



FY 2009 RECOVERY ACT – VICTIMS OF CRIME ACT (VOCA) VICTIM ASSISTANCE FORMULA GRANT APPLICATION INSTRUCTIONS

APPLICATION DEADLINE: July 17, 2009

Applications must be received (not postmarked) by the above date. Fax or e-mail copies will not be accepted.

Applicants should anticipate that awards under the Recovery Act will be one-time awards and accordingly should propose project activities and deliverables that can be accomplished without additional U.S. Department of Justice funding.

The VOCA Program is the primary provider of federal victim assistance funding to state and local jurisdictions. VOCA funds support the provision of services to victims of crime throughout the Nation. Services under this grant program are defined as those efforts that (1) respond to the emotional and physical needs of crime victims; (2) assist primary and secondary victims of crime to stabilize their lives after a victimization; (3) assist victims to understand and participate in the criminal justice system; and (4) provide victims of crime with a measure of safety and security such as boarding-up broken windows and replacing and repairing locks. Funds are subgranted to the county prosecuting attorneys of Honolulu, Hawaii, Maui and Kauai. Subgrants are used to support direct victim services in the prosecutors' victim assistance units and may be further subgranted (with State approval) to nonprofit service providers within their respective counties.

Eligibility: *Applicants are limited to the county prosecuting attorneys of Honolulu, Hawaii, Maui, and Kauai.*

Match Requirement: There is a 20% match requirement (cash or in-kind) for these funds.

Length of Support: Project may be longer than 12 months but cannot exceed August 31, 2012.

Funds Available: Project funds available are \$555,750.

Applicants are encouraged to submit applications that will maintain and expand core essential services for victims. This should include conduit funding to nonprofit victim service providers.

Instructions and Forms: Available on-line at <http://hawaii.gov/ag/cpja/main/gp/>

Submit Applications to: Department of the Attorney General
Crime Prevention and Justice Assistance Division
Attn: Shaleigh Tice
235 S. Beretania Street, Suite 401
Honolulu, HI 96813

Contact Information: If you have any questions, please contact Shaleigh Tice at (808) 586-1157 or at Shaleigh.K.Tice@hawaii.gov.

**FY 2009 RECOVERY ACT -VOCA VICTIM ASSISTANCE FORMULA
CHECKLIST FOR APPLICATION**

Department of the Attorney General

Parts I, II, III and IV of the application for grant must be submitted together. Check that the following have been completed.

1. **Part I. Title Page** (Form AG/CPJAD #1)
 - a) items A to J are completed _____

2. **Part II. Description of Project** (Form AG/CPJAD #1(a))
 - a) problem statement includes supporting data or facts _____
 - b) goals are clearly defined _____
 - c) objectives are specific and measurable _____
 - d) activities demonstrate how objectives will be accomplished _____
 - e) description of any conduit funding is included _____
 - f) schedule and timeline are included _____
 - g) defines the agency(s) and personnel that will manage and work on the project _____
 - h) participating agencies are listed and involvement described _____
 - i) performance indicators/outcome measures are linked to the goals/objectives _____

3. **Part III. Budget Detail and Explanation** (Form AG/CPJAD #1(b))

Provide as much detail as possible, e.g. staff positions should be listed with the monthly and annual salary; travel costs should be itemized by the number of trips and estimated cost per trip; and equipment costs should contain descriptions and costs of specific items.

 - a) items A through G total the amount of the grant application _____
 - b) funds used for match should be listed and identified in the budget _____
 - c) budget explanation completed and attached _____
 - d) budget clearly supports the project's objectives and activities _____

4. The Application (Parts I Title Page, II Description of the Project, and III Budget Detail and Explanation) **must be saved on Microsoft Word 2003 and submitted on a CD.** _____

5. With the CD, submit **one original and two copies of the Application.** _____

PART I. TITLE PAGE

The following instructions are for completing the “Application for VOCA Victim Assistance Grant-Recovery, Part I, Title Page.” A Microsoft Word 2003 template is available to complete the Title Page. (AG/CPJAD #1)

- A. **PROJECT TITLE.** Enter a brief descriptive title.
- B. **APPLICANT AGENCY.** Enter the official title of the county agency requesting the grant.
- C. **CENTRAL CONTRACTOR REGISTRATION and DUNS NO.** Registration in the Central Contractor Registration (CCR) and having a DUNS Number are requirements of the Recovery Act’s VOCA program and hence, are mandatory requirements for all applying state and county government agencies.

