each position.

B. Overtime

Enter the request for overtime in the table provided.

C. Consultant / Contractual Services

In the text box, for each vendor provide detailed vendor information including name and a description of the services provided to the program.

In the table provide the type of service, number of hours, and hourly rate for each vendor. Examples of Consultant / Contractual Service types are contractual accounting, legal, counseling, and data processing services.

D. In-State Travel

In the text box, provide a detailed description of the purpose of the travel and how it supports the work of the program.

In the table provide a description of the travel type, rate per mile, and number of miles using your organization's established mileage rate.

E. Out of State Travel

In the text box, provide a detailed description of the purpose of the travel and how it supports the work of the program.

In the table provide a description of the travel type, rate per mile, and number of miles using your organization's established mileage rate.

F. Confidential Funds

This budget category does not apply to the Victim Assistance Grant. Please do not include any information for this category.

F. Other Operating Expenses

In the text box provide a detailed description of the expense and the in the table information on the amount requested. "Other Operating Expenses" include pager, cell phones, training fees, etc. Other expenses must be in direct support of the program.

G. Equipment

In the text box provide a description of the item, quantity, purchase price or monthly lease rate for each kind equipment item requested. Note: Pagers and cell phones will be reported under Other Operating Expenses. Complete the table to request equipment funding.

Step 2: Complete Budget Detail for Matching Funds

Due to changes in the Victim Assistance program administrative rules, starting 7/1/2019 a 20% match requirement went into effect for Victim Assistance grants. The GMS has not been updated to reflect this change to the match amount. GMS applications must be submitted reflecting a 25% match amount. Once a project is approved for funding the match amount will be recalculated by ACJC staff to reflect the new 20% match requirement and the resulting lower match amount will be included in the grant agreement.

To complete and successfully submit the application in the GMS a 25% match total must be entered. The match amount is automatically calculated by the GMS and will be found at the end of the budget in the *Required Match* field under the *Total Project Cost* section once all funding requests have been entered in the budget. ACJC staff will adjust match amounts for awards to 20% prior to distributing FY 2020 grant agreements to funded projects.

Now going back through the budget please indicate the source and amount for the required matching funds. Enter the match amounts directly into the category budget tables as detailed in Step 1, however to indicate that a line item is to be used as a match amount simply check the "match" box next to that line item on the far left of the table. The match amounts entered in the GMS must equal the *Required Match* field or the system will not allow for validation and submission.

For those budget categories that contain a match amount please include the following in the justification text box: the expiration date if the match is from other grant funds; if the matching grant is pending, list "pending"; a description of in-kind match sources (available only to programs who answered "No" to the question regarding providing services for more than three years). All match sources **MUST NOT EXPIRE PRIOR TO JUNE 30, 2020.**

Form Field:	Instructions:
If matching funds are required for this grant program, provide a description of what funds will be used as the required match.	Please provide the names of match sources. This should not be a formatted response, just a comma separated list. (DPS-VOCA, AG-VRP, United Way, Donations, County General Fund)

Once the requested amounts and supporting narratives are completed for each

requested budget category, the following numbers will be displayed at the bottom:

“Requested Total”: This is the amount of funding you are requesting from ACJC.

“Match Total”: This is the total amount of matching funds entered into the application budget. This amount will appear in red to remind you to ensure that the match amount is 20% of your total (Requested + Match.)

6. Administration

Form Field:	Instructions:
If received, 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

- (a) List the date of the last financial audit (A-133 or independent audit).
- (b) Check “yes” if the audit resulted in a Schedule of Findings and Questioned Costs.
- (c) If a Schedule of Findings and Questioned Costs were issued, please attach a copy along with the management letter in the attachment section.

Financial Capacity

Please answer all questions concerning your organization’s financial capacity.

7. Attachments

Detailed instructions on how to attach and upload documents to the GMS are available at www.azcjc.gov in the VICTIM SERVICES/Victim Assistance Program section of the web site. A computer based video training series on the GMS for Victim Assistance applicants is also available on the ACJC website under VICTIM SERVICES/Computer Based Training. Please upload the following documents:

All Applicants must attach:

- Total program budget for grant period (template available at <http://azcjc.gov/grants>)
- 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
- A list of presenters/instructors with a biography or resume of their qualifications, to include special skills/knowledge/experience.
- Surveys used for program evaluation

In addition to those documents listed above non-profit agencies must include:

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.