The CCR is the primary registrant database for the U.S. Federal Government. CCR collects, validates, stores and disseminates data in support of agency acquisition missions. Check with your fiscal or administrative office as to whether your agency has registered. If your agency is registered with CCR, then check “Yes.” Please note that applicants must update or renew their CCR registration at least once per year to maintain an active status. Information about registration procedures can be accessed at www.ccr.gov. If your agency has not registered, then check “No.”

A Data Universal Numbering System (DUNS) number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of entities receiving Federal funds. The identifier is used for tracking purposes and to validate address and point of contact information for federal assistance applicants, recipients, and subrecipients. Enter the DUNS number. Check with your fiscal or administrative office as to whether your agency/county has a DUNS number. For more information on the DUNS number, go to <http://fedgov.dnb.com/webform/displayHomePage.do>

- D. **ADDRESS.** Enter the mailing address of applicant agency.
- E. **LOCATION OF PROJECT.** Identify the location(s) of the project.
- F. **PROJECT PERIOD.** Enter the expected starting and ending dates of the project. Duration of a project may be longer than 12 months, but not to exceed August 31, 2012.
- G. **PROJECT AMOUNT.** Enter the amount of requested federal funds and match amount (20% of total project costs). Total Project Costs include amounts for which the agency is a conduit for further subgranting funds.
- H. **PERFORMANCE MEASURES.** To assist in fulfilling the accountability objectives of the Recovery Act, applicants who receive funding under this solicitation must provide data that measure the results of their work when the federal reporting requirements

become available. Indicate with an “X” if Yes, the applicant agrees to comply with all reporting, data collection and evaluation requirements, as prescribed by the Department of the Attorney General. Indicate with an “X” if No, the applicant does not agree.

- I. **PROJECT DIRECTOR**. Enter the name, title, address, telephone and fax numbers, and e-mail address of the person who will be directly responsible for administering the project.

- J. **FINANCIAL OFFICER**. Enter the name, title, address, telephone and fax numbers, and e-mail address of the person who will be responsible for the fiscal matters of the project. The Financial Officer should be someone other than the Project Director.

PART II. DESCRIPTION OF PROJECT

This section is the most important part of the application because it not only describes what will be done and who will do it, but it also justifies the need for the project. The information requested in Sections A to I below must be described in detail. Please follow this order in describing the project. A Microsoft Word 2003 template is available to complete this section (AG/CPJAD (#1a))

A. **THE PROBLEM.**

Describe the nature and scope of the existing problem, including current measures to deal with the problem. This section should clearly justify the reasons why the project is needed.

If this is a continuation project, describe results of the previous project period.

The following outline may be used as a guide:

1. What specific problem(s) and/or target population will the project address? The problem a VOCA project addresses often includes a spectrum of victim issues (e.g., domestic violence, sexual assault, child abuse, survivors of homicide victims), rather than a single issue.
2. What is the scope of the problem?
 - a. Geographical
 - o Is the problem concentrated in one location or in several with similar characteristics?
 - o Is the problem countywide?
 - o Is the problem statewide? Is the project either a statewide or model solution?
3. What is the magnitude of the problem?
 - a. Include all available pertinent data (e.g., number of incidents, number of referrals, number of victims served, etc.) as well as any other indicators that further define the problem.
 - b. How many people are currently affected by the problem?
4. How have county or state agencies dealt with this problem in the past? What were the limitations in that approach?
5. Why is it important that the problem be addressed at this time?

6. If this is a continuation project, include a brief statement discussing the current problems in light of previous years' accomplishments.

B. GOALS AND OBJECTIVES.

This section should be limited to a precise statement of the specific project goals and objectives that will help to solve or overcome the problem(s) described above.

The following may serve as a guide with regard to definition of terms and content:

1. A goal may be defined as a general statement of an undesirable condition to be improved or desired state of affairs toward which to strive (e.g., to improve services for victims of sexual assault).
2. Objectives are the means by which the goal is accomplished. They are specific and measurable.

For example, possible objectives for the above goal could be: to continue to provide effective counseling and support services to victims of assault; to increase outreach efforts by 10% over the previous year; and to strengthen the skills of victim service providers.

C. PROJECT ACTIVITIES.

Provide a clear, detailed description of the proposed project activities, broken down into phases or tasks.

Activities are what the project does to fulfill the objectives. Activities for the above example could be:

1. Having victim counselors available to provide counseling, court accompaniment, information and referral, assistance with filing compensation forms, and other services.
2. Providing training to service providers.
3. Implementing a system to call-back victims who might be initially hesitant or reluctant to ask for further service.
4. Printing and distributing informational brochures regarding victim services.
5. Working with prosecutors and police to make the criminal justice process less stressful for victims.

D. CONDUIT FUNDING.

If funds are to be subgranted to another agency to help the primary agency fulfill its goals, an explanation should be provided as to the types of services that will be sought, and how the subgrants will help the primary agency fulfill its goals. It is understood that the names of specific nonprofit agencies that will be awarded funds may not yet be known, and will be forwarded to CPJAD when funding decisions are made.

E. PROJECT ORGANIZATION AND MANAGEMENT.

Describe the proposed duties and responsibilities of the Project Director. Indicate to whom the Director reports and the manner in which project accountability will be maintained.

F. PERSONNEL.

If the project requires the employment of full- or part-time personnel, indicate the positions to be filled and the duties or responsibilities of each.

Under Personnel, include the number of jobs saved (by type) and include the number of jobs created (by type) if this application is funded.

G. BRIEF PERSONNEL BIOGRAPHIES.

Where pertinent, include a brief resume or biography for each person selected to work on the project or indicate that the resume will be submitted when the staff is hired. Provide the names(s) of staff, if already known.

H. PARTICIPATING AGENCIES.

List all participating State or county agencies or organizations, and describe the responsibilities of each.

I. PERFORMANCE INDICATORS/OUTCOME MEASURES.

Describe the performance indicators/outcome measures that the project will use. The performance indicators/outcome measures identify the data that will be collected to determine whether the goals and objectives have been met. Performance indicators/outcome measures must have a logical link to project goals, objectives, and activities and provide an explicit measure of effects or results.

Identify the individual(s) responsible for the data collection and analysis.

It is important to report on what was done with each activity, and what difference it made. For example, did outreach attempts result in additional services being provided to victims? Did distributing the informational brochures result in victims seeking services? How did

training improve services? It is also important to report any unintended outcomes, and other observations of factors that may have impacted the project.

Note: By submitting an application, the applicant agrees to participate in a data collection process measuring program outputs and outcomes. The data elements for this process will be outlined by the Department of the Attorney General – Crime Prevention and Justice Assistance Division or its designee.

PART III. BUDGET DETAIL AND EXPLANATION

Round off all budgeted amounts to the nearest dollar. All budget items must fit in one of the seven budget categories. Funds used for match should be listed and identified in the budget. A Microsoft Word 2003 template is available to complete Part III. Budget Detail and Explanation. (AG/CPJAD (#1b))

A. SALARIES AND WAGES

List each position, indicating the monthly and total salary that they will be compensated.

B. FRINGE BENEFITS

1. Show employee benefits and list the percentage breakdown of the employee benefits on a separate sheet. The fringe benefit rate can only include allowable items as approved by the Department of the Attorney General. The allowable fringe benefits include:

- Pension Accumulation
- Pension Administration
- Retiree Health Insurance
- Employees' Health Fund
- Workers' Compensation
- Unemployment Compensation
- Social Security
- Medicare

2. List the fringe benefit cost per position(s).

NOTE: Vacation payout is not an allowable fringe benefit.

C. CONSULTANTS/CONTRACTS

1. If conduit funding is used, the recipient agency can be listed with the subgranted amount. If the specific agency is not known, list the type of service that will be funded (e.g., domestic violence shelter).
2. List other types of consultant/contract services to be selected and total estimated costs. Include the estimated length of the consultant/contract services, in days, weeks, or months. In the budget explanation section, detail the scope of services to be performed and the basis for calculating the cost.
3. Applicants are encouraged to promote free and open competition in awarding contracts.