8. Special Conditions

Please read all special conditions. Acceptance is required in order to submit the grant application.

9. Submitting the Application

Detailed instructions on how to submit an application to the GMS are available at www.azcjc.gov in the VICTIM SERVICES/Victim Assistance Program section of the web site. And don't forget the computer based video training series on the GMS for Victim Assistance applicants available on the ACJC website under VICTIM SERVICES/Computer Based Training. Submitting an application is part 6.

Definitions

"Crime" means conduct, completed or preparatory, committed in this state, which constitutes a crime as defined by the laws of this state whether or not the perpetrator of the act is convicted.

"Crime" is not an act arising out of the ownership, maintenance, or operation of a motor vehicle, aircraft, or water vehicle except when a person acts intentionally, knowingly, recklessly, or with criminal negligence, to cause physical injury, threat of physical injury, or death.

"Criminal justice support/advocacy" refers to law enforcement and prosecution investigation support, assistance during investigation, and explanation of procedures, etc. Included in this definition are court related support, i.e., court orientation, court escort, victim impact reports, assistance with restitution, witness fees, intimidation intervention or protection services, transportation, child care, property return, etc. and post-sentencing services following the disposition of a criminal court proceeding.

"Crisis counseling" refers to in-person crisis intervention, emotional support, guidance, and counseling on an individual basis provided by counselors, mental health professionals or peers. Such counseling may occur at the scene of the crime, immediately after the crime, at the first in-person contact between a counselor and victim (this would include meeting the victim in an emergency room, at a police station, at a county attorney's office, etc.), during in-person contact for the duration of the crisis experience, and in the case of survivors of homicide victims or survivors of DUI/DWI victims, counseling may occur months after the victimization.

"Crisis hotline" refers to the operation of a 24-hour telephone service, 7 days a week, which provides counseling and information and referral to victims and survivors.

"Emergency financial assistance" refers to providing petty cash for meeting immediate needs

related to transportation, food, shelter, and other necessities and such measures as temporary repair of locks and windows to prevent immediate re-victimization.

“Emergency legal advocacy” refers to filing temporary restraining orders, injunctions, and other protective orders, elder abuse petitions and child abuse petitions, but does not include criminal prosecution or the employment of private attorneys for non-emergency situations.

“Follow-up contact” refers to individual emotional support, empathetic listening, and guidance for other than crisis reactions after the victimization.

“Group treatment” refers to the coordination and provision of supportive group activities. This category includes self-help, peer social support, drop-in groups, and community crisis intervention in a group setting.

“Immediate family” for the purpose of the Crime Victim Assistance Program means spouse, child, stepchild, parent, stepparent, sibling, stepbrother, stepsister, grandparent, grandchild, or guardian of the victim.

“Information and referral” refers to telephone and in-person contacts with the victim and identifying services offered and support available by sub-grant projects and other community agencies.

“In-kind contribution” means the value of something received or provided that does not have a monetary cost associated with it.

“Notification services” refers to case appearance notification, case status, and disposition information, including offender release notification at the probation, parole, community supervision, and clemency stages of the criminal justice system, etc.

“Other” refers to any services not listed that are offered to crime victims by the program.

“Personal advocacy” refers to assisting victims in securing rights and services from other agencies, i.e., intervention with employers, creditors, assistance in filing for losses covered by public and private programs including, but not limited to, Workers’ Compensation, unemployment benefits, welfare, and Medicare, and other general information on rights and remedies available to victims.

“Shelter/Safehouse” refers to offering short-term and/or long-term housing and related support services to victims and members of their family following victimization.

“Therapy” refers to intensive professional psychological/psychiatric treatment for individuals, couples, and family members. This includes the evaluation of mental health needs, as well as the actual delivery of psychotherapy.

“Victim” for the purpose of the Crime Victim Assistance Program means any natural person against whom any crime is perpetrated and includes the immediate family.

“Victim Compensation claims assistance” includes making victims aware of the availability of Crime Victim Compensation, assisting the victim in completing the required forms, and in gathering the needed documentation. It may also include follow-up contact with the Victim Compensation agency on behalf of the victim.