NOTE: For Consultant Rates, compensation for individual consultant services is to be reasonable and consistent with that paid for similar services in the marketplace. In addition, when the rate exceeds \$450 (excluding travel and subsistence costs) for an 8-hour day, a written **PRIOR APPROVAL** is required from the Department of the Attorney General. Prior approval requests require additional justification. An 8-hour day may include preparation, evaluation, and travel time in addition to the time required for actual performance. Please note, however, that this does not mean that the rate can or should be \$450 for all consultants. Rates should be developed and reviewed on a case-by-case basis and must be reasonable and allowable in accordance with OMB cost principles. Approval of consultant rates, in excess of \$450 a day, that are part of the original application with appropriate justification and supporting data will be approved on a case-by-case basis. The following is the policy in regard to compensation of various classifications of consultants who perform like-type services. If consultants are hired through a competitive bidding process, the \$450 threshold does not apply.

Consultants Associated with Educational Institutions. The maximum rate of compensation that will be allowed is the consultant's academic salary projected for 12 months, divided by 260. These individuals normally receive fringe benefits which include sick leave for a full 12-month period even though they normally only work 9 months per year in their academic positions.

Consultants Employed by State and Local Government. Compensation for these consultants will only be allowed when the unit of government will not provide these services without cost. If a State or local government employee is providing services under a Federal grant and is representing its agency without pay from its respective unit of government, the rate of compensation is not to exceed the daily salary rate for the employee paid by the unit of government. If the State or local government employee is providing services under a Federal grant and is not representing its agency, the rate of compensation is based on the necessary and reasonable cost principles.

Consultants Employed by Commercial and Not-For-Profit Organizations. Applicants are subject to competitive bidding procedures. Thus, they are not subject to the \$450 per day maximum compensation threshold before requesting prior approval. In those cases where an individual has authority to consult without employer involvement, the rate of compensation should not exceed the individual's daily salary rate paid by his/her employer, subject to the \$450 limitation.

Independent Consultants. The rate of compensation for these individuals must be reasonable and consistent with that paid for similar services in the marketplace. Compensation may include fringe benefits. In summary, consultants obtained through competitive bidding do not require prior approval, including individual consultants.

D. TRANSPORTATION AND SUBSISTENCE

1. Show travel costs by estimating the number of trips, multiplied by the estimated cost per trip and the number of people traveling.
2. Itemize per diem, ground transportation and other related travel costs separately.
3. Explain proposed destination(s) and purpose(s) of trip(s) on the budget explanation page.

NOTE: Prior approval by the Department of the Attorney General, Crime Prevention and Justice Assistance is required for all out-of-state travel and applicants must follow the State or County (for county agencies) established travel rates.

E. OFFICE SUPPLIES

Generally describe the type of supplies that will be used for victim services (e.g. postage, printing informational brochures, copying, etc.) and provide an estimated cost.

F. EQUIPMENT

List non-expendable items to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances.

G. OTHER COSTS

Specify any other costs not covered by cost elements listed above such as subscription fees and admin funds. Provide the basis of the computation in the budget explanation section.

H. TOTAL PROJECT COSTS

Total budgeted amounts from items A to G.

I. BUDGET EXPLANATION

1. On a separate page after the budget detail, provide the budget explanation. The cost of the budgeted items should be reasonable and the items necessary for the execution and completion of the activities listed in Part II, Description of the Project.
2. The budget explanation should reflect how the expenditures will support the project activities and be listed in the same order as the budget detail.

Examples:

The Salary and Fringe Benefits will support the 2 FTE Victim /Witness Counselor II positions. The fringe rate being used is the current state rate.

The DVD/VCR player (to replace broken VCR) will be used for staff and victims to view training/educational tapes.

PART IV. ATTACHMENTS

Please submit the following certifications with the application. All forms must be completed, signed and dated by the authorized person.

For all grant recipients:

- A. ACCEPTANCE OF CONDITIONS (AG/CPJAD #2)
- B. CERTIFICATION OF NON-DISCRIMINATION (AG/CPJAD #15)
- C. CERTIFICATION (EQUAL EMPLOYMENT OPPORTUNITY PROGRAM)
(OMB form; expiration date: 01/31/2006)
- D. CERTIFICATION OF NON-SUPPLANTING (AG/CPJAD #3)
- E. CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY, AND VOLUNTARY EXCLUSION (OJP Form 4061/1)
- F. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENT
(AG/CPJAD #16)
- G. CERTIFICATION REGARDING LOBBYING (AG/CPJAD #22)
Required only for awards of \$100,000 or more.